## **Beneficiary Compensation Agreement**

**Date:** [Insert Date]

**Trust Fund Name:** [Insert Trust Fund Name]

**Trustee Name:** [Insert Trustee Name]

**Beneficiary Name:** [Insert Beneficiary Name]

## Agreement

This Beneficiary Compensation Agreement ("Agreement") is made and entered into by and between the Trustee, [Insert Trustee Name], and the Beneficiary, [Insert Beneficiary Name].

## **Terms and Conditions**

- 1. The Trustee agrees to allocate the sum of [Insert Amount] from the Trust Fund to the Beneficiary.
- 2. This allocation will be paid in the following increments: [Insert Payment Schedule].
- 3. The Beneficiary confirms that the funds will be used solely for [Insert Purpose].
- 4. In the event of any changes regarding the allocation, both parties must agree in writing.

## Signatures

[Insert Trustee Name] Trustee	
[Insert Beneficiary Name] Beneficiary	
Witnessed by:	
[Insert Witness Name] Witness	