

DISCRETIONARY DISTRIBUTION REQUEST AND BUDGET FORM

REQUEST

Date: _____

Account Name: _____

Account No. _____

Beneficiary Information:

Name (of person for whose benefit funds will be used): _____

Date of Birth: _____

Social Security No: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Fax Number: _____

E-mail Address: _____

Spouse: _____

Dependents (If more than 5, attach list of additional dependents):

Name	Relationship to Beneficiary	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of person completing this form (if different from the beneficiary): _____

Relationship of person completing this form to the beneficiary: _____

Reason why the beneficiary is unable to complete this form: _____

Amount Requested: \$ _____

For what will funds be used? : _____

BUDGET

Monthly Expenses

If any expense is paid other than monthly, determine yearly amount and divide by 12.

Housing

Rent or Mortgage Payment \$ _____
Homeowners Association Fees \$ _____
Property Taxes \$ _____
Homeowners or Renters Insurance \$ _____
Home Maintenance and Upkeep \$ _____
Utilities (i.e. electricity, gas, water, garbage) \$ _____
Telephone (Number of Land Lines _____, Cell Phones _____) \$ _____
Cable or Satellite \$ _____

Total Housing Expenses

\$ _____

Automobile

Auto No. 1: Finance or Lease Payment \$ _____
Insurance \$ _____
Gas \$ _____
Maintenance \$ _____
Registration \$ _____
Auto No. 2: Finance or Lease Payment \$ _____
Insurance \$ _____
Gas \$ _____
Maintenance \$ _____
Registration \$ _____
Do you own/lease more than two autos? ___ Yes ___ No \$ _____
(If yes, attach list w/ info as above. Put total here.)

Total Automobile Expenses

\$ _____

Medical

Insurance (For Whom: _____) \$ _____
Medical Expenses Not Covered by Insurance \$ _____
Prescription Dental & Vision Expenses Not Covered by Ins. \$ _____

Total Medical Expenses

\$ _____

Other

Clothing \$ _____
Laundry & Dry Cleaning \$ _____
Groceries and Sundries (i.e. food, toiletries) \$ _____
Personal Care (i.e. hair, nails, cosmetics, health club) \$ _____
Alimony, Child Support & Dependant Care (i.e. parent) \$ _____
Education (Explain for whom, level of educ. & types of exp.) \$ _____
Income Taxes (Federal, state, etc. including prep fees) \$ _____
Internet \$ _____
Credit Card Payments (Prior debt only) \$ _____
Contributions to IRA and other retirement accounts \$ _____
Dining Out \$ _____
Entertainment (i.e. movies, concerts, plays, books & magazines, spectator & recreational sports) \$ _____
Travel \$ _____
Gifts \$ _____
Misc. (i.e. loan pymts, storage, pets. Attach explanation.) \$ _____

Total Other Expenses

\$ _____

Total Monthly Expenses

\$ _____

Assets

Market Value
(What asset would sell for
on the open market)

Debt
(Amount you owe
against the property)

Real Property

Residence \$ _____ \$ _____

Vacation Home (Attach explanation) \$ _____ \$ _____

Rental Property (Attach explanation) \$ _____ \$ _____

Do you own additional real property ___ Yes ___ No
(If yes, attach additional property info. Put total here.) \$ _____ \$ _____

Personal Property

Automobile No. 1 (Primarily driven by _____)
Year _____ Make _____ Model _____ \$ _____ \$ _____

Automobile No. 2 (Primarily driven by _____)
Year _____ Make _____ Model _____ \$ _____ \$ _____

If you specified more than two automobiles on page 2, list info as
above for each on attachment. Put total here. \$ _____ \$ _____

Businesses (i.e. sole proprietorships, corporations, partnerships)
(Attach explanation) \$ _____ \$ _____

Stocks \$ _____ \$ _____

Bonds \$ _____ \$ _____

Checking Accounts \$ _____ \$ _____

Other Bank Accounts \$ _____ \$ _____

Royalty Interests (i.e. movie, music, book, mineral, oil, gas.)
(Attach explanation) \$ _____ \$ _____

Other (i.e. art, jewelry, antiques. Attach explanation. Put total here.) \$ _____ \$ _____

Trust Accounts

Are you the beneficiary of a trust account other than the trust account from which you are seeking
distributions? ___ Yes ___ No
(If yes, please let us know the market value and what you are entitled to from the trust)

Monthly Sources of Income

Please list gross amounts. If you receive the following other than monthly, determine the amount you receive each year and divide by 12.

Employment (Occupation _____) (Including salary, wages, bonuses & draws)	\$ _____
Spouse's Employment (Occupation _____) (Including salary, wages, bonuses & draws)	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Social Security	\$ _____
Other Trusts	\$ _____
Interest Do you normally spend the interest you earn or reinvest it? ___ Spend ___ Reinvest	\$ _____
Dividends Do you normally spend the dividends you earn or reinvest them? ___ Spend ___ Reinvest	\$ _____
Reoccurring Capital Gains	\$ _____
Rental Property	\$ _____
Royalties (i.e. movie, music, book, mineral, oil, gas)	\$ _____
Reoccurring Gifts (i.e. from parents, grandparents)	\$ _____
Loans (payments you receive from loans you made to others)	\$ _____
Other (Attach explanation)	\$ _____
Total Monthly Income	\$ _____

TAX RETURN

Please remember to submit a copy of your latest income tax return including all schedules.

Date: _____

(Signature of person completing form)

Date: _____

(Signature of person for whose benefit funds will be used if over 18 and competent)