PLAN of California Master Pooled Trust

Disbursement Request One-Time Expense from Case Assessment

Submit to: PLAN of California Master Pooled Trust

c/o Binder & Co., Attn: Eric Binder, Trust Agent 9000 Sunset Blvd, Suite 1250, West Hollywood CA 90069

Fax: (310) 773-4699 Voice: (310) 476-6869

Beneficiary Name:		Trust #:
Submitted by:		Agent Relationship:
Address:		
City, State, Zip:		
Phone:	Fax#:	Email:
Financial Purpose of Req	uest:	
Amount:	Account#:	
Make check payable to:		
Mail Check to: (Either propayee.)	ovide the address of the vendor	or the address of the Primary Representative who will deliver the check to the
Name:		
Address:		
City, State and Zip:		
Phone:	Fax#:	Email:
		nan the Beneficiary and must be for the sole benefit of the beneficiary. All horized third parties, must be PRE-APPROVED
must verify and confirm that Beneficiary, or his or her de	at they have considered the jeopa	pardize or reduce the Beneficiary's government benefits. Primary Representatives ardy and that the Beneficiary's government benefits will not be jeopardized. s responsible to notify Social Security Administration (SSA) when and if they shelter.
	ursement will jeopardize or red	e) for Food or Shelter. If the Disbursement Request is for food or shelter, I have luce any government benefits. I certify that the disbursement will not jeopardize
a: an i		Dated:
Signature of Primary	Representative or Authoriz	zed Third Party
******	********	********
bv:	**	thas been mailed or is enclosed. Dated:
Binder & Co., attn: Eric B 9000 Sunset Blvd, Suite 1	inder, Trust Administrative Age 015, West Hollywood CA 9006	ent for PLAN of California Master Pooled Trust 69 . Fax: (310) 773-4699 . Voice: (310) 476-6869