

Life Navigators Community/Pooled Trust

Disbursement Request Record

Life Navigators Office Use Only

Name
Account #
Disbursement #

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

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

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

