

[Your Name, Trustee]

[Trustee Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

RE: Notice of Non-Renewal and Request to Close Trust CD

Account Name: [Full Name of the Trust]

Account Number: [CD Account Number]

Maturity Date: [Date of Maturity]

To Whom It May Concern,

Please accept this formal written notice that I, as Trustee of the above-referenced Trust, wish to close the Certificate of Deposit (CD) account upon its maturity on [Date of Maturity]. I do not wish to renew this certificate for another term.

Upon maturity, please liquidate the full balance, including all accrued interest, and issue the funds via the following method:

- [] Deposit the funds into Trust Checking/Savings Account Number: [Account Number].
- [] Mail a cashier's check made payable to the Trust to the address listed above.
- [] Transfer the funds via wire transfer (Wiring instructions attached).

If any additional documentation or signatures are required to finalize this request, please contact me immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
Trustee for the [Name of Trust]