

[NAME] Trust

[NAME], Trustee

[ADDRESS]

[CITY, STATE ZIP]

[DATE]

[NAME OF BENEFICIARY]

[ADDRESS]

[CITY, STATE ZIP]

Re: Notice of Withdrawal Rights

Dear [NAME OF BENEFICIARY]:

You are the beneficiary of the [NAME] Trust created by your [RELATIONSHIP][NAME OF GRANTOR] on [DATE]. On [DATE] a contribution of [DESCRIBE CONTRIBUTION] was made to the Trust.

Under the terms of the Trust, you have a right to withdraw a certain portion of any contribution made to the Trust. The amount you may withdraw is subject to certain limits, including a time limit. A copy of the relevant portion of the Trust document is attached for your information.

If you desire to exercise your right to withdraw contributions to the Trust, you should contact the Trustee.

Dated: _____, 20__.

[NAME OF TRUSTEE]

Optional: I acknowledge receipt of the above Notice on [DATE].