



ASSIGNMENT OF BENEFICIAL INTEREST

FOR VALUE RECEIVED I/We hereby sell, assign, transfer and set over unto

_____, assignee(s),
_____ percent (_____%)* of assignor(s) rights, power, privileges, and
beneficial interest, in and to that certain Trust Agreement dated _____, and
known as **Municipal Trust & Savings Bank** Trust Number _____, including said interest of
assignor(s) in the property held subject to said Trust Agreement.

After the receipt of this Assignment by the Trustee, the Power of Direction shall be held by:

_____.
**(Any change in the Power of Direction requires the written consent of all Beneficiaries and in
such case an Amendment of the Power of Direction must be executed and filed with Trustee.)**

In Witness Whereof I/we have signed this instrument on _____.

Assignor(s) Signature

(Must Be Signed In Presence of Municipal Bank Officer or Notary Public)

Signature

Printed Name

Signature of Municipal Bank Officer Witness

Signature

Printed Name

Signature of Municipal Bank Officer Witness

Signature

Printed Name

Signature of Municipal Bank Officer Witness

Signature

Printed Name

Signature of Municipal Bank Officer Witness

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

State of _____) The foregoing Assignment of Beneficial Interest was acknowledged before
_____) ss me on _____
County of _____) by _____

Notary Public

(* When stating the percentage transferred the percent should be of assignor's interest, i.e. if assignor owns fifty percent of the
trust and is transferring all his interest the percentage of assignor's interest being transferred is 100%.)

ACCEPTANCE BY ASSIGNEE(S)

(Must Be Signed In Presence of Municipal Bank Officer or Notary Public)

I/We accept the foregoing assignment subject, to all of the provisions of said trust agreement.

Signature

Printed Name

Street Address

City, State Zip

SS/EIN

Home #

Cell #

Work #

Date of Birth

ID Information

Issue Date

Expiration Date

Signature of Municipal Officer Witness

Signature

Printed Name

Street Address

City, State Zip

SS/EIN

Home #

Cell #

Work #

Date of Birth

ID Information

Issue Date

Expiration Date

Signature of Municipal Officer Witness

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

State of _____) The foregoing Acceptance By Assignee(s) was acknowledged before
County of _____) ss me on _____ by _____
_____) _____

Notary Public

Date: _____

Receipt of the foregoing is acknowledged. **Municipal Trust and Savings Bank**

Attest: _____ By: _____

(Before lodging an executed copy of this assignment with the trustee, compliance should be had with the appropriate transfer tax regulations)