

# Request for Funds

## Beneficiary Information

Name of Life Beneficiary: \_\_\_\_\_

For purchase of: \_\_\_\_\_ Amount: \_\_\_\_\_

① Payment to: \_\_\_\_\_

Name:		
Street:		Apt #:
City:	State:	Zip:

For purchase of: \_\_\_\_\_ Amount: \_\_\_\_\_

② Payment to: \_\_\_\_\_

Name:		
Street:		Apt #:
City:	State:	Zip:

The following checklist should be completed to help ensure a timely review:

- Signature of Co-Trustee or other authorized individual is below
- Clearly readable estimate(s), receipt(s) or invoice(s) is/are attached
- Receipts are no more than 90 days old
- Requested items are for the primary benefit of the Life Beneficiary
- Requested items do not include housing, utility, food expenses or cash to the Life Beneficiary

MSNT will review the submitted Request for Funds for compliance with applicable Federal and State policies and the Terms and Conditions of the Master Trust. MSNT, as Trustee, has the sole discretion regarding the approval of request for funds. Please contact a Trust Specialist with questions.

Requested by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Life Beneficiary \_\_\_\_\_ Phone \_\_\_\_\_

Please submit the request with required documentation to MSNT



PO Box 7629  
Columbia, MO 65205



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