

ESTATE BENEFICIARY DISTRIBUTION RETURN REQUEST FORM

Form for Requesting and Confirming Receipt of Estate Asset Distribution

Instructions: Please complete this form to request or acknowledge the distribution of your designated share from the estate listed below. Once completed, return this form to the Executor or Administrator of the Estate.

1. ESTATE INFORMATION

Estate Name: _____

Court File/Case No: _____

County/State: _____

Executor/Admin Name: _____

2. BENEFICIARY PERSONAL INFORMATION

Full Legal Name: _____

Mailing Address: _____

Phone Number: _____

Email
Address: _____

SSN / Taxpayer ID: _____

Date of Birth: _____

3. REQUESTED DISTRIBUTION TYPE & PAYMENT METHOD

Asset Type Requested:

- Cash / Monetary Funds
- Real Estate Property (specify: _____)
- Securities (Stocks, Bonds, Mutual Funds)
- Tangible Personal Property (specify: _____)

Preferred Payment Method (for monetary distribution):

- Physical Check (mailed to address in Section 2)
- Direct Deposit / Wire Transfer (must attach completed Direct Deposit Authorization Form)

4. BENEFICIARY ACKNOWLEDGMENT & RELEASE

By signing below, I hereby request the distribution of my share of the Estate. I acknowledge that any distribution made to me is subject to the final settlement of the Estate accounts, including the payment of any taxes, debts, or expenses. If it is determined that I have received an amount in excess of my proper share, I agree to return the excess to the Executor/Administrator upon written request.

Beneficiary Signature: _____

Date: _____

Witness Signature: _____

Date: _____

5. OFFICE/EXECUTOR USE ONLY

Approved Distribution

Date

Amount:

Processed:

Authorized By (Signature):