

## ***DISBURSEMENT REQUESTS - MAINE POOLED DISABILITY TRUST***

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

Name, address 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.

Date: \_\_\_\_\_ Signature of Requesting Party

Print name

\_\_\_\_\_  
Signature of beneficiary, certifying  
agreement to disbursement

**DO NOT WRITE BELOW THIS LINE**

Request Granted \_\_\_\_\_

Request Denied \_\_\_\_\_

Additional information needed: \_\_\_\_\_

**RETURN FORM TO: Maine Pooled Disability Trust, P.O. Box 887, Augusta, Maine,  
04332. Fax: (207) 480-1065; Phone: (207) 967-6072**

PLEASE NOTE: TRUSTEES MEET THE THIRD FRIDAY OF EACH MONTH TO MAKE DISBURSEMENT DECISIONS. TO INSURE REVIEW AT THAT MEETING, PLEASE SUBMIT ALL DISBURSEMENT REQUESTS BY THE MONDAY BEFORE.