

RESTRICTED ACCOUNT AGREEMENT

In The Matter Of: _____

TO: Antrim County Probate Court
P.O. Box 130, Bellaire, MI 49615

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

Account No. _____

**Captioned as follows:

Account Balance: _____

Account No. _____

**Captioned as follows:

Account Balance: _____

**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 The Institution acknowledges and agrees that said funds including accruals shall not be released or withdrawn except by written Order of this Court.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 The Institution acknowledges its liability for funds released or withdrawn without written Order of this Court.
4. The Institution warrants that said funds are, and will continue to be, invested in such investments as are permitted by Michigan Law governing investments by fiduciaries.

Name of Institution _____

Address of branch _____

Print Name and Title _____

Signature _____ Date: _____