

# How to Complete a Request for Funds Form

Midwest Special 1 R Needs Trust	EQUEST FO	R FUNDS	
In most circumstances, requests for funds are processe documentation. Keep in mind that unsigned, incomple MSNT may, in their discretion as Trustee, deny the req regulations.	ete, or missing document	ation will delay processing.	
As the requestor, you agree:     You are the responsible party to sign on behalf of the Beneficiary     Beneficiary did not purchase the items	• Request for f	documentation is included funds will not be processed they are submitted	
Prior to submitting request, check off each item below	to help ensure a timely	review:	
Receipts, Estimates or Invoices less than 90 days	Does not inc	Does not include housing, food, cash	
Request is for the primary benefit of the Beneficia	ary Sign the Req	Sign the Request for Funds form	
Total Amount:  Request is a: 5 Reimbursement# of Recei	pts 6 ODirect Purch	ase	
Funds should be issued by: Check	O Beneficiary'	s MSNT True Link Card	
		for the check to be received.	
If you are requesting funds to be mailed by check, allow  Check should be made payable to:  * Check cannot be payable to the Beneficiary	w up to 10 business days		
Check should be made payable to:	w up to 10 business days	Apt/Suite #:	
Check should be made payable to:  * Check cannot be payable to the Beneficiary	w up to 10 business days  State:	Apt/Suite #: Zip:	
Check should be made payable to:  * Check cannot be payable to the Beneficiary  Mailing address:		Zip:	
Check should be made payable to:  * Check cannot be payable to the Beneficiary  Mailing address:  City:	State:	Zip:	

## 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

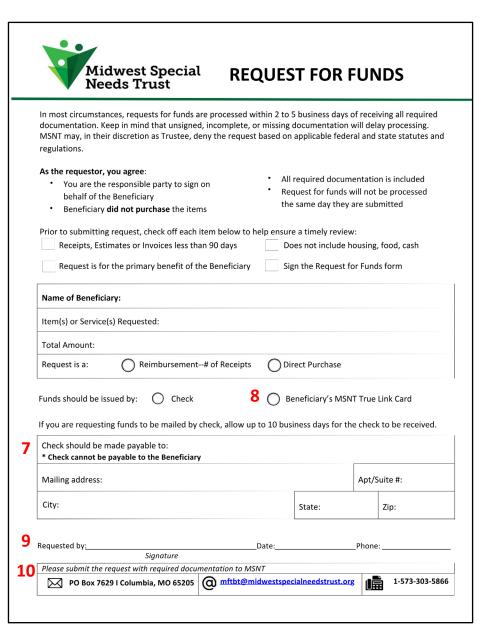
#### 6. Direct Purchase

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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#### 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



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.