

Beneficiary Trust Distribution Request for Healthcare Needs

Date: [Insert Date]

To: [Trustee's Name]

[Trustee's Address]

[City, State, Zip Code]

Dear [Trustee's Name],

I hope this letter finds you well. I am writing to formally request a distribution from the [Name of Trust] established for my benefit, as I have medical expenses that require immediate attention.

As a beneficiary of the trust, I am seeking funds to cover the following healthcare needs:

- [Description of Medical Expense 1] - \$[Amount]
- [Description of Medical Expense 2] - \$[Amount]
- [Description of Medical Expense 3] - \$[Amount]

Attached are the relevant documents and invoices supporting my request.

I kindly ask that you process this distribution at your earliest convenience to help me address these urgent healthcare needs. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]