



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: \_\_\_\_\_