

FARRIS HERITAGE TRUST
SCHEDULE D — BENEFICIARY CLAIM FORM
(Submit annually in July to claim benefits under Farris Heritage Trust, Article IV)

Part 1 — Claimant Identification

- Full legal name: _____
- Mailing address: _____
- Phone & email: _____
- Date of Birth and current age: _____
- SSN / Tax ID (last 4 digits): _____
- Relationship to Grantor / Beneficiary Class: Descendant Named Priority Individual (Schedule A)
- Benefit: Education Basic Support Entrepreneurial Heritage Name
- Tax year claimed (if applicable): _____

Part 2 — Benefit Category (ONE FORM PER CATEGORY CLAIMED)

Education

- Institution: _____
- Attendance dates (from / to): _____
- Classes taken and Grades: _____
- Total tuition & required fees: \$ _____
- Less scholarships, 529, grants, loans: \$ _____
- Amount requested from Trust: \$ _____
- Attach documentation per Article IV §4.02(c)

Basic Support

- Tax year: _____ Filing status “Single”? Yes No

- Total Income (from Form 1040): _____
- Public assistance received (list program and amounts): _____
- Amount requested to reach FPL target (per §4.04 Schedule A): _____
- Attach Form 1040 and W-2/1099/SSA-1099 copies.

Entrepreneurial Grant

- Business name / registration #: _____
- Type of entity: LLC Sole Prop Corp Other _____
- Date established (mm/dd/yyyy): ____ / ____ / ____
- Requested grant: Initial \$5000.00 Follow-On \$5000.00 (indexed)
- Attach business plan summary, receipts, or proof of operation per §4.05

Legacy Name Grant

- Newborn name / date of birth (mm/dd/yyyy): _____
- Attach documentation per §4.06(b)

Part 3 — Payment Instructions

Reimburse me directly Pay institution/provider below:

Name: _____

Address: _____

Routing #/Acct # (if ACH): _____

Part 4A — Claimant Certification

I certify under penalty of perjury that all information and attached documentation are true, complete, and verifiable. I understand that any false, misleading, or incomplete statement will result in the permanent loss of all benefits and privileges under Article IV of the Farris Heritage Trust 20251103 and may subject me to recovery actions or legal proceedings.

Signature _____ Date _____

Printed Name _____

Part 4B — Grantor Endorsement (Required While Living)

I have reviewed this claim with the applicant and concur that it accurately reflects the intent and eligibility criteria of the Farris Heritage Trust 20251103.

Signature of Grantor: _____ Date: _____

In-person review Virtual review approved

Part 5 — Trustee Use Only

• Date received: _____

• Verified by: _____

• Approved benefit type & amount: \$ _____

• Deferred portion (if any): \$ (to carry forward) _____

• Notes / exception granted (if any): _____

Trustee signature: _____ Date: _____