

**PLAN of California Master Pooled Trust**  
**Disbursement Request Re-Occurring Expenses Only**

**Submit to:** PLAN of California Master Pooled Trust  
c/o Binder & Co., Attn: Eric Binder, Trust Agent  
1800 Century Park East, Suite 400, Los Angeles CA 90067  
Fax: (310) 773-4699      Voice: (310) 476-6869

**Beneficiary Name:** \_\_\_\_\_ **Trust #:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Agent Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Financial Purpose:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ (If invoice varies, estimate approx. amount.)

**Date due:** \_\_\_\_\_ **Monthly?** \_\_\_\_\_ **Weekly?** \_\_\_\_\_ **Annually?** \_\_\_\_\_

***(Billing accounts must be left in the beneficiary's name. Either Personal Representative or Beneficiary should change the mailing address on account once approval of request has been received. Change mailing address to: (the Name of Beneficiary), c/o Binder & Co. {address and fax number}. No bill will be paid unless an actual invoice is received from vendor. You are responsible for making any changes of address.)***

**All disbursements must be payable to a third party other than the Beneficiary and must be for the sole benefit of the beneficiary. All reimbursement requests to Primary Representatives or authorized third parties, must be PRE-APPROVED.**

Disbursements for food, utilities, taxes, or housing can jeopardize or reduce the Beneficiary's government benefits. Primary Representatives must verify and confirm that they have considered the jeopardy and that the Beneficiary's government benefits will not be jeopardized. Beneficiary, or his or her designated payee or legal agent, is responsible to notify Social Security Administration (SSA) when and if they receive any in-kind benefits from the trust towards food or shelter. Disbursements from a First Party Special Needs Trust can only be made for the "sole benefit" of the grantor/beneficiary.

**This Disbursement Request is \_\_\_\_\_ is not \_\_\_\_\_ (check one) for Food or Shelter. If the Disbursement Request is for food or shelter, I have verified whether this disbursement will jeopardize or reduce any government benefits. I certify that the disbursement will not jeopardize the Beneficiary's government benefits.**

\_\_\_\_\_  
Signature of Primary Representative or Authorized Third Party      Dated: \_\_\_\_\_

\*\*\*\*\*  
Your Disbursement Request has been approved. Check has been mailed or is enclosed.

by: \_\_\_\_\_ Dated: \_\_\_\_\_  
Binder & Co., Trust Administrative Agent for PLAN of California Master Pooled Trust  
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