PAYMENT & DISTRIBUTION INSTRUCTION FORM

Transaction Distribution Authorization

Use this form to provide written payment and distribution instructions for an accepted or proposed paymaster engagement. All instructions remain subject to verification, applicable engagement terms, due diligence, banking requirements, cleared funds, and approval by the Law Offices of Bruce Markowitz.

1. TRANSACTION INFORMATION

Transaction / File Reference

Instruction Date

Client / Principal Name

Client Entity (if applicable)

Expected Gross Transaction Amount

Currency

Expected Funding Date

Number of Expected Tranches

Underlying Transaction / Business Purpose

Originating Party / Sender of Funds

Originating Bank

2. DISTRIBUTION METHOD

Distribution Basis

- ☐ Fixed Amounts
- ☐ Percentages
- ☐ Combination of Fixed Amounts and Percentages

Timing of Distribution

- ☐ Single Distribution
- ☐ As Funds / Tranches Are Received and Cleared
- ☐ Other

BENEFICIARY DISTRIBUTION SCHEDULE

3. AUTHORIZED BENEFICIARIES - PART I

Complete one section for each authorized beneficiary. Exact banking information may be independently verified before release of funds. Attach additional schedules if needed.

Beneficiary 1

Legal Name / Entity

Role / Capacity

Amount

Percentage

Payment Reference / Memo

Country

☐ Individual

☐ Entity

Beneficiary 2

Legal Name / Entity

Role / Capacity

Amount

Percentage

Payment Reference / Memo

Country

☐ Individual

☐ Entity

Beneficiary 3

Legal Name / Entity

Role / Capacity

Amount

Percentage

Payment Reference / Memo

Country

☐ Individual

☐ Entity

Beneficiary 4

Legal Name / Entity

Role / Capacity

Amount

Percentage

Payment Reference / Memo

Country

☐ Individual

☐ Entity

BENEFICIARY DISTRIBUTION SCHEDULE

3. AUTHORIZED BENEFICIARIES - PART II

Beneficiary 5

Legal Name / Entity | **Role / Capacity** | **Amount**

Percentage | **Payment Reference / Memo** | **Country** | ☐ Individual ☐ Entity

Beneficiary 6

Legal Name / Entity | **Role / Capacity** | **Amount**

Percentage | **Payment Reference / Memo** | **Country** | ☐ Individual ☐ Entity

Beneficiary 7

Legal Name / Entity | **Role / Capacity** | **Amount**

Percentage | **Payment Reference / Memo** | **Country** | ☐ Individual ☐ Entity

Beneficiary 8

Legal Name / Entity | **Role / Capacity** | **Amount**

Percentage | **Payment Reference / Memo** | **Country** | ☐ Individual ☐ Entity

4. DISTRIBUTION SUMMARY

Total Fixed-Dollar Distributions | **Total Percentage Distributions** | **Estimated Net Amount to Principal**

BENEFICIARY BANKING INSTRUCTIONS

5. PAYMENT INSTRUCTIONS

Provide banking details for the beneficiary or beneficiaries receiving payment. For security, any new or changed wire instructions may require independent verification using previously established contact information.

Payment Account 1

Beneficiary Name

Bank Name

Account Name

Account Number / IBAN

SWIFT / BIC

ABA / Routing Number

Bank Address

Payment Account 2

Beneficiary Name

Bank Name

Account Name

Account Number / IBAN

SWIFT / BIC

ABA / Routing Number

Bank Address

Payment Account 3

Beneficiary Name

Bank Name

Account Name

Account Number / IBAN

SWIFT / BIC

ABA / Routing Number

Bank Address

FEES, CONDITIONS & AUTHORIZATION

6. FEES / DEDUCTIONS / SPECIAL INSTRUCTIONS

Paymaster / Legal Fee (if applicable)

Other Authorized Transaction Costs

Describe Any Authorized Deductions or Special Distribution Instructions

7. CONDITIONS PRIOR TO DISTRIBUTION

- [ ] Funds received and cleared / available
- [ ] Required KYC / KYB completed for applicable parties
- [ ] Required transaction documentation received and accepted
- [ ] Beneficiary banking instructions verified
- [ ] Applicable paymaster / engagement documentation executed
- [ ] Other condition(s) described below

8. CLIENT AUTHORIZATION

I certify that I am authorized to issue these payment and distribution instructions. I direct the Law Offices of Bruce Markowitz, subject to the applicable engagement agreement, cleared funds, verification procedures, legal and compliance requirements, and financial institution procedures, to make only those distributions that are properly authorized and approved. I understand that submission of this form does not require distribution where additional verification, documentation, legal review, compliance review, banking clearance, or other conditions remain outstanding.

AUTHORIZATION & INTERNAL REVIEW

8. CLIENT AUTHORIZATION - SIGNATURE

Authorized Principal / Client Name

Title / Capacity

Company / Entity (if applicable)

Date

Signature / Typed Name

Second Authorized Signer (if required)

Title / Capacity

Signature / Typed Name

Date

FOR LAW OFFICES OF BRUCE MARKOWITZ - INTERNAL USE ONLY

Date Received

Transaction / File Reference

Instruction Review

- ☐ Pending
- ☐ Verified
- ☐ Additional Information Required

Distribution Status

- ☐ Hold / Awaiting Conditions
- ☐ Authorized for Distribution
- ☐ Distribution Completed

Reviewed / Approved By

Review Date