



## DISBURSEMENT REQUEST FORM

**Instructions:** All requests must include supporting documentation (an invoice, receipts or price quote). To avoid delays in processing please complete **all** portions of the form and sign below. Mail or fax completed requests to Life's WORC Trust Services.

**\*Requests require up to 14 business days for processing, please plan accordingly.**

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

Beneficiary's Name: \_\_\_\_\_

Trust Type: \_\_\_\_\_  
(Surplus, Self-Settled, Third Party, Individual)

Acct. #: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

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

Payee Account #: \_\_\_\_\_

Signature: \_\_\_\_\_ (person making request)

Please check one:     Beneficiary             Guardian/Advocate             POA

I hereby certify the following: (1) The above requested disbursement is an actual expense for the sole benefit of the sub-trust account beneficiary; 2) I am authorized to request disbursements on behalf of the beneficiary per the Joinder Agreement; (3) The beneficiary was alive at the time the expense was incurred.

### **For Office Use Only**

Approved/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

Trustee     Administrator