



DISBURSEMENT REQUEST FORM - ABLE

OREGON SPECIAL NEEDS TRUST

FORM INSTRUCTIONS:

- For **Full Balance** transfer requests, the following **requirements MUST** be met:
 - The OSNT sub-account must be a first-party account
 - The OSNT sub-account balance must be less than \$5,000
 - The OSNT sub-account must be active, with at least four (4) disbursements requested within the prior 12 months OR the sub-account beneficiary shows a need to use the funds for basic needs not eligible for disbursements through the OSNT such as rent, utilities, or food
 - The beneficiary must provide documentation showing deposits into the ABLE account for the current calendar year to confirm the transfer will not exceed the maximum annual deposit amount allowed for ABLE accounts
 - The beneficiary or authorized representative must sign the **Disclosure Form**

- For **Partial Balance** transfer requests, the following **requirements MUST** be met:
 - The OSNT sub-account beneficiary must demonstrate a need to use the funds for basic needs not eligible for disbursements through the OSNT such as rent, utilities, or food
 - The beneficiary must provide documentation showing deposits into the ABLE account for the current calendar year to confirm the transfer will not exceed the maximum annual deposit amount allowed for ABLE accounts
 - The beneficiary or authorized representative must sign the **Disclosure Form**

- **Please return disbursement form and required documentation by mail, fax, or email as shown below.**

MAIL TO: 2405 FRONT STREET NE, SUITE 120, SALEM OR 97301
FAX TO: 503.363.7168
EMAIL TO: DISBURSEMENTS@THEARCOREGON.ORG

Beneficiary's Name: _____

Date of Request: _____ Trust Subaccount #: _____

ABLE Account Number: _____ Requested Amount: \$ _____

Requestor's Name: _____ Requestor's Phone: _____

Requestor's Signature: _____
(Signature required: requestor must be a person authorized to request disbursements)

Office use only: Approved: ____ Yes ____ No Date: _____

Approved by: _____