

## DISTRIBUTION REQUEST FORM

Trust Name: \_\_\_\_\_

*I am requesting the following distribution from the above named trust:*

Amount: \_\_\_\_\_ Reason for distribution request: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

- Please allow at least 7-10 business days from receipt of request to receive distribution.
- All distributions are subject to the terms and conditions of the Trust Document and/or Trust Officers' approval.
- If this distribution is to pay for services provided to you, please enclose a copy of the invoice, statement or paid receipt for services.
- Special request distributions can be deposited directly into a checking/savings account with the use of a Wire Transfer. A \$30.00 fee is charged for each domestic Wire Transfer processed.

**Return Form To:**

**Amicus Trust Company, LLC**  
7021 Kewanee Ave, 7-102 | Lubbock, TX 79424  
(P) 855-978-6650 (F) 605-607-4180  
Email: [Operations@amicustrustcompany.com](mailto:Operations@amicustrustcompany.com)