TRUST FUNDING LETTER

TO:		(Name of Financial Institution)
		(Address of Financial Institution)
RE:	Account Number(s):	
TRUST	Please transfer the title to all of the above accounts into the named below. Title should be held exactly as follows:	name of the REVOCABLE LIVING
		, Trustee or
	(Your Name)	
	(Your Spouse's Name, if any and if also a Trustee)	, Trustee
	Of THE	TRUST
	(Name of Trust)	
TRUST	Γ DATE: _	
	(Date of Trust)	
and the	se the Trustee(s) of this Trust are also the Grantor(s), no new to account name should be reported under the social security nurselle. [IRC Reg. Sections 1.671-4(b), 1.6012-3(a)(9), 301-6109-1	mber of either trustee, which should
income contact	CT ON ACCOUNT: These transfers should not affect interest, on the investments. If transfers will in any way affect income tus <u>prior</u> to making changes. These transfers should also not aften account is involved.	e, dividends or life insurance please
	SIGNATURE REQUIRED: PLEASE NOTE THAT the trust a account.	uthorizes either trustee to sign alone
	TION REGARDING TAX-DEFERRED ACCOUNTS: Do not ferred accounts into the trust.	ot transfer ownership of IRA or othe
[] Ren	count address should: nain the same changed to:	
Trustee	e (Your Signature) Trustee (Your	Spouse's Name, if any and if also a Trustee)