



AMENDMENT OF CONTINGENT BENEFICIAL INTEREST

As holder(s) of a _____% beneficial interest in **Municipal Trust & Savings Bank** Trust Number _____ which is dated _____ and having the power to amend the survivorship provisions of said trust agreement,

I/we _____,

do hereby amend all existing provisions for the transfer of my/our interest AFTER DEATH, by substituting the following in lieu thereof:

In the event of the death of _____ during the existence of this trust, all such right, title, or interest not previously assigned or otherwise disposed of shall vest in

_____, if then living.

All other terms and provisions of said trust agreement are hereby confirmed and remain in full force and effect.

Dated: _____

Beneficiary

Signature of Municipal Bank Officer Witness

Beneficiary

THE FOLLOWING ACKNOWLEDGMENT SHOULD BE COMPLETED WHEN THIS INSTRUMENT IS NOT SIGNED IN THE PRESENCE OF AN OFFICER OF **MUNICIPAL TRUST & SAVINGS BANK**.

State of _____)

) ss The foregoing Amendment of Contingent Beneficial interest was acknowledged
County of _____) before me on _____ by _____

Notary Public

Acknowledgment of Receipt

Receipt on _____ of the foregoing Instrument is acknowledged.

Municipal Trust and Savings Bank

Attest: _____

By: _____