

DISBURSEMENT REQUESTS - MAINE POOLED DISABILITY TRUST

Name of Beneficiary: _____

Name, address, email, and phone number of party requesting disbursement: _____

Disbursement Requested: _____

Amount of Disbursement _____

Name and mailing address of Party to Whom Payment is to be Made (CHECKS CANNOT BE MADE PAYABLE TO THE TRUST BENEFICIARY): _____

Other pertinent information: _____

ATTACH TO THIS FORM DOCUMENTATION TO SUPPORT THE REQUEST (receipt, itemization, estimate, etc.) The request cannot be considered without this information.

By signing this request, I hereby state that I believe the disbursement is appropriate for the beneficiary, will supplement the needs of the beneficiary, and is in the best interests of the beneficiary. If I am signing this form, and I work for a state agency, I am signing this document on behalf of such agency.

Signature of Requesting Party

Date

PRINT Name

Signature of Beneficiary certifying agreement with this disbursement, IF (1) the Beneficiary is not the Requesting Party, AND (2) the Requesting Party is not Guardian or Conservator of the Beneficiary

DO NOT WRITE BELOW THIS LINE

Request Granted _____

Request Denied _____

Additional information needed: _____

RETURN FORM TO: mpdt@mainepooleddisabilitytrust.org (email strongly preferred), otherwise Maine Pooled Disability Trust, P.O. Box 208, Augusta, Maine 04332 . Phone: (207) 967-6072.