



# COMMUNITY TRUST

## ONE-TIME WITHDRAWAL OR PAYMENT

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

Beneficiary Account Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Individual Submitting Form: \_\_\_\_\_ Self \_\_\_\_\_ Authorized Rep. \_\_\_\_\_

- Invoices, contracts, other appropriate proof of payment need must accompany all requests.

Requested Payment Amount \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Requested mailing date (min. 3 business days from date or request): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

By signing above, you agree with the following:

- I am the Beneficiary and/or an authorized representative for withdrawals for this account.
- The requested withdrawal is an appropriate and actual expense for the sole benefit of the Beneficiary of this account.
- The Beneficiary and/or their authorized representative are solely responsible for any impact the requested withdrawal may have on continued eligibility for government benefits.
- All requests for withdrawals must be made and received prior to the death of the Beneficiary.

Mail To: My Choice Trust Services 258 Genesee Street, Mezzanine Level, Utica, NY 13502

Email To: Request@MyChoiceTrust.org