

**ASSIGNMENT OF BENEFICIAL  
INTEREST OF TRUST**

This agreement made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned, for valuable consideration received, hereby assign all right, title and beneficial interest, including the power of direction and revocation, under a certain Trust Agreement (hereinafter "Trust") created the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, known as \_\_\_\_\_ Trust whose address is \_\_\_\_\_.

The Original Grantor(s)/Beneficiaries \_\_\_\_\_, hereunder by assignment shall be deemed the original grantor(s) for the purposes of revocation of above listed Trust and do hereby affirm and warrant that the beneficial interested assigned herein is \_\_\_\_ (%) interest of said Trust and having full power and authority to assign and transfer said interest.

Furthermore, the Trust instrument does not prohibit such assignment and that new beneficiaries assigns all interest as beneficiary of the Trust, including all monies due or to become due to the beneficiary of assignment within this agreement.

\_\_\_\_\_  
Original Grantor(s)/Beneficiary

\_\_\_\_\_  
Original Grantor(s)/Beneficiary

I accept the above listed assignment of beneficial interest subject to all original terms and conditions of Trust Agreement and addendums inclusive. In addition I hereby affirm that I have received a copy of this assignment of beneficial interest and acknowledge the validity of this said agreement.

\_\_\_\_\_  
New Beneficial Interest Holder

\_\_\_\_\_  
New Beneficial Interest Holder

\_\_\_\_\_  
Trustee

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal in the State and County aforesaid, this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_ .

(SEAL)

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
\_\_\_\_\_