



AMENDMENT OF THE POWER OF DIRECTION

I/We being all the beneficiaries of a certain Trust Agreement dated _____ and known as **Municipal Trust & Savings Bank** Trust Number _____ do hereby amend all existing provisions for exercise of the Power of Direction by substituting that the Power of Direction shall be held by:

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

Executed on _____.

Signature of All Beneficiaries is Required.

_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Signature of Municipal Bank Officer Witness	_____ Signature of Municipal Bank Officer Witness
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Signature of Municipal Bank Officer Witness	_____ Signature of Municipal Bank Officer Witness

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

State of _____) The foregoing instrument was acknowledged before me on _____, by
) ss _____
County of _____) _____

Notary Public

Date: _____ Receipt of the foregoing instrument is acknowledged.

Municipal Trust & Savings Bank, as Trustee

Attest: _____ By: _____

(Please note. If any Non-Beneficiary has Power of Direction he or she must execute An Acceptance of Power of Direction by Non-Beneficiary.)