

1. Trust Identification

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

2. Home Purchase Qualification

Is this your first purchase of a primary residential residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Attach a copy of the sales contract or equivalent. Sales contract attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Purchase Amount	Disribution Amount Requested	Amount Approved <i>(For internal use only)</i>		
\$ _____	\$ _____	\$ _____		
	-			

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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I hereby certify and attest that one hundred percent (100%) of the assets received from the above referenced trust in conjunction with this request for first time home purchase distribution will be used for the purchase of the home referenced herein.

Grantor

Signature _____ Date _____

Seller or Sellers Realtor

Signature _____ Date _____

Important Notice: Failure to attach a sales contract or equivalent will delay the processing of your request.