



ALABAMA FAMILY TRUST

Administering Special Needs Trusts

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REQUEST FOR DISBURSEMENT

Name of **Beneficiary**: _____

Beneficiary receives: ___ SSI ___ Medicaid ___ Other ___ No Benefits

Requested by Representative:

Telephone Number: (____) ____ - _____ E-Mail: _____

Payable to: _____

Address: _____

AMOUNT \$ _____

(ACH: **For personal reimbursement only**)

Bank Name: _____

Routing Number: _____ Account Number: _____

PURPOSE: which **must** be for or on the behalf of the Beneficiary: (Detail information)

Under penalties of perjury, I declare that to the best of my knowledge and belief, this information is true, correct and complete.

Representative
Signature: _____

Date: _____