ClearPoint
Federal Bank & Trust

Grantor Letter Address Update

Grantor Name: _____

Contract Number: _____

Mailing Address_____

City_____ State _____ Zip Code _____

I agree that this address update shall be subject to the terms of the Trust Agreement, any related Planning Agreement.

Signature_____ Date_____

(Signature Required)

Mail or Fax to ClearPoint Federal Bank & Trust

Fax Number: 866-208-1236

Mailing Address: ClearPoint Federal Bank & Trust, PO Box 59, Batesville, IN 47006