



Life Navigators Office Use Only Name Account # Disbursement #

**LIFE NAVIGATORS COMMUNITY / POOLED TRUST
BENEFICIARY FUND REQUEST**

*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@lifenavigators.org.
Disbursements are processed within 10 business days.*

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"/> HUD/Low Income Housing |
| <input type="checkbox"/> Long Term Funded Care (Family Care, IRIS etc.) | | <input type="checkbox"/> None |
| <input type="checkbox"/> 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*****

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

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Check Is Payable to:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Recurring Disbursement
Address:	

Life Navigators Office Use Only	
<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**

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

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

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

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

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