

# Letter of Trust Fund Distribution Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

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 trust fund for the purpose of covering my medical bills.

As you are aware, I have recently incurred medical expenses due to [brief description of the medical issue]. The total amount of these medical bills is approximately [insert amount]. I have attached copies of the relevant invoices and documentation for your reference.

According to the terms of the trust, I believe I am eligible for this disbursement. I kindly ask for your prompt assistance in processing this request, as these medical bills are due soon.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information or have any questions.

Sincerely,

[Your Name]