TRUST BENEFICIARY DISTRIBUTION RECEIPT

Charitable Trust Distribution Acknowledgement

Receipt Number: _____ **Date:** _____

TRUST & TRUSTEE DETAILS

Name of Trust: _____

Trustee Name(s): _____

Address: _____

BENEFICIARY DETAILS

Beneficiary Name: _____

Organization/Entity: _____

Tax ID / Registration: _____ **Phone:** _____

Address: _____

DISTRIBUTION DETAILS

DATE OF TRANSFER	DESCRIPTION / PURPOSE OF ASSET DISTRIBUTED	ASSET TYPE (CASH/PROPERTY/STOCK)	VALUE / AMOUNT ($)
		Total Distribution Value:	

I, the undersigned representative of the aforementioned Beneficiary, hereby acknowledge receipt of the distribution described above from the Trustees of the aforementioned Trust. I certify that these funds/assets will be utilized in accordance with the terms, purposes, and conditions set forth in the Trust Agreement and governing law.

_____ _____

Authorized Trustee Signature **Beneficiary / Authorized Representative Signature**

_____ _____

Print Name & Title **Print Name & Title**

_____ _____

Date **Date**