



# Education Distribution Request Form

**REQUEST FOR:**                      Cash Distribution                      Loan

## SECTION A: TRUST IDENTIFICATION

Trust Name \_\_\_\_\_ Trust ID# \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Beneficiary Phone \_\_\_\_\_ Beneficiary Email \_\_\_\_\_

Beneficiary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## SECTION B: GPA QUALIFICATION

Is this your first semester in a school of higher education?		Attach GPA Transcript or Registrar's letter if this is not your first education distribution or your first/initial freshman semester.			
YES	NO	Transcript or letter attached?	YES	NO	
Semester Year _____		Choose Semester	Fall	Spring	Summer

## SECTION C: PAYMENT ADDRESS (Address payment shall be mailed to if different than above.)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## SECTION D: DISTRIBUTION FEE OPTIONS (Choose one)

Deduct the \$25.00 distribution fee from the trust.

Attached is a check in the amount of \$25.00 made payable to Eastern Point Trust Company.

## SECTION E: SCHOOL EXPENSES

Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	
Type of Expense	Tuition	Books		Bill/Receipt Attached	Amount
	Board	Room	Other	Yes No	

Amount Approved

**For internal use only**

\_\_\_\_\_

**GRAND TOTAL \$**

\_\_\_\_\_

## SECTION F: AUTHORIZATION

Please sign and forward to:

**USPS Regular Mailing Address:**

EPTC Trust Administrator  
 PO Box 232  
 Warrenton, VA 20188

**Email:**

As attachments to  
[distributions@easternpointservices.com](mailto:distributions@easternpointservices.com)

**FedEx / UPS Physical Mailing Address:**

EPTC Trust Administrator  
 403 Holiday Court  
 Warrenton VA 20188

**Fax:**


540-216-0540

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## SECTION F: AUTHORIZATION (Cont)

I hereby certify that for the period shown above, the expenses have resulted from the enrollment in an accredited College or Post-Secondary school of higher education as defined by the Internal Revenue Service Code Publication 970 or successor publication for the purposes of education for the above named beneficiary.

Print Name:

 \_\_\_\_\_

Signature:

MM / DD / YYYY

 \_\_\_\_\_ Date: \_\_\_\_\_

Choose a Signature Option

**Important Notice: Failure to attach a receipt, bill or statement will delay the processing of your request.**