

ACCEPTANCE OF BENEFICIAL INTEREST

Date _____

Decedent _____ Date of Death _____

Marquette Bank Trust Number _____ dated _____
provided that upon the death of _____
the beneficial interest that had not been heretofore transferred, assigned, amended or
changed, was to vest in the following manner:

The undersigned parties do hereby accept said beneficial interest subject to all of the
provisions of said trust agreement.

PLEASE COMPLETE ALL REQUESTED INFORMATION.

Signature

Printed Name Date of Birth

Street Address

City, State, Zip

Area Code & Phone #

Social Security #

Signature

Printed Name Date of Birth

Street Address

City, State, Zip

Area Code & Phone #

Social Security #

Signature

Printed Name Date of Birth

Street Address

City, State, Zip

Area Code & Phone #

Social Security #

Signature

Printed Name Date of Birth

Street Address

City, State, Zip

Area Code & Phone #

Social Security #

Marquette Bank, as trustee aforesaid does hereby acknowledge receipt of a duplicate
of the foregoing.

Date: _____

MARQUETTE BANK

By: _____
Trust Officer