



**Benefits
Preserved**
Est. 1994

Disbursement Request Form Through Website Explainer

Education and training for the legal community on
preserving government benefits for the injured and at-risk

(877) 695-6444 | www.cptinstitute.org | inbox@cpttrust.org

1. Upon Entering Website



2. Click Our Clients and Access the Disbursement Request Form





3. Enter Personal Info

CPT Institute Disbursement Request Form (DRF)

Record Information

Trust Beneficiary Name

Enter the name of the beneficiary

First

Last

Trust ID

Enter the trust id

Trust Beneficiary Advocate Name

If applicable, enter the beneficiary advocate's full name

First

Last

What do you want

Request for Disbursement



Select in between request for
disbursement or true lined
replenishment and increase to all of one

Your Email

Enter the email could be the beneficiary
or the beneficiary's advocate



4. Selecting For What do you Want:

What do you want

True Link Replenishment & Increase Balance

Your Email

Receipt Tracking Requirement

This will reload funds in the true link

If you are requesting to reload funds on your True Link Card or pay your credit card, please do the following:

- Enter all transactions listed on the credit card statement/True Link Card Activity Report that you would like to be counted.
- If you do not have the receipt, please enter a "0" in the Amount to pay column.

If you are not requesting full payment on a receipt, please enter the amount requested in the Amount to pay column and make a notation on the receipt.

Credit Card / True Link Card # *

Total Amount of Receipts *

Additional Increase to Balance

Enter your credit card
or true link card

Amount of receipts for Replenishment. The total
should match all the receipts attached. Please
refer to the bottom

Funds requested in addition to any Replenishment

This will also open the same menu
if you select the disbursement type
of the credit card

Enter the amount of
receipts (if you don't
have any enter a 0)

If you don't want the full
payment, enter the amount
of money you want to
receive

Check Destination Address

Send to Name

If you picked directly to payment the address
of where the payment lives

Address

Address Line 1

Address Line 2

City

Address Line 2

State

Zip Code



5. Disbursement Types

Type

Pick where the money is going to be spent

Direct Payment (Payment to a third-party vendor. Example: Furniture store, cell phone company, internet company, etc.)

Direct Payment (Payment to a third-party vendor. Example: Furniture store, cell phone company, internet company, etc.)

Reimbursement (Payment to a third-party individual. Example: Friend/family member purchased something for you)

Credit Card (Direct payments to a credit card company. Example: Credit Card and you would like to pay it off)

Third party vendor and
sending bills or payments to
stores

Selecting a credit card pay
off any payments

Sending money to another
person to pay them back

6. Receipt Tracking Log

Receipt Tracking Log

Enter the date
of the receipt

Enter the name of the store
of the purchases

Date of Receipt

Store Name

Description

Enter the description of the
items purchased

Amount to Pay

Receipt Upload

Upload all receipts

Enter the amount of each
receipt

or drag files here.

USE NO COMMAS IN FILE NAMES



7. Acknowledgement

Read before signing

Acknowledgement

I hereby authorize the trustee to make payments to the payee/creditor in the amount indicated. I understand if this disbursement compromises government benefits eligibility it may be denied or may cause a reduction in benefits. If denied and payment is still requested the program's Administrator, Trustee, and Non-Profit shall not be held liable for any loss of benefits and will hold the aforesaid harmless from any claims or liability.

Beneficiary/Advocate Signature

Date

**Enter the date of
when you complete
this form**

Sign here

Name

First	Last
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Submit

Print your name