

THE DISABILITY FOUNDATION, INC.

FLEXIBLE-SPENDING TRUST

THE OHIO COMMUNITY POOLED TRUST

REQUEST FOR DISTRIBUTION – To be typed or printed

Date Request Due: _____

Please make sure the information in the Beneficiary Profile is current and accurate (e.g. changes in contact information, changes in benefits received, changes in income, etc.). **No distributions will be made until a new Beneficiary Profile is submitted each year (and more frequently as changes occur).**

Individual with Disabilities' Name: _____

Address: _____

Phone Number: _____

Personal Representative's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

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.**

<u>Payee (make check payable to)</u>	<u>Purpose</u>	<u>Amount of Check</u>	<u>Recurring Expense</u>
_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>
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(es).

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.