

### 1. Trust Identification

Trust ID	Trust Name		
Beneficiary Name			
Beneficiary Phone	Beneficiary Email		
Beneficiary Address	City	State	Zip

### 2. Age Specific Distribution Request Form

Verify Date of Birth MM/DD/YYYY: _/_/____	Verify Identity Drivers License Number: _____ Last Four Digits of Social Security Number: ____
Is a photo copy of a valid state ID attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 3. Payment Address (Address payment shall be mailed to if different than above.)

Name		
Address		
City	State	Zip

**4. Distribution Fee Options (Choose one)**

<input type="checkbox"/> Deduct the \$75.00 distribution fee from the trust.	<input type="checkbox"/> Attached is a check in the amount of \$75.00 made payable to KissTrust.
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Grantor

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Important Notice: Failure to attach a photo copy of a picture ID will delay the processing of your request.***