

Trust Account Distribution Request for Medical Expenses

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 trust account established for [Beneficiary's Name], for the purpose of covering medical expenses incurred.

Details of the medical expenses are as follows:

- Provider: _____
- Service Date: _____
- Description of Service: _____
- Amount: _____

In total, the medical expenses amount to \$_____. Attached to this letter are the relevant invoices and documents for your reference.

As per the trust agreement, I believe this distribution falls under the guidelines for medical expenses. I would appreciate your prompt attention to this request and look forward to your confirmation.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]