

MAINE TRUST FOR PEOPLE WITH DISABILITIES

Request for Distribution(s) from an Account

\_\_\_\_\_

NOTE: You should use this form only if you are requesting one of the following:

- To begin regular periodic distributions from an account that previously has not made regular distributions.
• To change the timing or amount of regular periodic distributions that are currently being made.
• To request a single distribution that is not part of the regular periodic distributions currently being made.

\_\_\_\_\_

MTPD account to which this request applies: # \_\_\_\_\_

This request is for the following type of distribution: (check the appropriate box)

- To begin regular periodic distributions from the account as follows:
Monthly distributions of: \$ \_\_\_\_\_
-OR-
Quarter annual distributions of: \$ \_\_\_\_\_
-OR-
Annual distributions of: \$ \_\_\_\_\_

- To change the timing or amount of regular periodic distributions that are currently being made. The change will be as follows:
Monthly distributions of: \$ \_\_\_\_\_
-OR-
Quarter annual distributions of: \$ \_\_\_\_\_
-OR-
Annual distributions of: \$ \_\_\_\_\_

- To request a single distribution (that is, a distribution that is not part of the regular periodic distributions currently being made), as follows:
\$ \_\_\_\_\_ to be paid to: (name and address)
\_\_\_\_\_
\_\_\_\_\_

(If you are requesting a single distribution, you also must complete the first section on the next page to explain how the distribution will be used.)

State below what the single distribution amount be used for. Attached an additional sheet of paper if needed. (NOTE: The distribution cannot be used for any purpose that would disqualify the beneficiary from SSI, Medicaid or other public benefits.)

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Name and address of person who is making this distribution request:

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Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_

What is your relationship to the beneficiary?(check all appropriate boxes)

- Guardian
  - Conservator
  - Social Security representative payee
  - Agent acting under a durable power of attorney
  - Trustee
  - Individual who established the beneficiary's account with the MTPD
  - Other: (explain) \_\_\_\_\_
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The person making this request is:

- The person who established the account for the beneficiary.
- Not the person who established the account for the beneficiary.

State any other important information regarding your distribution request that is not otherwise covered in this form:

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## IMPORTANT NOTICE

**If the beneficiary of the account from which you are seeking a distribution is receiving any public benefits for which his or her eligibility is determined based on need (such as Medicaid and SSI), then no distribution can be made from the account for an expense or purchase that would significantly reduce or eliminate the beneficiary's public benefits. All distributions will be made subject to the terms and conditions of the account's governing documents, including the Joinder Agreement and the Trust Agreement. If the person making this request is unaware of the consequences that the requested distribution may have on the beneficiary's public benefits, it is highly recommended that the person making this request seek legal counsel prior to submitting this request.**

The undersigned individual specifically acknowledges and agrees to each of the following:

- The Trust, Trustee, Board of Advisors and Settlor (as defined in the Joinder Agreement) shall not in any event be liable for approving or disapproving this request to the extent such action is in accordance with the Joinder Agreement and Trust Agreement.
- The undersigned states that he or she has not been provided, nor is he or she relying upon, any representation of or any legal advice by the MTPD Trustee, Board of Directors or the Board of Advisors in making this request.
- The undersigned acknowledges receipt of copies of the Master Trust Agreement and the Joinder Agreement, and that the undersigned has read and understands both. The undersigned agrees this request for a distribution shall be bound by their terms.
- The statements made herein by the undersigned are true and accurate and are made with the intention that the Board of Advisors will rely upon them in approving this request to make a distribution.
- The undersigned has had the opportunity to have this completed request reviewed by his or her own attorney.
- The undersigned has reviewed and understands to his or her full satisfaction the

legal, economic and tax effects of seeking the requested distribution from the beneficiary's account of the MTPD account, including the possible effect on the beneficiary's public benefits.

- The undersigned understands and agrees that the MTPD Board of Advisors may notify the beneficiary's parent, guardian, conservator, legal representative, or other persons deemed appropriate by the Board of Advisors regarding this request for a distribution.
- The MTPD Board of Advisors reserves the right to decline to approve this request for a distribution.

This *Request for Distribution(s) from an Account* is signed:

At the following place: \_\_\_\_\_, Maine

On the following date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of individual making the request*

\_\_\_\_\_  
*Print or type name*

*Mail this completed form to:*

**Maine Trust for People with Disabilities  
PO Box 9729  
Portland, ME 04104-5029**

**DO NOT COMPLETE THIS PAGE**

**[Reserved for use by the Board of Advisors of  
the Maine Trust for People with Disabilities]**

Distribution request is:

Approved

Declined

Note any special conditions or restrictions that will apply to this distribution:

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Maine Trust for People with Disabilities  
Board of Advisors

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Member, Board of Advisors