



LUSP Trust

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REQUEST FOR DISTRIBUTION

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

Distribution Policy

- All distribution forms must be accompanied by driver's license or government photo ID.
- A Partial distribution cannot exceed 60% of the total account value on the day of withdrawal. Minimum \$500.00
- A Partial distribution can only be made once in a consecutive 12-month period. Participation can continue.
- If a 100% distribution is made, then contributions to the plan must stop for a consecutive six-month period.
- A Partial distribution is a \$25 fee, and a 100% distribution is a \$50 fee.

Member Information – Please Print Clearly

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

I wish to take a Distribution of my account:

100% – If contributing, date contributions stopped ____ / ____ / ____ 60% or Net Value: \$ _____

I wish to have Federal taxes withheld from my distribution: If left blank, "No" will be assumed.

No Yes – 10% \$ _____ 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 member.

 Signature of Member _____ Date ____ / ____ / ____

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

 Signature of Plan Administrator _____ Date ____ / ____ / ____