



**LIFE NAVIGATORS COMMUNITY / POOLED TRUST
DISBURSEMENT REQUEST RECORD**

****Please note all disbursement requests must be approved prior to purchase.
Disbursements are processed on the 5th and 20th of each month.**

Date:

Beneficiary's Name:

Public Benefits Receiving:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid (T-19) | <input type="checkbox"/> None |
| <input type="checkbox"/> Long Term Care funding (Family Care, IRIS etc.) | | |

Other:

Has there been a recent change in benefits or living arrangements? Yes No

If yes, please explain:

Name & contact information (phone number and/or email) of person requesting distribution:

Relation to Beneficiary:

***** DOCUMENTATION (RECEIPTS, QUOTES, ETC.) TO ACCOMPANY THIS FORM*****

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Life Navigators Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied: <input type="checkbox"/> Recurring Disbursement	Date: Initials:
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Notes:



**LIFE NAVIGATORS COMMUNITY / POOLED TRUST
DISTRIBUTION REQUEST RECORD
ADDITIONAL REQUESTS**

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Reason for Request:	Amount Requested:
Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Life Navigators Office Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied: <input type="checkbox"/> Recurring Disbursement	Date: Initials:
Notes:	