The Purdue Personal Injury Trust
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EARLY DISTRIBUTION ADVANCE PAYMENT VERIFICATION VOUCHER FORM

IMPORTANT NOTICE: Upon submission of this Early Distribution Advance Payment Verification Voucher Form, a $750.00 administrative fee will be deducted from the Claimant's award. This fee pays for the administrative costs associated with the review and approval process of the early distribution request. The fee is incurred whether or not the early distribution request is approved, in whole or in part.

Guidelines for Early Distribution Requests

Lump Sum Requests. The full amount of the Claimant's allocation will likely not be released as one lump sum absent extraordinary circumstances, which must be described in detail and supported with documentation submitted with this form.

Clothing and Basic Needs. Requests for clothing and other basic needs are most likely to be approved as annual payments of up to $750 for each year the Claimant is a minor. These payments may be issued either (a) as a gift card to a merchant you specify, or the $750 may be split among several merchants; or (b) as a reimbursement of up to $750 per year to the Parent or Legal Guardian upon receipt of itemized invoices or receipts showing purchases that match the items described in Part 2 of this form.

Part 1. Claimant Information

Date: _____

Full Name of Claimant:_____

Social Security Number:_____

Mailing Address of Claimant:_____

_____

Date of Birth of Claimant:_____

Parent or Legal Guardian Name:_____

Relationship with the Claimant:_____

Mailing Address of Parent or Legal Guardian:_____

_____

Email address of Parent or Legal Guadian:_____

Phone number of Parent or Legal Guardian:_____

Part 2. Early Distribution Request

List the amount requested for each category you check, and the payment method for that category.

Category (check all that apply). These are examples only.	**Amount Requested**	**Payment Method (check one per category)**	**Merchant(s) / Provider Name**
☐ Basic clothing and other basic needs	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Tutoring or other educational support	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ School-related expenses	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Medical care, therapy, or counseling	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Dental work	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Early intervention or developmental services	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Structured developmental or enrichment activities	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
☐ Other (describe):	$	☐ Gift card ☐ Reimbursement ☐ Direct to provider	
TOTAL AMOUNT REQUESTED	**$**	*Must equal the sum of the amounts above*	

Payment methods: Gift card – list each merchant and the dollar amount for each (the amount may be split among several merchants). **Reimbursement** – parent or legal guardian to submit itemized invoices or receipts showing purchases that match the items described on this form. **Direct payment to provider** – attach an itemized estimate or invoice and complete Part 3 (Payee Information). Clothing and basic needs are typically paid by gift card or reimbursement; medical, dental, therapy, and similar services are typically paid directly to the provider.

Additional Details: Please use the space below to explain each requested amount separately. For each category checked in the table above, describe what the funds will be used for, the specific items or services requested, the merchant, vendor, or provider, the pricing, and how the expense will benefit the Claimant. Include as much information as possible to help the NAS Trustee review and recommend your request. If you need more space, you may attach additional pages or supporting documents to this form.

_____

_____

_____

_____

_____

Part 3. Payee Information (complete only if requesting direct payment by check or wire transfer to a provider or vendor, e.g., a dentist's office)

If payment to more than one provider or vendor is requested, attach a separate page with the information below for each payee.

Legal Name of Payee: _____

Indicate if Payee is a charity or a business (like a school or a therapist) and provide such a Payee's tax status and Tax Identification Number on Form W-9.

Payee Address: _____

_____

Payee Email Address: _____

Amount to Be Paid to Payee: $_____

Description of the amount and anticipated use for the Claimant (as invoiced): _____

_____

_____

Requested Payment Method:

☐ Check (mailed to the payee address above)

☐ Wire transfer (wire instructions must be provided on the payee's letterhead)

Required Attachments (check each item attached):

☐ Itemized invoice or estimate from the payee

☐ Proof of the payee's tax status (e.g., IRS tax-exemption determination letter) if applicable

☐ Completed IRS Form W-9 from the payee if applicable

☐ Deposit request and payment instructions (check or wire) from the payee

☐ Other supporting documentation: _____

* * *

I declare under penalty that I am authorized to execute this early distribution verification voucher form on behalf of the above-named Claimant and that the monies released on behalf of the Claimant are for the direct benefit of the Claimant in advancing the Claimant's education, health, support and/or maintenance and as described on this form.

_____

Name (please print)

_____

Signature

_____

Date

Received and recommended by the NAS Trustee:

_____ Date:_____

Simone K. Lelchuk, Esq.
NAS Trustee
simone@simonelelchuk.com

Court Approval and Timing: All distributions are subject to P.I. Trustee and Bankruptcy Court approval, which is likely but not guaranteed. Funds will not be transmitted until the Court approves, which will be a few months after the preliminary approval by the NAS Trustee.