



Labor & Industry for Education, Inc.
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LIFE – TRUST DISTRIBUTION FORM

Name of Trust Beneficiary: _____

Client ID: _____

Date: _____

In the space provided below please list the amount of request for each check along with the total requested amount. **Please also attach the bills for each request:**

Bill	Vendor Account Number	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Total amount of request: \$ _____

Signature of Authorized Requestor: _____

Contact Information of Authorized Requestor (check preferred):

Email: _____

Phone: _____