



# Secured Futures

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredAlliance.org

MAIL: 9633 S. 48<sup>th</sup> St., Ste. 290, Phoenix, AZ 85044

PHONE: 877-734-8880

## VEHICLE PURCHASE APPLICATION

BENEFICIARY NAME (PLEASE PRINT) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**ALL vehicle purchases must be approved by the Trust Advisory Committee.**

Please initial each line indicating your understanding and/or completion:

\_\_\_\_\_ Do you already own a vehicle?  Yes  No

\_\_\_\_\_ Has the Trust previously purchased a vehicle for you?  Yes  No

→ If yes, that vehicle may need to be sold or traded in if a new vehicle purchase is approved.

\_\_\_\_\_ Send a signed copy of this APPLICATION to Secured Futures.

→ Any vehicle purchase application's approval is subject to the governing document, the beneficiary's unique needs/wants, fiduciary prudence, and applicable state and local laws.

\_\_\_\_\_ All vehicle purchases are subject to the approval of the Trust Advisory Committee.

→ We do not approve the purchase of luxury vehicles. A beneficiary should not take possession of a vehicle until it has been approved and paid for by the Trust, **therefore do not sign any paperwork prior to approval.**

\_\_\_\_\_ Provide a copy of your valid driver's license.

→ A beneficiary must have a license to purchase a vehicle through their trust account. A vehicle purchase **may** be approved for a disabled minor or adult beneficiary for whom regular transportation is provided by a parent or another adult with whom he/she lives.

→ If at any time the license of a named driver is suspended, you agree to notify the Trust immediately upon suspension.

\_\_\_\_\_ A lien will be placed on the title of the vehicle.

→ The lien must be in favor of Secured Futures FBO (beneficiary).

\_\_\_\_\_ Third party vehicle purchase fees (if applicable).

→ Third party vendor fees associated with research and fulfillment of vehicle purchases are passed through to the individual's trust account.

Will this vehicle be driven while working for Uber, Lyft or other Rideshare Service?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you had any at-fault accidents in the past five (5) years?

\_\_\_\_\_ Yes (Please explain on separate sheet of paper)

\_\_\_\_\_ No

\_\_\_\_\_ Vehicle Insurance Requirement.

→ Every trust-purchased vehicle is required to have and maintain full comprehensive insurance coverage as defined by the beneficiary's state of residence. I agree to submit renewal bills immediately upon receipt to the trust. Where applicable, I will designate the trust as the mailing address for renewal bills. **Only drivers listed on the insurance are permitted to drive the vehicle.**

\_\_\_\_\_ I confirm I will comply with state regulations to keep the vehicle registered and inspected yearly (or per state requirements) and forward proof of the same to [vehicles@securedalliance.org](mailto:vehicles@securedalliance.org).

\_\_\_\_\_ Vehicles purchased through a minor’s account in the name of a parent do NOT belong to the parent and upon age or majority or account closing, unless otherwise agreed, parent/guardian agrees to a transfer of ownership to trust beneficiary.

APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_

Relationship of Applicant to Beneficiary \_\_\_\_\_

Who will be driving the vehicle? \_\_\_\_\_

License State \_\_\_\_\_ License Number \_\_\_\_\_ *Copy of driver’s license must be attached.*

**REASON FOR PURCHASE APPLICATION**

*Tell us about your current commute method and what should be considered when reviewing this application; what are present circumstances that indicate the trust should pay for the purchase of a vehicle; how will the vehicle purchase benefit the beneficiary. Use an additional page if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MODIFICATIONS FOR ACCESSIBILITY** – *Tell us what modifications are needed for accessibility.*

\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENTS**

**Please initial each line indicating your understanding:**

\_\_\_\_\_ I understand that Secured Futures may, in its discretion, obtain a copy of the driving record of any driver listed in consideration of this application. I hereby give consent for Secured Futures to submit a request for DMV records on my behalf or on behalf of the designated driver(s), and to use funds from the beneficiary's trust share to pay the cost of obtaining these records.

***If the driver(s) is other than trust beneficiary, they are to sign here indicating their consent for their driving record to be obtained by the trust.*** X \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I understand that if the vehicle is approved for purchase, the following is also required:

- CARFAX Vehicle History Report for all pre-owned vehicles
- Bill of Sale listing Secured Futures as lienholder
- Title Application listing Secured Futures as lienholder

\_\_\_\_\_ I understand that any third-party vehicle purchase fee will be paid from the trust account.

\_\_\_\_\_ I acknowledge my account will be charged \$50 to overnight payment for the vehicle.

\_\_\_\_\_ I understand it is my responsibility to maintain full comprehensive insurance on my vehicle.

\_\_\_\_\_ I have reviewed and understand all the steps in the vehicle purchase process and agree to complete all necessary steps before purchasing a vehicle.

**Signature of Applicant** \_\_\_\_\_  
**Date** \_\_\_\_\_ (Rev. 04/01/2024)