

The Arc Master Trust  
DISBURSEMENT REQUEST FORM

Please note this form must be submitted with each disbursement request and must be completely filled out. If you have questions about the form, please contact anyone at The Arc Master Trust office. This form can be emailed to your trust account manager, faxed to 317-977-2385, or mailed to The Arc Master Trust, PO Box 1547, Indianapolis, IN 46206. If you do not know who your trust account manager is please call us at 317-977-2375 or 800-382-9100. Disbursement requests can also be made online at <https://intrust.thearctrust.org>.

ACCOUNT INFORMATION:

Name of Trust Beneficiary: \_\_\_\_\_ Trust Account Number: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

Phone Number or Email Address of Person Submitting Request: \_\_\_\_\_

Is This a Reimbursement? Yes  No

REASON FOR REQUEST (please include receipts and/or copies of bills if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Request: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

\*PLEASE NOTE WE CANNOT MAKE CHECKS PAYABLE TO BENEFICIARIES

Mail Check To:

\_\_\_\_\_  
\_\_\_\_\_

By Signing This I Attest That the Disbursement Requested is for the Sole Benefit of the Beneficiary.

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received By (Initials): \_\_\_\_\_