

# DISTRIBUTION REQUEST FORM

## POOLED SPECIAL NEEDS TRUST



A bill, receipt, or invoice must accompany every submitted distribution request form. Direct payments to beneficiaries or their relatives are not allowed, third parties only.

**Credit Card Payments:** We may pay a credit card company directly for a purchase made using the credit card so long as the purchase is made for the benefit of the trust beneficiary only. Similar to all disbursements, a valid receipt for an allowable purchase must accompany. Requests for credit card payments must be made 2 weeks prior to card payment due date.

Please allow up to 5 business days for approval of fund distribution requests and another 4 business days for disbursement of funds processing. Any omission of information on this form may cause a delay in payment processing.

Request Date: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary E-Mail: \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Date Expense Incurred/Expected: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payee Contact: \_\_\_\_\_ Payee Phone: \_\_\_\_\_

Mail check to if different from above: \_\_\_\_\_

Description and Purpose of Disbursement or Bill Payment: \_\_\_\_\_

Overnight check is additional \$25 (arrives 48 hours after processing day)

I certify that the request for distribution of the above listed expense item was purchased for and provided for the sole benefit of the Beneficiary. I agree that all information is accurate and agree to indemnify Legacy Enhancement for any liability proceeding from any omission or misinformation given within this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Form can be emailed to: [requests@legacyenhancement.org](mailto:requests@legacyenhancement.org) or faxed to: 888.552.0942. To send by mail, use the address listed below.