Date: [Date]

To: [Name of Trustee]
[Address of Trustee]
[City, State, Zip Code]

**RE: Letter of Instruction for Discretionary Medical Expense Distribution**

Dear [Name of Trustee],

Pursuant to the terms of the [Name of Trust], dated [Date of Trust Agreement], I am writing to formally request a discretionary distribution for medical expenses incurred by [Name of Beneficiary].

The purpose of this distribution is to cover the following medical costs:

- Provider Name: [Name of Hospital/Doctor/Clinic]
- Description of Service: [e.g., Surgery, Therapy, Medication]
- Date of Service: [Date]
- Amount Requested: $[Amount]

I have attached the following supporting documentation for your review:

- Invoice/Billing statement from the medical provider.
- [Optional: Physician's recommendation or letter of medical necessity].
- [Optional: Explanation of Benefits (EOB) from insurance].

Please process this payment via the following method:

[ ] Direct payment to the medical provider at the address listed on the invoice.
[ ] Reimbursement to [Name of Person to be Reimbursed] at [Address].

I believe this request falls within the discretionary guidelines of the Trust regarding the health and maintenance of the beneficiary. Please let me know if you require any further information to process this request.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Capacity: e.g., Beneficiary, Guardian, or Co-Trustee]