

Acceptance of Transfer of Beneficial Interest From Decedent and Ratification of Trust Agreement

Decedent Municipal Trust and Savings Bank Trust No rovided that upon the death of een theretofore transferred, assigned, amended or change		Date of Death	
		o dated the beneficial interest that had	
en theretofore transf	ferred, assigned, amended or ch	anged, was to vest in the following manner:	
The power of direct	ion shall be held by		
The undersigned pareement	rties hereby accept said benefic	ial interest subject to all of the provisions of said t	
Signature		Signature	
Name (t	yped)	Name (typed)	
Street A	ddress	Street Address	
City, State Zip		City, State Zip	
SSN/EIN	Home #	SSN/EIN Home #	
Cell #	Work #	Cell # Work #	
Date of Birth		Date of Birth	
ID Information		ID Information	
Issue Date	Expiration Date	Issue Date Expiration Date	
Municipal Trust arduplicate of the for		resaid, does hereby acknowledge receipt of a	
Date		Municipal Trust and Savings Bank	
		By:	
Attest:			

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