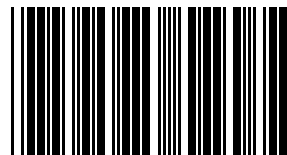




Directions: Complete Section 1 below and sign. Attach documentation: lease, invoice, receipt, or price quote. Incomplete or unsigned requests will not be processed. Submit requests to NYSARC Trust Services. Allow 2 business days after receipt to update your account records. Please allow adequate time for processing and mailing. Please plan accordingly.

## Community II - Disbursement Request Form



12345

Today's Date: \_\_\_\_\_

Beneficiary Name: Jane Smith

Please complete the following information regarding the disbursement:

Requested By: \_\_\_\_\_

*(If other than Beneficiary, must be authorized on the Joinder Agreement)*

Amount of Request: \$ \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

### SIGNOR AGREES TO THE FOLLOWING

- 1) I am the Beneficiary and/or a contact authorized to request disbursements for this account.
- 2) Proof of payment is required prior to reimbursement.
- 3) Requested disbursement is an actual expense for the sole benefit of this Beneficiary.
- 4) It is the sole responsibility of the Beneficiary or their representative to determine the impact of this disbursement on continuing eligibility for governmental benefits.
- 5) Repayment will be sought for duplicate disbursements or disbursements issued after the death of the Beneficiary.
- 6) Requests and supporting documentation must be received prior to the death of the beneficiary.

**Mail to:**  
**NYSARC Trust Services**  
**P.O. Box 1531**  
**Latham, NY 12110**

**Phone: (518) 439-8323**  
**Fax: (518) 439-2670**

### TRUST SERVICES USE ONLY:

Employee ID No.: \_\_\_\_\_

Lease on file? Circle One (Yes) (No)

Available Balance: \$ \_\_\_\_\_

Date Calculated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Complete: \_\_\_\_/\_\_\_\_/\_\_\_\_

Special handling? *Circle One* (Yes) (No)

Type of handling: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_