



Attn: Trust Department  
 2446 University Ave W, Suite 110, St. Paul, MN 55114  
 Email: MPT@arcminnesota.org  
 Fax: 952.920.1480

## Master Pooled Trust Disbursement Request Form

Please submit your completed request form along with receipts/invoices via FAX, EMAIL, or MAIL using the contact information above. This form requires a signature from the Primary Representative. Forms that are incomplete/illegible or missing receipts/invoices will not be processed. Please allow 2-3 weeks for processing.

**ACCOUNT INFORMATION:**

Beneficiary Name: \_\_\_\_\_

Trust Account #: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Rec'd: \_\_\_\_\_

Approved By: \_\_\_\_\_

**BENEFICIARY BENEFITS** (please check all that apply):  SSI  MA/Medicaid  SSDI/RSDI  HUD  
 [Remember: SSI recipients may not use trust funds to pay for food or shelter]

**DISBURSEMENT INFORMATION:**

Item/Service Description	AMOUNT
1.	
2.	
3.	
4.	
5.	
<b>TOTAL</b>	

If additional space is needed, please fill out another disbursement request form.

**PAYMENT INFORMATION:**

Payee Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Invoice/Account Number: \_\_\_\_\_

Memo/Special Instructions: \_\_\_\_\_

**SIGNATURE:** By signing this, I attest that the disbursement is for the sole benefit of the beneficiary.

Primary Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please print name: \_\_\_\_\_