

THE DISABILITY FOUNDATION INC.

2014 FLEXIBLE-SPENDING TRUST

THE OHIO COMMUNITY POOLED TRUST

REQUEST FOR DISTRIBUTION – To be typed or printed

Date Request Due:

Fund Recipient's Name:

Address:

Phone Number:

Personal Representative's Name:

Address:

Phone Number:

Email Address:

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: \$ _____

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.

<u>Payee (make check payable to)</u>	<u>Purpose</u>	<u>Amount of Check</u>	<u>Recurring Expense</u>
_____	_____	_____	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, 1401 S. Main St., Ste. 100, Dayton, OH 45409. For questions, call Gregory D. Darling at (937) 225-9939. Fax: (937) 222-0636.