

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

Today's Date: July 31, 2022

Beneficiary Name: Jane Smith

Please complete the following information regarding the disbursement:

Requested By: Taylor Swift

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

Amount of Request: \$50,999.00

Purpose of Request: College tuition & singing lessons

Make check payable to: Taylor Swift

Address: 1600 Amphitheatre Pkwy, Mountain View, CA  
94043, US

Signature: T.S. 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: \_\_\_\_\_

\_\_\_\_\_

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