

**THE DISABILITY FOUNDATION INC.**  
**THE OHIO COMMUNITY ANNUITY POOLED TRUST**  
**REQUEST FOR DISTRIBUTION** – To be typed or printed

Date Request Due: August 16, 2017

Fund Recipient's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Personal Representative's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Have the fund recipient's public benefits changed since the last Request for Distribution form was submitted? If so, how? \_\_\_\_\_  
 \_\_\_\_\_

Total amount now available for distribution: \$ - 3rd Quarter '17 \_\_\_\_\_

To whom should check(s) be made payable? If more than one check is required, please specify each payee, and the amount(s) to be distributed. Note: each must be listed separately, but only one check will be issued to each payee. **If no funds are needed, please write "NO FUNDS NEEDED" on the form, and return the form to our office.**

Payee (make check payable to)	Purpose	Amount of Check	Recurring Expense
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
TOTAL REQUESTED			

**If more space is needed, please attach additional sheets.**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of personal representative

**MAILING INSTRUCTIONS:** Please indicate where you wish the check(s) to be mailed and provide the recipient(s) address.  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INSTRUCTIONS:**  
 If possible, please submit a purchase order or other written estimate or bill from the vendor from whom goods or services will be (or have been) purchased.

**NOTE: Please provide the Distribution Committee with receipts for all expenditures.**

Send Request for Distribution and copies of receipt documentation to: Gregory D. Darling, The Disability Foundation, 40 N. Main St., Ste. 500, Dayton, OH 45423. For questions, call Gregory D. Darling at (937) 225-9939. Fax: (937) 222-0636.