



Service Form

Name of Beneficiary: _____ **Date:** _____

Amount Requested: \$ _____ **Trust Administrator (if known):** _____

I am requesting that ACHIEVA Family Trust, as trustee, make a distribution from a trust for the benefit of the above named Beneficiary. The distribution will be used to cover the cost of services I have arranged for the Beneficiary as indicated below. ACHIEVA Family Trust has not been involved in selecting, scheduling, training, supervising, providing instruction to or otherwise controlling the work of the service provider. I understand that ACHIEVA Family Trust is not employing the service provider and is not responsible for withholding or paying federal, state, or local income tax, or payroll tax of any kind, on behalf of the service provider. I also understand that ACHIEVA Family Trust does not provide any type of insurance (including workers' compensation) for the service provider.

Date	Type of Service Provided	Hourly Rate	Time In/ Out	Hours Worked	Total Due
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Hours					Total Dollars \$

Check Payable to (name and address):

Mail Check to (name and address):

If same as Payable Address, check here:

Submitted By: _____
 (print)

 (signature)

Relationship to Beneficiary: _____ **Phone:** _____

INTERNAL OFFICE USE ONLY

	Transaction	APPROVAL
A. ACCOUNT #		
B. PAYEE #		
C. TRANSACTION CODE		
D. TAX INTERFACE		