

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.

If this form is being submitted to seek reimbursement for a purchase, expense or credit card bill that has been paid, you must include with this form copies of all receipts for which you seek reimbursement including, in the case of a credit card, a copy of the full credit card statement. If this form is being submitted to seek a direct payment by the MTPD of a credit card bill or other type of bill that you have received, you must include with this form a copy of the full credit card statement or other bill.

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 section below to explain how the distribution will be used.)

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

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

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)* _____

Current Benefits

State what benefits the Beneficiary currently receives. *(Check appropriate boxes.)*

- Supplemental Security Income (“SSI”) of \$ _____ per month.
- Social Security Disability Insurance (“SSDI”) of \$ _____ per month.
- Medicaid / MaineCare Benefits:
 - The Beneficiary’s Medicaid card number is: _____
 - The Beneficiary is receiving MaineCare coverage under which program?
 - Community MaineCare
 - Assisted Living/Boarding Home
 - Katie Beckett
 - Nursing Home Level
 - Waiver Program
 - BME Waiver
- Food Stamps
- Housing Assistance
- Transitional Assistance for Needy Families (TANF)
- Other forms of government assistance: *(explain)* _____

If the Beneficiary does not receive any government benefits, has the Beneficiary applied for benefits? If so, what is the status of the application? _____

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 (i.e., for which the Beneficiary's income or assets determine eligibility for the benefit, 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:

- It is the policy of the MTPD not to report to agencies distributions made from a Beneficiary's account. Moreover, the MTPD does not guarantee that if the distribution requested in this form is approved that it will not adversely affect the Beneficiary's public benefits. The laws governing public benefits, including Social Security Income (SSI) and MaineCare/Medicaid, often change. The fact that previous distributions from the Beneficiary's account may not have reduced his or her public benefits does not necessarily mean that the distribution requested by this form, if approved, will not affect public benefits. For this reason, the MTPD recommends that the individual requesting this distribution work with the Beneficiary's caseworker to notify him or her if this distribution is approved and to confirm that it will not adversely affect the Beneficiary's public benefits.
- 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.
- Distribution requests are evaluated by the Board of Advisors to determine whether distribution is appropriate within the terms of the Trust, and whether such

distribution may jeopardize the public benefits which the Beneficiary is receiving at that time. The Board of Advisors does not report distributions to the relevant public benefit agencies, and all such reporting obligation belong to the Beneficiary or his or her legal representative. Neither the Board of Advisors nor the Trustee guarantee that any distribution from an account will not adversely affect the Beneficiary's public benefits.

- 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 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 acknowledges that taxable income realized by the Trust and distributed to the Beneficiary must be reported to the IRS and the State of Maine as a distribution to the Beneficiary and that it is the responsibility of the Beneficiary, or the Beneficiary's legal representative, to determine whether the Beneficiary must file a personal income tax return with the IRS and the State of Maine. All taxable income that is included in the distribution requested by the form will be reported by the MTPD to the IRS and State of Maine on a Form K-1.
- The undersigned acknowledges that the Trust, the Trustee, Settlor and the Board of Advisors are not responsible for preparing or filing personal tax returns for the Beneficiary. It is the Beneficiary's responsibility, or the responsibility of the Beneficiary's legal representative, to determine whether the amount of any distributed taxable income that a Beneficiary receives from his or her MTPD account requires the filing of a personal income tax return with the IRS or State of Maine.

- 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_____

If the individual who signs below is requesting a distribution to reimburse himself or herself for expenses incurred on behalf of the beneficiary, then undersigned declares the following: *I hereby state that all amounts for which I seek a reimbursement are expenses that I incurred for goods and/or services exclusively for the beneficiary of the MTPD account, and such expenses do not in part or whole benefit myself or any person other than the beneficiary.*

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:

Maine Trust for People with Disabilities
Board of Advisors

Date: _____

By: _____
Member, Board of Advisors