Discretionary Distribution Request

To be completed by Corient Wealth Advisor:

Trust Name:

Date:

Requested by:

Requested for (name of beneficiary):

Amount(s) requested:

To be paid to:

Needs/Purpose:

Trust Market Value:

Estimated Annual Income:

Form of request:

- ☐ Annual net income to beneficiaries
- ☐ Power to adjust (completed P&I form attached)
- ☐ Specific request by beneficiary (attach copy)

Is the request $100,000 or greater?

☐ Yes ☐ No

Have the necessary funds been moved Corient Trust Company?

☐ Yes ☐ No

Has a written request been obtained and send to Corient Trust Company? (If applicable)

☐ Yes ☐ No ☐ N/A

If no is answered to any of the above 3 questions, there may be a delay with the transaction.

Wealth Advisor:

Submitted By (Print Name)

Date

CORIENT

To be completed by Corient Trust Company Officer:

Account number:

Type of Trust:
☐ Irrev ☐ Rev ☐ T/U/Will

GST Exempt?
☐ Yes ☐ No ☐ Unknown

Co-Trustee Approval? (If applicable)
☐ Yes ☐ No ☐ N/A

(Attach signed co-trustee(s) approval(s))

Trust Provisions:

Total Prior Principal Invasions:

Beneficiaries of income (names, d.o.b.):

Beneficiaries of principal (names, d.o.b.):

Remainder beneficiaries:

Any powers of appointment?
☐ Yes ☐ No

If yes, please describe:

Trust Officer recommendation:

Does Trust specifically require or suggest Trustees consider:

a. Outside assets/other sources of income of this beneficiary?
☐ Yes ☐ No

b. Needs of other beneficiaries?
☐ Yes ☐ No

c. If yes to either of (a) or (b) above, please cite article:

Other considerations (e.g., intent of grantor, income tax consequences, 65-day rule, generational-skipping tax consequences):

Trust Officer Review and Sign off:

Signature

Print Date

Signatures of 2 Trust Committee Members: *(only required if request is $100,000 or greater)*

Signature

Print Date

Signature

Print Date