

# 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

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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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