

Beneficiary Trust Amendment Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Full Name], hereby authorize the amendment of the [Name of the Trust] dated [Original Trust Date] as follows:

1. [Detail the specific amendment to the trust]
2. [Detail any additional amendments if applicable]

This authorization is effective as of [Effective Date of Amendment].

By signing below, I confirm my consent to these amendments.

Signature: _____

Printed Name: [Your Full Name]

Witness: _____

Printed Name of Witness: [Witness Name]

[Additional Instructions or Notes]

Thank you for your attention to this matter.

Sincerely,

[Your Name]