

PLAN of California Master Pooled Trust

Special Disbursement Request for Expenditure NOT contained within 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 Request: _____

Amount: _____ **Account#:** _____

Make check payable to: _____

Mail Check to: (Either provide the address of the vendor or the address of the Primary Representative who will deliver the check to the payee.)

Name: _____

Address: _____

City, State and Zip: _____

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

All disbursements must be payable to a third party other than the Beneficiary and **must be for the sole benefit of the beneficiary. All disbursement 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
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