

DISTRIBUTION REQUEST FORM



Trust Name: _____ Account # _____

I am requesting the following distribution for the above-named trust:

Amount \$ _____

Reason for the distribution request: _____

SEND BY (CHOOSE ONE):

- | | |
|---|---|
| <input type="checkbox"/> Check—regular mail | <input type="checkbox"/> ACH/Direct Deposit |
| <input type="checkbox"/> Check—Fed Ex overnight * | <input type="checkbox"/> Same Day Wire** |

Make check payable to: _____

Mailing address: _____

* Checks sent by FedEx will incur a \$40.00 fee (\$60.00 fee for Saturday delivery).

**Same Day Wire transfers will incur a \$30.00 fee.

IMPORTANT INFORMATION

- Please allow 7 to 10 business days from receipt of requests to receive distribution.
- Approval of distribution requests are subject to the terms and conditions of the Trust Document.
- ACH transfers and checks sent via regular mail are provided at no charge.

Authorized Person (signature)

Date

PLEASE RETURN THIS FORM AND ANY NECESSARY ATTACHMENTS BY (CHOOSE ONE):

- EMAIL this form and any supporting information to your Trust Officer.
- FAX us at (800) 494-2429
- MAIL to Capital First Trust Company, 700 W Virginia St., STE 500, Milwaukee, WI 53204.

INTERNAL USE ONLY

Call back verification: Completed N/A

Trust Officer

Date