



Service Form

Name of Beneficiary: _____ Date: _____

Amount Requested: \$ _____ Trust Administrator (if known): _____

I am requesting that ACT, as trustee, make a distribution from a trust for the benefit of the above named Beneficiary. The distribution will be used to cover the cost of services I have arranged for the Beneficiary as indicated below. ACT has not been involved in selecting, scheduling, training, supervising, providing instruction to or otherwise controlling the work of the service provider. I understand that ACT is not employing the service provider and is not responsible for withholding or paying federal, state, or local income tax, or payroll tax of any kind, on behalf of the service provider. I also understand that ACT does not provide any type of insurance (including workers' compensation) for the service provider.

Date	Type of Service Provided	Hourly Rate	Time In/ Out	Hours Worked	Total Due
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				Total Hours	Total Dollars
					\$

Check Payable to (name and address):

Mail Check to (name and address):

If same as Payable Address, check here:

Submitted By: _____
 (Print)

 (Signature)

Relationship to Beneficiary: _____ Phone: _____

INTERNAL OFFICE USE ONLY			
	Transaction		APPROVAL
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			