



DISTRIBUTION REQUEST

Date: \_\_\_\_\_

Please provide complete copies of receipts, full invoices, bill statements or other evidence of your obligation with this form for proper authorization of payment.

We reserve the right to request additional information as it may be necessary to authorize any distribution request. Do not commit yourself to a financial obligation without first consulting our office.

I hereby request that a distribution be made from account number \_\_\_\_\_ in the name of \_\_\_\_\_ in the amount of:

\$ \_\_\_\_\_ payable to \_\_\_\_\_ for:  
(Payee Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Reason for Distribution)

Please send the check to:\* \_\_\_\_\_

(Address)

\*Please send one distribution request form per Payee/Vendor to be paid.

By signing this request, I believe the disbursement is appropriate for the Beneficiary and is in the best interest of the Beneficiary. I understand that it is my responsibility to immediately notify the Trustee of any changes that may affect eligibility for public assistance programs, including the death of the Beneficiary, and at this time there have been no such changes.

Please sign and forward to:

Guardian Trust  
901 Chestnut Street, Suite C  
Clearwater, FL 33756  
Fax 727 631-0970  
Or email with attachments to: accounts@guardiantrusts.org

\_\_\_\_\_  
(Signature of Person Making Request)

**For Office Use Only**

Beneficiary Name: \_\_\_\_\_

Sub-Account # \_\_\_\_\_

- Request Approved
- Request Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
Trustee, Guardian Trust