

# How to Complete a Request for Funds Form



**Midwest Special  
Needs Trust**

## 1 REQUEST FOR FUNDS

In most circumstances, requests for funds are processed within 2 to 5 business days of receiving all required documentation. Keep in mind that unsigned, incomplete, or missing documentation will delay processing. MSNT may, in their discretion as Trustee, deny the request based on applicable federal and state statutes and regulations.

### 2 As the requestor, you agree:

- You are the responsible party to sign on behalf of the Beneficiary
- Beneficiary **did not purchase** the items
- All required documentation is included
- Request for funds will not be processed the same day they are submitted

Prior to submitting request, check off each item below to help ensure a timely review:

- 3 ☐ Receipts, Estimates or Invoices less than 90 days ☐ Does not include housing, food, cash
- ☐ Request is for the primary benefit of the Beneficiary ☐ Sign the Request for Funds form

Name of Beneficiary:

4 Item(s) or Service(s) Requested:

Total Amount:

Request is a: 5 ☐ Reimbursement--# of Receipts 6 ☐ Direct Purchase

Funds should be issued by: ☐ Check ☐ Beneficiary's MSNT True Link Card

If you are requesting funds to be mailed by check, allow up to 10 business days for the check to be received.

Check should be made payable to:

\* Check cannot be payable to the Beneficiary

Mailing address:

Apt/Suite #:

City:

State:

Zip:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature

Please submit the request with required documentation to MSNT

✉ PO Box 7629 | Columbia, MO 65205 @ [mftbt@midwestspecialneedstrust.org](mailto:mftbt@midwestspecialneedstrust.org) 🏠 1-573-303-5866

## 1. Request for Funds Form

This form is **required every time** a request is submitted

## 2. Requestor

This is the designated Co-Trustee in the trust agreement documents

- If no Co-Trustee is designated, then this is the Beneficiary or their responsible party

## 3. Checklist

This checklist must be completed before the request can be submitted

## 4. Request Information

- Name of Beneficiary
- Items or Services Requested - Please be detailed and match the information included on receipt, estimate or invoice
- Total Amount of request

## 5. Reimbursement Request

Someone has purchased the items or services for the Beneficiary

- Include the number of receipts attached to the request

## 6. Direct Purchase

The sub-account will make direct payment to the provider

- Example: Dental Bill – a check will be issued to the dental office
- Example: Cell Phone Bill – a check will be issued to the cell phone company

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Signature

**10** Please submit the request with required documentation to MSNT

 PO Box 7629 I Columbia, MO 65205     [mftbt@midwestspecialneedstrust.org](mailto:mftbt@midwestspecialneedstrust.org)     1-573-303-5866

## 7. Check

- A check will be issued to the person or provider
- All information must be completed
- Checks cannot be issued to the Beneficiary or their estate

## 8. Beneficiary's MSNT True Link Card

Funds will be deposited on the **Beneficiary's True Link Card** issued by MSNT

- Funds can only be used for the items or services requested
- Receipts must be submitted after each purchase

## 9. Signature

The **person completing the form** (requestor) must sign the form.

- Forms without a signature will be denied

## 10. Submitting the Request for Funds

Request for funds Forms and all accompanying documentation can be submitted three ways:



Midwest Special Needs Trust  
PO Box 7629 I Columbia, MO 65205



[mftbt@midwestspecialneedstrust.org](mailto:mftbt@midwestspecialneedstrust.org)



1.573.303.5866

Please call your Trust Specialist at 1.573.256.5055 if you have any questions completing the Request for Funds Form.