



Distribution Request Form

YOU MUST RECEIVE PREAPPROVAL FOR REIMBURSEMENT OR CREDIT CARD PAYMENT.

- 1. Beneficiary name (*the person in the trust*): _____
- 2. Amount requested: _____
Reason for request (*be specific*): _____

- 3. Is this a recurring payment? (*circle one*) Yes / No
If yes, how often does this bill occur? (*Monthly, quarterly, etc.*) _____
- 4. Due Date: _____
- 5. 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.
- 6. Make check payable to: _____
- 7. Mailing address: _____

- 8. Account Number: _____

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. I will immediately provide receipts to the Trust for each use of funds I request. I understand that 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

<p><u>Office Use Only</u> Approved By: Date Approved:</p>
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