Good Shepherd Fund
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
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POLICIES AND PROCEDURES

A Special Needs Trust is designed to enhance the quality of life for the beneficiary. Disbursements from the trust can cover expenses for goods and services that go beyond the beneficiary's basic needs. Basic needs such as food and shelter should be covered by Social Security Disability payments, Supplemental Security Income, or other government benefits.

Understanding which disbursements are allowed from a beneficiary's trust can be complex. To assist you, Good Shepherd Fund has prepared two helpful lists: one for **frequently permitted disbursements** and another for those typically **not permitted**. All disbursements are subject to the discretion of the Trustee.

When requesting a disbursement from a beneficiary's trust share, the following conditions must be met:

- **Complete a Disbursement Request Form for each request from the trust.** Incomplete or unclear forms will not be processed and will be returned for clarification.
- **All disbursements must include the required documents, such as original invoices or receipts,** no exceptions.
- **Specific procedures and forms are needed for requests involving vehicles, houses, and travel.** Please submit the appropriate forms for these purchases.
- **Funds must be disbursed for goods and services to a third party, not to the beneficiary or their relatives**. Under no circumstances can funds be disbursed directly to the beneficiary.
- **The funds disbursed must be for the sole benefit of the beneficiary.**

REGARDING DISBURSEMENTS, PLEASE NOTE:

- Requests for disbursements will be **approved or disapproved within 5 business days of receiving the completed request form.**
- **If approved, payment will be processed within 3 days, totaling 8 business days** from the date of the request.
- Please allow **7-10 business days for payment by check**.

Following these procedures ensures that all disbursement requests are handled promptly, thereby enhancing the beneficiary's quality of life.

CHANGE OF ADDRESS: If your **address** or **phone number** changes in the future, please notify us in writing/email by completing the Contact Information Changes form included in this Welcome Packet.