[Date]

[Trustee Name]
[Trustee Address]
[City, State, Zip Code]

Re: Distribution Request for [Name of Special Needs Trust]
Beneficiary: [Name of Beneficiary]

Dear [Trustee Name],

I am writing to formally request a distribution from the above-referenced Special Needs Trust for the benefit of [Beneficiary Name].

The requested distribution is for the following purpose(s):

- [Description of item or service] - [Cost/Amount]
- [Description of item or service] - [Cost/Amount]

The total amount requested is $[Total Amount].

I have attached the following documentation to support this request: [e.g., invoices, receipts, price quotes].

Please make the payment directly to the vendor(s) listed below to ensure the distribution does not count as income for the beneficiary's government benefit eligibility:

Vendor Name: [Name]
Payment Amount: $[Amount]
Mailing Address: [Address]

If you have any questions regarding this request or require further documentation, please contact me at [Phone Number] or [Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Relationship to Beneficiary/Trust]