
SECTION A: TRUST IDENTIFICATION

Trust Name _____ Trust ID# _____

Beneficiary Name _____

Beneficiary Phone _____ Beneficiary Email _____

Beneficiary Address _____ City _____ State ____ Zip _____

SECTION B: DESCRIPTION OF REQUESTED CHANGE(S)

SECTION C: GRANTOR / TRUST PROTECTOR VERIFICATION

Is a copy of a government issued ID attached? Yes No

Name _____

Street Address _____

City _____ State _____ Zip _____

Contact Phone Number _____

Contact Email _____

Social Security Number _____

Please provide a photo copy of Government Issued ID

SECTION D: AUTHORIZATION

Please sign and forward to:

USPS Regular Mailing Address:

EPTC Trust Administrator
PO Box 232
Warrenton, VA 20188

Email:

As attachments to
support@easternpointtrust.com

Fax:

540-216-0540

FedEx / UPS Physical Mailing Address:

EPTC Trust Administrator
155 Broadview Ave.
2nd Floor
Warrenton, VA 20186

I authorize the \$75 petition review fee to be deducted from the Trust.

I hereby certify and attest that I am the Grantor or Trust Protector of the above referred trust.

Grantor or Trust Protector Printed Name:



Grantor or Trust Protector Signature:

MM / DD / YYYY

 Date: _____

Choose a Signature Option

Trust Officer Approval: _____

Date: _____