

Request for Additional Funds Release

Summit Payee Services, Inc.

Claimant

This claimant is a minor

First Name:	Middle Name	Last Name
SSN:	Date of Birth:	

Parent or Guardian of Minor (if applicable)

First name:	Last Name:
Street Address:	City, State, Zip
Telephone Number:	Date Funds Needed:

I am requesting a special draw from conserved funds in an amount greater than, and in addition to, the regular weekly allotment, which special draw shall be used as follows:

Description:	Cost:
Description:	Cost:
Description:	Cost:
Description:	Cost:
Total Projected Cost:	\$

Upon receipt by Summit Payee Services, Inc., this completed form may be submitted to the Social Security Administration for consideration and approval.

Signature of requesting person: _____ **Date:** _____