

KissTrust

Tax Preparation Opt-Out Request

Please Print Legibly

Name of Trust _____

KissTrust ID# _____

To: KissTrust, VBT. ("KT")
P.O. Box 3322
Warrenton, VA 20186
Fax: 540-347-8501

Important Notice: All tax preparation opt-out requests must be notarized with a visible seal.

I hereby elect to exercise my right, as Family Contact, to cancel the KT tax preparation service for the above referenced Trust.

I attest, that I have caused for this notice to be notarized and mailed to KT on the _____ day of _____, 20_____.

I acknowledge and agree that this releases KT from any further duties as it relates to the preparation and filing of taxes and/or tax returns for the above named Trust.

I agree to hold harmless and indemnify KT, its officers, administrators, subsidiaries, subcontractors, agents, shareholders, employees, trustees and partners for any costs or liabilities, which may occur because of this election to cancel the tax preparation services for the above referenced trust.

I agree to insure that the proper tax filings and payments are made annually in accordance with all applicable Federal and State Tax Laws and provide upon the demand of the Trust Administrator a copy of said returns and payments.

This change will not become effective until the Trust Administrator receives and accepts request.

Signature of Family Contact

Printed Name of Family Contact

Email of Family Contact

Phone of Family Contact

Address of Family Contact

STATEMENT OF NOTARY PUBLIC

I, _____, a Notary Public, in good standing, of the State of

_____, hereby certify that _____
personally known to me to be the affiant in the foregoing affidavit, personally appeared before
me this day and set his hand to this document and that I have personally caused or witnessed
the mailing of the Notice of Rescission to KissTrust, VBT. at its proper address shown above.

Witness my hand and official seal this ____ day of _____, 20____.

(SEAL)

Notary Public

My Commission expires: ____ / ____ / _____.