LCG Community Trust III

Disbursement Request Form

Account Information:

Beneficiary's Name:_____.

Authorized Representative's Name:_____.

Account #:_____

Office Use Only:

Date Received: ____/____/____

Approved By:_____

Date of Disbursement: ____/____/____

Disbursement Information:

Disbursement Amount Requested: $_____

Description:_____

Make Check Payable To:_____

Mail Check To: Address:_____

City:_____ State:_____ Zip Code:_____

Disbursement Information:

Disbursement Amount Requested: $_____

Description:_____

Make Check Payable To:_____

Mail Check To: Address:_____

City:_____ State:_____ Zip Code:_____

A copy of an invoic/bill or proof of purchase must be included with each request form.

I hereby confirm that the requested disbursements are for the sole benefit of the disabled beneficiary of this sub-account.

Signature: _____ **Date:** ____/____/____

Donor/Benefciary or Authorized Representative

Please Note: Requests may take up to five (5) business days to be processed. Please plan accordingly as the Trust shall not be liable for any late charges incurred.