



<b>Life Navigators Office Use Only</b> Name Account # Disbursement #
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**LIFE NAVIGATORS COMMUNITY / POOLED TRUST  
DISBURSEMENT REQUEST RECORD**

<p><i>Please note that all disbursement requests must be approved prior to purchase. Requests can be sent by mail, fax, or email to: Life Navigators, Inc., 7203 W Center St, Wauwatosa, WI 53210; fax: 414-774-9033; or email: trust@lif navigators.org. Disbursements are processed within 10 business days</i></p>
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**Date:**

**Beneficiary's Name:**

**Public Benefits Receiving:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Social Security                                 | <input type="checkbox"/> SSI             | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> Medicaid (T-19) | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Long Term Care funding (Family Care, IRIS etc.) |  |   |

Other:

**Has there been a recent change in benefits or living arrangements?**    Yes    No

If yes, please explain:

**Name & contact information (phone number and/or email) of person requesting distribution:**

**Relation to Beneficiary:**

**Signature (Required if over \$1,000.00):**

**\*\*\*DOCUMENTATION (RECEIPTS, QUOTES, ETC.) TO ACCOMPANY THIS FORM\*\*\***

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied: <input type="checkbox"/> Recurring Disbursement	Date: Initials:
Notes:	



**LIFE NAVIGATORS COMMUNITY / POOLED TRUST  
DISTRIBUTION REQUEST RECORD  
ADDITIONAL REQUESTS**

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

<b>Reason for Request:</b>	<b>Amount Requested:</b>
<b>Check Is Payable to:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
<b>Address:</b>	

<b>Life Navigators Office Use Only</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied: <input type="checkbox"/> Recurring Disbursement	Date: Initials:
Notes:	