

Affidavit of Sole Benefit

AFFIDAVIT OF SOLE BENEFIT: I, _____ affirm that the request referenced below is for the sole benefit of the trust beneficiary. I hereby authorize the Trustee to make the payment to the payee/creditor in the amount indicated. I understand that if it is discovered that the disbursement request is not for the sole benefit of the Trust Beneficiary, it may cause a reduction or loss in government benefits for the Trust Beneficiary. I agree that the Trustee, Non-Profit and other involved parties shall be held harmless from any claims or liability as a result of the disbursement request referenced below.

State of _____)

County of _____)

_____, of lawful age, upon oath states:
(Full Name)

I, _____ requested a disbursement from the trust individual benefit account as
(Full Name)

advocate for myself, _____ to be paid to _____
(Beneficiary/Advocate) (Payee's Name)

in the amount of \$ _____, on _____

Dated: _____

(Signature of Affiant)

Subscribed and sworn to before me _____.
(Date)

(Signature and seal of Notary Public)

Notary Public

My commission expires: _____