

State of Michigan Probate Court Macomb County	RESTRICTED ACCOUNT AGREEMENT	File No: _____
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Estate of _____

TO: MACOMB COUNTY PROBATE COURT
40 NORTH MAIN STREET, 5TH FLOOR
MT CLEMENS, MI 48043

This is to certify that funds of this Estate are deposited with this institution in the following account(s):

Account No. _____ Account balance _____

** Captioned as follows: _____

Account No. _____ Account balance _____

** Captioned as follows: _____

Account No. _____ Account balance _____

** Captioned as follows: _____

** Indicate exactly as shown on signature card.

AGREEMENT AS TO WITHDRAWAL OF FUNDS

The undersigned institution further certifies to the Court that:

1. The institution acknowledges and agrees that said funds, including accruals, shall not be released or withdrawn except by written Order of this Court.
2. Records of the institution have been marked to prohibit withdrawal except by written Order of this Court.
3. The institution acknowledges its liability for funds released or withdrawn without written Order of this Court.

Name of institution: _____

Address of branch: _____

Print name and title: _____
(of individual signing for institution)

Signature: _____ Date: _____
(on behalf of institution)

ACKNOWLEDGEMENT BY FIDUCIARY:

Signature: _____ Date: _____

IMPORTANT – PLEASE READ DIRECTIONS ON BACK

NAME OF ACCOUNT or ACCOUNT CAPTION

The account(s) should be captioned in one of the following manners:

1. Joe Doe, Conservator of Mary Doe, a minor
2. Joe Doe, Conservator of Mary Doe, a protected person
3. Estate of Mary Doe, Joe Doe, Conservator

THE FOLLOWING CAPTIONS ARE NOT ACCEPTABLE:

1. Joe Doe AND Mary Doe
2. Joe Doe IN TRUST FOR Mary Doe
3. Joe Doe ITF Mary Doe
4. Joe Doe, TRUSTEE FOR Mary Doe (unless you were actually appointed as a trustee)
5. Joe Doe, CUSTODIAN FOR Mary Doe
6. Joe Doe, CUSTODIAN FOR Mary Doe under the Uniform Transfers to Minor Act