

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	ANNUAL VERIFICATION OF FUNDS ON DEPOSIT	FILE NO.
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IN THE MATTER OF: _____

Authorization for Release of Information

I agree and authorize the financial institution herein to release any information related to the within account to a representative of the Montcalm County Probate Court upon their written or oral request for information without a court order. This authorization shall not expire and may not be revoked.

Date: _____
Signature of Conservator

THIS PORTION OF FORM TO BE COMPLETED BY FINANCIAL INSTITUTION

USE NOTE: This form must be completed and filed with the court annually with the Account of Fiduciary.

Name of financial institution/insurance company/brokerage firm		
Address		Telephone no.
Name of authorized representative	Title	

I certify that the funds in the above-entitled matter are deposited with this financial institution in the following account(s) which is/are insured by an agency of the federal government or a brokerage house account protected by S.I.P.C.:

Type of account	Account Number	Balance as of _____
Account caption (include name of conservator)		

Attached is a copy of the statement reflecting this information.

It is further certified that: (mark only those applicable)

- ☐ The financial institution acknowledges and agrees that said funds, including all earnings, shall not be released or withdrawn except by prior written order of the Montcalm County Probate Court.
- ☐ Records of the financial institution have been marked to prohibit withdrawal except by written order of the Montcalm County Probate Court.
- ☐ The financial institution acknowledges liability for funds released or withdrawn without written order of the Montcalm County Probate Court.
- ☐ I or our Firm is familiar with the "Michigan Prudent Investor Rule".
- ☐ I am authorized to complete and sign this document

I declare under penalties of perjury that the above statement has been examined by me and that the contents thereof are true to the best of my information, knowledge and belief.

Date: _____
Signature of authorized representative of financial institution
Name (Type or Print)

Do not write below this line- For court use only