



ATG TRUST
C O M P A N Y

**ACCEPTANCE OF TRANSFER OF BENEFICIAL INTEREST
AND RATIFICATION OF TRUST AGREEMENT**

Date: _____

Decedent: _____ Date of Death: _____

Trust No. _____ Date of Trust: _____

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:

This power of direction shall be held by: _____

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

Signature

Name (Print)

Address

City, State, Zip

Date of Birth Phone

Signature

Name (Print)

Address

City, State, Zip

Date of Birth Phone

Signature

Name (Print)

Address

City, State, Zip

Date of Birth Phone

Signature

Name (Print)

Address

City, State, Zip

Date of Birth Phone

NOTARY

STATE OF _____ }
COUNTY OF _____ } SS

This instrument was acknowledged before me on

_____ by _____
Date Name (Print)

Notary Signature
(SEAL)

ACKNOWLEDGEMENT

Received and acknowledged the foregoing acceptance of transfer and ratification.

ATG TRUST COMPANY

_____ by _____
Date Name (Print)

Signature