

1. Trust Identification

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

2. Designated Year of Total Trust Distribution Request Form

Start Date of Trust MM/DD/YYYY: __/__/____	Designated Year of Total Trust Distribution MM/DD/YYYY: __/__/____
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<input type="checkbox"/> Copy of Identification Attached
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3. Payment Address (Address payment shall be mailed to if different than above.)

<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 sales contract or equivalent will delay the processing of your request.