



REQUEST FOR ADVANCEMENT OF BENEFITS

Account Number : _____

Beneficiary's Name: _____

Account Owner's Name: _____

I am requesting to change the projected enrollment year (PEY) for the beneficiary to: _____

Your PACT account must be paid in full before benefits can be used. The 10 year period for using benefits begins with the revised PEY.

I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)

Signature of Account Owner: _____

Date: _____

Daytime Phone Number: _____

Please mail, email, or fax this form to the PACT office.