



TO SUBMIT YOUR REQUEST

FAX: 215-358-2291

EMAIL: disbursements@SecuredFutures.org

MAIL: Secured Futures Processing Center
PO Box 51600 · Phoenix, AZ 85076

AUTHORIZATION – INTERESTED PERSON

RE: Secured Futures Pooled Special Needs Trust Share FBO _____ (Beneficiary)

I, _____ authorize Secured Futures to discuss the above referenced trust share with _____ (**Interested Person**). This communication may include any details regarding the trust share, such as funding date, funding amount, disbursement guidelines, disbursement requests and any other information related to the trust share.

INTERESTED PERSON Information and Signature:

Relationship to Beneficiary _____

Address _____

Phone _____ Email Address _____

Signature of Interested Person _____

BENEFICIARY Authorization:

INITIAL next to ONLY ONE of the statements below. If neither is initialed, the Authorization will be for communication only, not for requesting disbursements.

_____ The Interested Person may NOT execute and submit disbursement requests for the beneficiary.

_____ The Interested Person MAY execute and submit disbursement requests for the beneficiary.

DATE _____ Secured Futures Account Number _____

BENEFICIARY (PLEASE PRINT) _____

Phone Number _____ Email Address _____

SIGNATURE of Beneficiary | POA | Guardian _____