



Education Distribution Request Form

REQUEST FOR: Cash Distribution Loan

SECTION A: TRUST IDENTIFICATION

Trust Name _____ Trust ID# _____

Beneficiary Name _____

Beneficiary Phone _____ Beneficiary Email _____

Beneficiary Address _____ City _____ State ____ Zip _____

Name of School _____

School Address _____ City _____ State ____ Zip _____

SECTION B: GPA QUALIFICATION

Is this your first semester in a school of higher education?		Attach GPA Transcript or Registrar's letter if this is not your first education distribution or your first/initial freshman semester.			
YES	NO	Transcript or letter attached?	YES	NO	
Semester Year _____		Choose Semester	Fall	Spring	Summer

SECTION C: PAYMENT ADDRESS (Address payment shall be mailed to if different than above.)

Name _____

Address _____ City _____ State ____ Zip _____

SECTION D: DISTRIBUTION FEE OPTIONS (Choose one)

Deduct the \$25.00 distribution fee from the trust.

Attached is a check in the amount of \$25.00 made payable to Eastern Point Trust Company.

SECTION E: SCHOOL EXPENSES

Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	

Amount Approved

For internal use only

GRAND TOTAL \$

SECTION F: AUTHORIZATION

Please sign and forward to:

USPS Regular Mailing Address:

EPTC Trust Administrator
 PO Box 232
 Warrenton, VA 20188

Email:

As attachments to
distributions@easternpointservices.com

FedEx / UPS Physical Mailing Address:

EPTC Trust Administrator
 155 Broadview Ave.
 2nd Floor
 Warrenton, VA 20186


Fax:

540-216-0540

SECTION F: AUTHORIZATION (Cont)

I hereby certify that for the period shown above, the expenses have resulted from the enrollment in an accredited College or Post-Secondary school of higher education as defined by the Internal Revenue Service Code Publication 970 or successor publication for the purposes of education for the above named beneficiary.

Print Name:

 _____

Signature:

MM / DD / YYYY

 _____ Date: _____

Choose a Signature Option

Important Notice: Failure to attach a receipt, bill or statement will delay the processing of your request.