ACCEPTANCE OF POWER OF DIRECTION BY NON-BENEFICIARY

(TO BE SIGNED BY ALL HOLDERS OF THE POWER OF DIRECTION WHO ARE NOT BENEFICIARIES)

(Attach to Amendment of Power of Direction)

I/We accept the foregoing POWER OF DIRECTION subject to all of the provisions of said trust agreement.

Signature		Signa	Signature	
Printed Name		Printed	Printed Name	
Street Address Street		Address		
City, State Zip		City, Sta	City, State Zip	
SS/EIN	Home#	SS/EIN	Home#	
Cell#	Work#	Cell#	Work#	
Date of Birth		Date of 1	Date of Birth	
ID Information		ID Infor	ID Information	
Issue Date	Expiration Date	Issue Date	Expiration Date	
Signature of Municipal Bank Officer Witness		Signature of Municipa	Signature of Municipal Bank Officer Witness	
	ICE OF AN OFFICER OF MU) The foregoing Accomp	BE COMPLETED WHEN THIS UNICIPAL TRUST & SAVING eptance as acknowledged before	GS BANK. me on	
		1	Notary Public	
	ng instrument is acknowle	edged.		
Dated:	N	Municipal Trust and Savings Bank		
Attest:	В	y:		

Attachment