

**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	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Street Address	_____ Address
_____ City, State Zip	_____ City, State Zip
_____ SS/EIN	_____ Home#
_____ Cell#	_____ Work#
_____ Date of Birth	_____ Date of Birth
_____ ID Information	_____ ID Information
_____ Issue Date	_____ Expiration Date
_____ Signature of Municipal Bank Officer Witness	_____ Signature of Municipal Bank Officer Witness

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

State of _____) The foregoing Acceptance as acknowledged before me on
) ss _____
County of _____) by _____.

Notary Public

Receipt of the foregoing instrument is acknowledged.

Municipal Trust and Savings Bank

Dated: _____

By: _____

Attachment