

DISTRIBUTION REQUEST FORM**BENEFICIARY INFORMATION**

Beneficiary Name: _____
Request Date: _____
Authorized Requestor (if not beneficiary): _____
Authorized Requestor Phone: _____

PAYMENT INFORMATION

Amount Requested: \$ _____
Purpose of Distribution: _____
Make Payable To: _____
Mailing Address: _____
Account Number: _____
Payment Method: Check True Link Card EFT (include payment instructions)

Attach receipts, invoices, contracts, or estimates to support review of the request.

MIABLE DISTRIBUTIONS: Check this box to confirm this distribution, when combined with other deposits, will not exceed the 2026 annual contribution limit of \$19,000.

PAYMENT TYPE

One-Time Payment - Requested Payment Date (if time sensitive): _____

OR

Recurring Payment

- Frequency (choose one): Monthly Bi-Weekly Weekly Other _____
- Start Date: _____
- End Date (choose one):
 - Specific Date: _____
 - After ___ Payments
 - Beneficiary Written Cancellation

AUTHORIZATION - I certify this request is for the sole benefit of the beneficiary and the information provided is accurate.

Beneficiary/Authorized Requestor Signature: _____

IMPORTANT NOTICE

Large purchases (home, vehicle, vacation, furniture, etc.) require prior written Trust approval. The Trust cannot reimburse cash or cash equivalents to beneficiaries. Payments must be made directly to third-party payees. All requests are reviewed for fiduciary compliance, sole-benefit requirements, and public benefit considerations.

Completed forms can be mailed to disbursements@chninc.net, faxed to 248-269-1311, or mailed to Springhill Pooled Trust, 5505 Corporate Dr. #300, Troy, MI 48098