

THE DISABILITY FOUNDATION INC.
THE OHIO COMMUNITY ANNUITY POOLED TRUST
REQUEST FOR DISTRIBUTION – To be typed or printed

Date Request Due:

Fund Recipient's Name: _____
Address: _____
Phone Number: _____

Personal Representative's Name: _____
Address: _____
Phone Number: _____

Have the fund recipient's public benefits changed since the last Request for Distribution form was submitted? If so, how? _____

Total amount now available for distribution: _____

To whom should check(s) be made payable? If more than one check is required, please specify each payee, and the amount(s) to be distributed. Note: each must be listed separately, but only one check will be issued to each payee. **If no funds are needed, please write "NO FUNDS NEEDED" on the form, and return the form to our office.**

Payee (make check payable to)	Purpose	Amount of Check
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL REQUESTED		_____

If more space is needed, please attach additional sheets.

Date: _____
Signature of personal representative

MAILING INSTRUCTIONS: Please indicate where you wish the check(s) to be mailed and provide the recipient(s) address.

GENERAL INSTRUCTIONS:

If you complete the form online, you must also upload all accompanying documents at the same time (i.e. receipts, invoices etc.). Please do not mail them. Go to **disability-foundation.org/upload** to submit a copy of a purchase order or other written estimate or bill from the vendor from whom goods or services will be (or have been) purchased.

If Mailing: Send this form and copies of receipt documentation to: Amie Violette, The Disability Foundation, 1401 S. Main St, Suite 100, Dayton, OH 45409. For questions, call Amie Violette at (937) 225-9927. Fax: (937) 222-0636.