

PLAN of California Master Pooled Trust
Disbursement Request Re-Occurring Expenses Only

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: _____

Vendor Name: _____ **Account #:** _____

Address: _____

City, State and Zip: _____

Phone: _____ **Fax#:** _____ **Email:** _____

Amount: _____ (If invoice varies, estimate approx. amount.)

Date due: _____ **Monthly?** _____ **Weekly?** _____ **Annually?** _____

(Billing accounts must be left in the beneficiary's name. Either Personal Representative or Beneficiary should change the mailing address on account once approval of request has been received. Change mailing address to: (the Name of Beneficiary), c/o Binder & Co. {address and fax number}. No bill will be paid unless an actual invoice is received from vendor. You are responsible for making any changes of address.)

All disbursements must be payable to a third party other than the Beneficiary and **must be for the sole benefit of the beneficiary.** *All reimbursement requests to Primary Representatives or authorized third parties, must be PRE-APPROVED.*

Disbursements for food, utilities, taxes, or housing can jeopardize or reduce the Beneficiary's government benefits. Primary Representatives must verify and confirm that they have considered the jeopardy and that the Beneficiary's government benefits will not be jeopardized. Beneficiary, or his or her designated payee or legal agent, is responsible to notify Social Security Administration (SSA) when and if they receive any in-kind benefits from the trust towards food or shelter.

This Disbursement Request is ___ is not ___ (check one) for Food or Shelter. If the Disbursement Request is for food or shelter, I have verified whether this disbursement will jeopardize or reduce any government benefits. I certify that the disbursement will not jeopardize the Beneficiary's government benefits.

_____ Dated: _____
Signature of Primary Representative or Authorized Third Party

Your Disbursement Request has been approved. Check has been mailed or is enclosed.

by: _____ Dated: _____
Binder & Co., Trust Administrative Agent for PLAN of California Master Pooled Trust
9000 Sunset Blvd, Ste 1015, West Hollywood CA 90069 – Fax (310) 773-4699 – Voice (310) 476-6869