



LUSP Trust

365 Route 304, Suite 204, Bardonia, NY 10954
Tel 845-367-7625 • Fax 845-501-4153
www.lusptrust.org • general@lusptrust.org



REQUEST FOR BENEFIT PAYMENT

Complete form in its entirety, then fax, email, or return to the address above.

Deceased Member Information – Please Print Clearly

Name _____ SSN _____ - _____ - _____ Date of Birth ____/____/____
Address _____ Apt.# _____
City _____ State _____ Zip _____

Benefit Payment Policy

- An original Death Certificate must be submitted with request form
- A Death Benefit cannot be made until all beneficiaries have submitted payout option forms
- There is a \$25 distribution fee for Death Benefits.

Beneficiary Information – Please Print Clearly

Name _____ SSN/EIN _____ - _____ - _____ Date of Birth ____/____/____
Address _____ Apt.# _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email _____

I wish to process my designated portion of the account as:

- 100% cash payment Transfer funds into my name *(Must complete Member Packet)*

I wish to have Federal taxes withheld from my distribution: Please consult a tax advisor for tax treatment

- No – Assumed if blank Yes – 10% of basis Additional \$ _____ or _____ %

Payment Preference:

- USPS – Allow 7-10 business days for delivery ACH – Allow 7-10 business days for deposit

Bank / Financial Institution Name _____
Bank / Financial Institution City _____ State _____ Zip _____
ABA / Routing # _____ Account # _____

By signing below, I agree to the terms of the rules and regulations of the plan of which I am a designated beneficiary.

_____/_____/_____
Signature of Beneficiary Date

****Completed by Administrator only – do not complete.**

_____/_____/_____
Signature of Plan Administrator Date