

# 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