



# PROPOSED ANNUAL SPENDING PLAN

As Trustee, CPT Institute will require that all Trust Beneficiaries fill out a proposed annual spending plan. Please use this form to report the anticipated disbursements for the months below. Use the worksheet titled "Spending Categories Worksheet" to correctly fill out this proposed annual spending plan.

Please submit this form to your assigned CPT Institute Representative as soon as possible. Failure to submit this form promptly may result in delays when processing disbursement requests.

Time Frame (month/year): \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ (trust beneficiary/advocate), for \_\_\_\_\_ (trust beneficiary), agree that all anticipated disbursements listed below are accurate and **are being requested to review.**

Month/Year:						
ISM						
Housing						
Subscriptions						
Transportation						
Professional Services						
Debt						
Fees						
Large Purchases						
Misc. Expenses						
True Link Card						
Total Disbursements	\$	\$	\$	\$	\$	\$

See the reverse side to list the anticipated disbursements for the next six months

Month/Year:						
-------------	--	--	--	--	--	--

ISM						
Housing						
Subscriptions						
Transportation						
Professional Services						
Debt						
Fees						
Large Purchases						
Misc. Expenses						
True Link Card						
Total Disbursements	\$	\$	\$	\$	\$	\$

I understand that this is a *proposed* annual spending plan. CPT Institute, as Trustee, has final authority to approve or deny a disbursement request. The proposed spending plan is a tool that CPT Institute will use when deciding when to approve or deny disbursement requests.

When making disbursement requests, CPT Institute follows three general guiding principles:

1. Does this disbursement request make fiduciary sense?
2. If this request is approved, will it affect the Trust Beneficiary’s government benefits?
3. Does this disbursement request place the Trust Beneficiary in danger or create excessive liability for CPT Institute?

\_\_\_\_\_  
 Name: (Trust Beneficiary/Trust Beneficiary Advocate)

\_\_\_\_\_  
 Signature: (Trust Beneficiary/Trust Beneficiary Advocate)

\_\_\_\_\_  
 Date