

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

DATE: _____

INSTRUCTIONS TO BANKS, SAVINGS & LOANS, AND CREDIT UNIONS

Re: Account Number(s): _____

Safe Deposit Box: _____

Please transfer the title to the accounts listed above into my revocable living trust, including the safe deposit box if the box number is listed above.

Title should be held exactly as follows:

Mary A. Doe as trustee of the Mary A. Doe Trust
dated _____, 20_____

(check your documents for the exact title of your trust)

Because the trustee of this trust is also the grantor, no new tax identification number is required and the account name should be reported under the social security number of the trustee. (IRC Reg. Sections 1.671-4(b), 1.6012-3(a)(9), 301.6109-1(a)(2)).

Enclosed for your records is an executed Certificate of Trust, which provides information regarding rights and responsibilities of management by trustee. This Certificate is provided in lieu of sending a copy of the entire trust document.

Signature

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

DATE: _____

INSTRUCTIONS TO LIFE INSURANCE COMPANIES

Re: Change of Beneficiary
Policy Number: _____

Please change the beneficiaries of the account(s) shown above.

The **primary** beneficiary should be:

Mary A. Doe as trustee of the Mary A. Doe Trust
dated _____, 20_____

(check your documents for the exact title of your trust)

Enclosed for your records is an executed Certificate of Trust, which provides information regarding rights and responsibilities of management by trustee. This Certificate is provided in lieu of sending a copy of the entire trust document.

PLEASE NOTE

THIS IS A CHANGE OF BENEFICIARY AND NOT A CHANGE OF OWNERSHIP.

Signature

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

DATE: _____

**INSTRUCTIONS RE: RETIREMENT PLANS,
IRAS KEOGHS OR TAX-DEFERRED ANNUITIES**

RE: Account Number(s): _____

Please change the beneficiaries of the account(s) shown above.

The **primary** beneficiary should be:

Mary A. Doe as trustee of the Mary A. Doe Trust
dated _____, 20 _____

(check your documents for the exact title of your trust)

Enclosed for your records is an executed Certificate of Trust, which provides information regarding rights and responsibilities of management by trustee. This Certificate is provided in lieu of sending a copy of the entire trust document.

PLEASE NOTE

THIS IS A CHANGE OF BENEFICIARY AND NOT A CHANGE OF OWNERSHIP.

Signature

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

DATE: _____

**INSTRUCTIONS TO BROKERS AND FINANCIAL PLANNERS
RE: SECURITIES AND BROKERAGE ACCOUNTS**

RE: Account Number(s): _____

**I REQUEST THAT TITLE TO ALL MY STOCKS, BONDS, MUTUAL FUNDS AND
BROKERAGE ACCOUNTS (INCLUDING ANY DIVIDEND REINVESTMENT
PROGRAMS) BE AS FOLLOWS:**

**Mary A. Doe as trustee of the Mary A. Doe Trust
dated _____, 20_____**

(check your documents for the exact title of your trust)

**THIS DOES NOT INCLUDE RETIREMENT ACCOUNTS OR OTHER TAX DEFERRED
ACCOUNTS.**

Because the trustee of this trust is also the grantor, no new tax identification number is required and the account name should be reported under the social security number of the trustee. (IRC Reg. Sections 1.671.4(b), 1.6012-3(a)(9), 301.6109-1(a)(2)).

Enclosed for your records is an executed Certificate of Trust. This Certificate is provided in lieu of sending a copy of the entire trust document.

Signature

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

DATE: _____

INSTRUCTIONS FOR US SAVINGS BONDS (I, EE, HH)

USE ADDRESS ON *FS FORM 1851*

Dear Bond Representative:

Enclosed is *FS Form 1851 - Request to Reissue of United States Savings Bonds to a Personal Trust*. I have also enclosed my savings bond (if currently in paper form) and an executed copy of the Certificate of Trustee Authority and Power. This Certificate shows my powers to manage trust assets and is used in lieu of sending a copy of the entire trust document.

If I am requesting the reissue of an HH bond into a trust, I have also enclosed *FS Form 5396*.

If further information is needed, feel free to contact me.

Signature

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP

INSTRUCTIONS TO COUNTY RECORDER FOR REAL PROPERTY

DATE: _____

County Recorder

(see information sent with your documents for the address of your County Recorder's Office)

Re: Deed to be recorded

Dear Recorder of Deeds:

Please find enclosed a deed to be recorded. Also enclosed is a check in the amount of \$ _____ for the recording fee. Once recorded, please return the original deed to me at in the enclosed self-addressed, stamped envelope.

Thank you for your assistance.

Sincerely,

Signature

Enc.