

## Pooled Trust Distribution Form P5

Please submit your completed request form via FAX, EMAIL or MAIL using the contact information above. The James Street Group must receive the completed request from and documentation by the 5<sup>th</sup> of the month in order to be paid out on the 20<sup>th</sup>. If all documentation (including receipts or invoices) is not received by the 5<sup>th</sup>, your request will be processed the following month. THIS FORM MUST BE TYPED OR COMPLETED IN BLUE OR BLACK INK. ALL FORMS REQUIRE A SIGNATURE.

**Beneficiary Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Total amount of this request: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Completed By:**

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

Address: \_\_\_\_\_ **Check here if this is a NEW Address**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Purpose of Request:**      Medical              Education              Other (5 Personal Items)

**Type of Distribution Request:**      Reimbursement              Advanced Funds              Pay Vendor Directly

Receipts for Previous Advance (Not a New Request)

**Request Details:**

<u>Item Description- Be as detailed as possible, attach additional paper if necessary</u>	<u>Cost of Item</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Payment Should Be Made By:** \_\_\_\_\_ **Check here if this is NEW Banking Information**

**Mailed Check**

**Direct Deposit Into:      Checking      Savings**

Name or Company: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ Bank Routing (ABA) # [ 9 digits]: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account # : \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Name/Title: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**YOU MUST ATTACH ALL RECEIPTS, INVOICES, ESTIMATES, ETC & RETAIN A COPY FOR YOUR RECORDS**

**\*\*\*If you are requesting an advancement, please remember to send back any receipts or invoices for funds the trust is advancing within 30 days or prior to a new distribution request, whichever comes first. The trust cannot accept any distribution requests until we have received receipts for the advanced funds. If receipts are not provided within 30 days, funds will not be advanced for future distributions. Proper receipts included printed itemized receipt from a vendor or a copy of a cleared check with an itemized invoice. The James Street Group cannot be responsible for lost documentation or mail.**