

# Request for Distribution from The Patriot Pooled Trust Sub-Account

## This Form Not Required for Court Appointed Guardianships (with a budget)

Complete this form when requesting a disbursement to be made from the Patriot Pooled Trust.

Name of Participant: \_\_\_\_\_ Acct #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Disbursement Requests:

\_\_\_\_ Regular Expense Submission                      \_\_\_\_ Initial Recurring Expense Submission

**Send above requests to Frank Hauenschield, Attorney - fhvlas@gmail.com or Fax to: 815 462-0172**

\_\_\_\_ Preapproved Recurring Expense Submission - **Send Preapproved Expenses directly to:**

**Diane Hall – [dhall@marquettebank.com](mailto:dhall@marquettebank.com) or Fax to: 815 460-5415**

Item or Acct Number:	Payable To:	Address:	Date Due:	Amount:

Name of Person Requesting Disbursement: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I believe this disbursement to be in the best interest of the trust participant, and request payment from the subtrust held for his or her benefit.

**Signature of Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*For VLAS or Marquette Bank Use Only\***

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Frank A. Hauenschield, Attorney or Diane Hall, Marquette Bank