

Statement of Trustee to Employer

California's Coogan Law (Family Code 6753 (c))

To

Employer: _____

Contact: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

This document shall serve as written confirmation of the creation of a "Blocked Trust" account, established for the beneficiary of a minor child. Please deposit 15% of the minor's gross earnings, pursuant to the contract, within 15 business days of receiving this statement.

Account Information

Name of Minor Beneficiary: _____

Financial Institution: _____

Branch of Account: _____

Address: _____

Telephone: _____

Account Name: _____

Account number: _____

Name of the trustee(s): _____

ABA Routing/Transit No: _____

Additional Information: _____

Trustee(s)

Trustee's Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

I hereby certify, under penalty of perjury, that this information contained herein is true and accurate

Signature of Trustee

Date

