Coast Foundation Society (1974)
Trust Fund Cheque Requisition

☐ **Pick Up** ☐ **Mail**

Amount Requested:

$_____

Please Print Amount:

_____

Date: Month_____Day_____Year_____

Trust Account Name: _____

Pay to:_____

Address:_____City:_____

Province:_____Postal Code:_____Phone:_____

Please describe the nature and purpose of the payment:

_____

_____

_____

Is this a Mandatory Payment item? (An item which qualifies under the Trust Agreement) ☐ YES ☐ NO

If so please check which area:

- ☐ A device or medical aid related to your health or well being
- ☐ Caregiver Services or other services related to the beneficiary's disability
- ☐ Education or Training
- ☐ Necessary maintenance of your principal residence
- ☐ An item or service necessary to promote your independence
- ☐ An item which the expenditure is not considered "income" under the BC Benefits Act, Disability Program

Is this an OPTIONAL payment request made at the sole discretion of Coast Foundation? ☐ YES ☐ NO

Declaration: I, _____declare that the information herein is accurate and I have utilized and exhausted all other income and resources available to me other than this trust.

Signature:_____Date:_____

For Coast Foundation Society (1974) Use Only

_____	_____	_____
Authorized Signatory	Title	Date
_____	_____	_____
Authorized Signatory	Title	Date

**** NOTE: A PAYMENT MAY BE DELAYED OR MAY NOT BE MADE AT ALL IF MAKING THAT PAYMENT WOULD RESULT IN THE LOSS OF GOVERNMENT BENEFITS.***