achieva
Family Trust

Rev: 4/20

# 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 | | | |

**Achieva Family Trust**
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Additional forms available at achievafamilytrust.org