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| CHARITIES POOLED TRUST | DISBURSEMENT REQUEST FORM | FAX REQUEST TO: 866-576-0460 |
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| | |
|-------------------------|-------|
| Name: «Client_Fullname» | Date: |
|-------------------------|-------|

| | | |
|----------------|--|--|
| Acct #: «Acct» | Address: «Street_Adv», «City_Adv», «State_Adv» «Zip_Adv» | |
|----------------|--|--|

| | | |
|------------------------------|-------------------------|----------------------|
| Advocate: «AdvocateFullname» | Phone: «Phone_Advocate» | Benefits: «Benefits» |
|------------------------------|-------------------------|----------------------|

ORIGINAL INVOICES FROM PAYEE/CREDITORS "MUST" BE FAXED WITH THIS FORM • ALL DISBURSEMENTS MUST BE PAYABLE TO A 3RD PARTY AND BE FOR THE SOLE BENEFIT OF THE BENEFICIARY • BENEFICIARY ADVOCATE MUST AUTHORIZE ALL DISBURSEMENTS • NO DISBURSMENTS PAID TO BENEFICIARY

| | | |
|----------|--------|--------|
| Payee 1: | Acct#: | Phone: |
|----------|--------|--------|

| | |
|----------|---------|
| Address: | Amount: |
|----------|---------|

Check memo:

| | | |
|----------|--------|--------|
| Payee 2: | Acct#: | Phone: |
|----------|--------|--------|

| | |
|----------|---------|
| Address: | Amount: |
|----------|---------|

Check memo:

| | | |
|----------|--------|--------|
| Payee 3: | Acct#: | Phone: |
|----------|--------|--------|

| | |
|----------|---------|
| Address: | Amount: |
|----------|---------|

Check memo:

| | | |
|----------|--------|--------|
| Payee 4: | Acct#: | Phone: |
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| | |
|----------|---------|
| Address: | Amount: |
|----------|---------|

Check memo:

| | | |
|----------|--------|--------|
| Payee 5: | Acct#: | Phone: |
|----------|--------|--------|

| | |
|----------|---------|
| Address: | Amount: |
|----------|---------|

Check memo:

I hereby authorize the trustee to make payments to the payee/creditor in the amount indicated. I understand if this disbursement compromises government benefit eligibility it may be denied or may cause a reduction in benefits. If denied and payment is still requested the Disbursement Manager, Trustee and Non Profit shall not be held liable for any loss of benefits and will hold the aforesaid harmless from any claims or liability.

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| Advocate Signature: | Print Name: | Date: |
|---------------------|-------------|-------|

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