

Date: [Insert Date]

To: [Financial Institution Name]

Address: [Financial Institution Address]

City, State, Zip: [City, State, Zip]

Re: Disclosure of Beneficiaries for Trust Account

Trust Name: [Insert Full Name of Trust]

Account Number: [Insert Account Number]

To Whom It May Concern,

In accordance with [State/Federal] regulations and your institution's requirements for maintaining a trust account, I, [Name of Trustee], acting in my capacity as Trustee, hereby disclose the identification information for the beneficiaries of the above-referenced Trust.

The following individuals/entities are the named beneficiaries of the Trust:

Beneficiary 1:

Full Name: [Full Name]

Taxpayer Identification Number (SSN/EIN): [Insert Number]

Date of Birth (if applicable): [Date]

Physical Address: [Insert Address]

Beneficiary 2:

Full Name: [Full Name]

Taxpayer Identification Number (SSN/EIN): [Insert Number]

Date of Birth (if applicable): [Date]

Physical Address: [Insert Address]

I certify that the information provided above is true and correct to the best of my knowledge. I agree to notify [Financial Institution Name] promptly of any changes to the beneficiaries or their status that may affect this account.

Please find attached a [Certificate of Trust / Redacted Trust Agreement] as verification of these details.

Should you require any additional documentation or have questions, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature of Trustee]

[Printed Name of Trustee]
Trustee