



SUBMIT YOUR REQUEST:

Fax: 505-883-5564

Email: arctrust@arcnm.org

Mail: Trusts – The Arc of NM

5130 Masthead NE Albuquerque, NM 87109

THE ARC OF NM MASTER TRUST REQUEST

Please allow up to 10 business days (HOLIDAYS AND WEEKENDS NOT INCLUDED) for processing.

Incomplete or illegible forms will be returned.

Beneficiary's Name: _____ Date _____

Beneficiary Address: _____

Phone #: _____ E-mail: _____

Signature of Beneficiary, Guardian, POA _____ **PRINT NAME** _____

I understand that the beneficiary has no entitlement to the income or corpus of the trust except as the Trustee, The Arc of New Mexico, in its complete and unfettered discretion, elects to make any disbursement. I understand that requests are reviewed considering individual situations and impact on preservation of benefits and purposes consistent with SSI and Medicaid guidelines and other government benefits.

To Whom: _____

Reimbursement to Whom: _____

True link Card Distribution/Amount requested \$ _____

All requests require back up and/or receipt documentation. Receipts must be taped on separate page. Attach Separate sheet for additional items and/or a printed WEBSITE Shopping Cart items listing.

NAME AND ADDRESS FOR CHECK TO BE ISSUED/VENDOR TO BE PAID

Name/Co _____

Address City, State, Zip _____

Phone # _____

Total Amount of order including tax and delivery or bill/invoice: \$ _____

If you have any questions, please contact us via email arctrust@arcnm.org

Or call 1-505-883-4630 or 1-800-358-6493 toll free

YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD FROM OUR WEBSITE: www.arcnm.org/trustfund