WNY Coalition Pooled Trusts
PUT YOUR TRUST IN US

Distribution Request Form

YOU MUST RECEIVE PREAPPROVAL FOR REIMBURSEMENT OR CREDIT CARD PAYMENT.

1. Beneficiary name (*the person in the trust*): _____

2. Is this a preapproval? (*circle* one) Yes / No

3. Amount requested (*fill in one*): exact amount $_____ **OR** not to exceed amount $_____

   Reason for request (*be specific*): _____

   _____

4. How often does this bill occur? (*One-time, Annually, Monthly, quarterly, etc.*) _____

5. Due Date: _____

6. Will the payment amount stay the same? (*circle one*) Yes / No

   If No, you need to send an invoice before each payment can be made.

7. Make check payable to: _____

8. Mailing address: _____

   _____

9. Account Number or Invoice Number (*as provided on the bill*): _____

YOU MUST INCLUDE THE PROPER PAPERWORK AS BACKUP TO THIS REQUEST.

I acknowledge as part of my request to receive money from my account:

1. All purchases must be made for the sole benefit of the Pooled Trust Member. These funds are not to be used to purchase goods or services for others.
2. The Trust is not responsible to advise me in regard to the impact of any request I make in relation to any benefits I receive. The receipt or payment of money from the Trust does not constitute a finding by the trust that the same will not impact my benefits.
3. I acknowledge that I am obligated to follow all rules related to any benefits I receive and I am solely responsible to notify and or repay any agency providing me benefits of any Trust payments that violate any such rules.
4. I will immediately provide receipts to the Trust for each and every use of funds I request and understand the Trust may in its sole discretion terminate further payments on my behalf if I fail to provide any such receipts or otherwise fail to comply with applicable trust rules.

Signature of Beneficiary or Legally Responsible Person: _____

Printed Name: _____

Date: _____   Phone Number (*in case we have questions*): _____

Mail: WNY Coalition Pooled Trust, 438 Main Street, Suite 1200, Buffalo, NY 14202
Email: info@wnypooledtrust.org
Fax: 716-856-5317

Office Use Only
Approved By:
Date Approved: