

TRUST DISTRIBUTION REQUEST

PLEASE NOTE: IF YOU ARE NOT THE GRANTOR, OR ARE OTHERWISE AUTHORIZED TO REQUEST DISTRIBUTIONS, THEN YOU MUST SUBMIT DOCUMENTATION THAT ESTABLISHES YOUR AUTHORITY. IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE CALL: 877-766-5331.

When completed, you may either fax this request to (727) 497-4739, mail it to The Center, 4912 Creekside Dr., Clearwater, FL 33760, or e-mail it to: distributions@centersmail.com.

The Beneficiary's Name is: Lena Cuzzolini

The Grantor or Current Authorized Party is: Richard Meyer

Exact Amount of the Requested Distribution (*Dollars and Cents*): \$ _____

This Distribution Will Be Used For: _____

Please Provide the Name, Address, and Phone Number of the Vendor or Party to Whom the Check Should be made Payable and Provide an Estimate or Invoice From the Vendor/Service Provider.

These fields must be filled out correctly. It is not the Center's responsibility if a check is sent to an incorrect address you provided. Your trust will be assessed an additional processing fee if you change an address after a distribution request is processed.

Name of Payee:		Phone:	
Account/Invoice Number:			
Mail Check to:			
Street Address:		City:	
State:		Zip:	

TO PROCESS YOUR REQUEST EFFICIENTLY, PLEASE REMEMBER:

1. Please send in your request as soon as possible; it can ordinarily take up to 5 business days to process a request. Requests for extraordinary items are subject to Committee Review and Approval, which can take additional time.
2. This distribution request form must have your name on it and all estimates or invoices attached must also be in your name.
3. Invoices cannot be altered in any matter. Make sure you have provided complete copies of receipts, full invoices, bill statements or other evidence of your obligation.
4. In the event you recreate this form on your computer, it must be in substantially the same form with the same information.
5. Please do not call to check on the status of your distribution or to check if we received your fax, as this only delays the processing time for your request. We will contact you by phone or mail if additional information is needed or if any distribution request is denied.
6. Any stop payment request will result in a bank service charge of \$50 and a trust service charge of \$50.
7. The Center reserves the right to request additional information as it may be necessary to determine any distribution request.

Do not commit yourself to a financial obligation without first consulting The Center.

Dated: _____

Signature

The Signature Above Must Match the Signature on File