

Guardianship and Trusts Corporation
SS POOLED TRUST DISBURSEMENT REQUEST

Name of Beneficiary: _____

Name, address and phone number of authorized party requesting disbursement:

Name () Phone

Street City, State Zip

Disbursement requested: \$ _____
Amount of Disbursement

Reason for disbursement: _____

Name of party to whom payment is to be made (payment may not be made directly to beneficiary): _____

Other pertinent information: _____

ATTACH DOCUMENTATION TO THIS FORM TO SUPPORT THE REQUEST.

BY SIGNING THIS REQUEST, I HEREBY STATE THAT I BELIEVE THE DISBURSEMENT IS APPROPRIATE FOR THE BENEFICIARY, WILL SUPPLEMENT THE NEEDS OF THE BENEFICIARY, IS IN THE BEST INTERESTS OF THE BENEFICIARY, AND WOULD NOT OTHERWISE BE COVERED BY INSURANCE OR PUBLIC OR PRIVATE BENEFITS. IF I AM SIGNING THIS FORM, AND I WORK FOR A STATE AGENCY, I AM SIGNING THIS DOCUMENT ON BEHALF OF SUCH AGENCY.

Date: _____
SIGNATURE of Requesting Party

PRINT NAME of Requesting Party

Date: _____
SIGNATURE of BENEFICIARY, if applicable

Date: _____
SIGNATURE of CONSERVATOR or REPRESENTATIVE of Beneficiary

DO NOT WRITE BELOW THIS LINE

Request Granted _____ Request Denied _____

Additional Information Needed: _____

RETURN FORM TO: Guardianship and Trusts Corporation, 95 White Bridge Rd., Suite 330, Nashville, TN 37205
Email gtc@gtctn.org Phone (615) 259-3610 Fax (615) 259-3611

PLEASE NOTE: Disbursement requests should be received at least two (2) weeks prior to disbursement date. Checks are only disbursed on the first (1st) or fifteenth (15th) of each month.