

## DISTRIBUTION CONFIRMATION

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Jurisdiction Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Dear \_\_\_\_\_:

Funds for Insurance Premium Tax will be distributed in the following account(s):

<b>Agency</b>	<b>Routing #</b>	<b>Account #</b>	<b>Distribution %</b>	<b>Tax Type/Rate Code</b>
Jurisdiction Fund			100%	Insurance Premium Tax

If at any time there are any discrepancies between the schedule set out above and your Municipality's records, please notify us in writing immediately.

**IT IS YOUR RESPONSIBILITY TO PROVIDE NOTICE TO US OF ANY CHANGES IN THE DISTRIBUTION OF FUNDS. NOTICE MUST BE IN WRITING AND SENT, VIA CERTIFIED MAIL, TO:**

LaMATS (RDS)  
2317 Third Avenue North, Suite 200  
Birmingham, Alabama 35203  
ATTN: Kennon Walthall, President

Thank you for your assistance. If you have any questions, or if I may be of assistance, please let me know.

Sincerely Yours,  
Connie Taylor  
Client Relations Manager  
LaMATS/RDS  
205-423-4144 direct dial  
205-423-4097 direct fax

I have reviewed the above distribution and verify that it is correct.

By:

\_\_\_\_\_  
**Name:**

**Title:**

\_\_\_\_\_  
**RDS President**