

NOTICE: To protect personal information, only the last four digits of the account should be provided on this form.

IN THE MATTER OF

_____, Case No. _____
 Ward, Minor Ward, Protected Person

**PROOF OF RESTRICTED
 ACCOUNT FROM DEPOSITORY OR
 FINANCIAL INSTITUTION**

Name of Bank/Financial Institution: _____
 Address of Bank/Financial Institution: _____

1. This financial institution has opened the following account(s) in the name of _____, a ward/minor ward/protected person, by _____, guardian/conservator, as follows:

Title on Account	Type of Account (please check one)	POD/TOD?	Debit Card?	New Account?	Last 4 digits of account number	Balance
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the court permits withdrawals by certified court order. Reinvestments may be made without an order of the court if each account remains restricted and at this depository.

I have received a certified copy of the court's order restricting these accounts dated _____ and I acknowledge, on the depository's behalf, that the account is designated as a restricted account and the depository will continue to comply with the order.

Manager's Signature and Title**

Date

*(**Must be signed by a Bank Manager or a Manager for an Investment Securities Dealer or their designee.)*

State of _____)

) ss.

County of _____)

This document was acknowledged before me by _____,
this _____ day of _____, 20_____.

Notary commission expires: _____

Notary Public (Signature of Person Taking Acknowledgment – **CANNOT be the same as the Certifying Official signing above**)

Title: _____ Serial Number (if any): _____