

**Life Plan of Kentucky, Inc.
Disbursement Request Form**



Please submit your completed request form via FAX, EMAIL or MAIL using the following contact information:

Life Plan of Kentucky, Inc.
230 Lexington Green Circle, Suite 120
Lexington, KY 40503
Phone: 859-523-2323 Fax: 859-523-2493
Email: lifeplanofky@gmail.com

Beneficiary: _____ Account Number: _____

Total Amount of this request \$ _____ Date: _____

Form completed by: _____ Authorized Signature _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____

Purpose of distribution: ___ Medical ___ Educational ___ Taxes ___ Legal ___ Other

Request Details (Provide as much detail as possible and attach additional papers/receipts as needed)

DESCRIPTION	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment should be made to:

Name/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account #: _____

Special Instructions: _____

**** YOU MUST ATTACH ALL RECEIPTS, INVOICES, ESTIMATES, ETC. & RETAIN A COPY FOR YOUR RECORDS ****

***** Life Plan of Kentucky cannot be responsible for lost documentation of mail *****