



**Please note: change requests may only be made by the sponsor signor **

Check all that apply:

- Beneficiary Address Change/ Phone Number
- Authorized Contact Information
- Authorized Contact Add
- Authorized Contact Remove
- DRF- discontinue payment

Sponsor Name: _____

Beneficiary Name (if different from Sponsor) _____

Beneficiary address change: _____ Effective Date: _____

New address: _____

Phone: _____ E-mail: _____

Authorized Contact Add: Name: _____ Effective Date: _____

Relationship: _____

Authorized Contact Address: _____

Work phone: _____ Home phone: _____ Cell phone: _____

E-mail _____

Authorized Contact Remove: Name: _____ Effective Date: _____

Permissions: Please check all that apply

- Permission to submit Disbursement Request Forms
- Receive account statements and Tax information (rather than Beneficiary) Please note: one account statement mailed monthly to one identified individual. Our office does not send multiple statements to multiple individuals
- Authorization to speak with a Future Care Representatives about Beneficiary account

DRF Discontinue: _____ Effective Date: _____

Payable to Name: _____ Amount \$ _____

Signature (must be signed by the Sponsor Agreement Signor):

Please reference POA designation if signing on behalf of the sponsor/ beneficiary)