

Trust Number: _____

Date of Trust Agreement: _____

State of ILLINOIS, County: _____

Trust Information

Primary Beneficiary: _____	Date of Death: _____
-----------------------------------	-----------------------------

Terms

Under the terms of the Trust Agreement dated above with BankFinancial, NA, and known as Trust Number indicated above, the undersigned is/are the successor beneficiary(ies) as to the beneficial interest under said trust, which was held by the Primary Beneficiary prior to his/her death dated above, a copy of said Certificate of Death is attached hereto any by this reference incorporated herein.

The undersigned party does hereby certify, confirm, and approve the terms of said Trust Agreement, as successor beneficiary thereunder, and further authorizes you as such trustee to hereafter act in any matter concerning the trust, the trust res, or the proceeds of any nature, insofar as the interest of the undersigned is concerned upon the written direction of:

_____.

Successor Beneficiaries

Name: _____	Signature: _____	
Address: _____	City, State, Zip: _____	
Phone: _____	Date of Birth: _____	Social Security Number: _____

Name: _____	Signature: _____	
Address: _____	City, State, Zip: _____	
Phone: _____	Date of Birth: _____	Social Security Number: _____

Name: _____	Signature: _____	
Address: _____	City, State, Zip: _____	
Phone: _____	Date of Birth: _____	Social Security Number: _____

Notary

Name(s): _____

I, the undersigned, a Notary Public, in and for the County and State aforesaid, do hereby certify that the name(s) indicated in this Notary Section, as is/are personally known to me to be the same person(s) whose name(s) is/are subscribed to this instrument appeared before me this day in person and acknowledged that he/she/they signed and delivered the said instrument as his/her/their own free and voluntary act.

Given under my hand and Notarial Seal dated below.

Notary Name: _____ **Date:** _____

Notary Signature: _____

Received and acknowledged the foregoing Succession & Ratification Affidavit.

BankFinancial, NA

Name: _____ **Date:** _____

Signature: _____

This form may be completed in any number of counter-parts and when taken together constitutes the whole.