

AMENDMENT TO TRUST AGREEMENT

(This form is to be used to make changes in Contingent Beneficiaries and Power of Direction)

Dated _____, 20____

RE: Trust Agreement dated the _____ day of _____, 20____,
and known as Trust Number _____ wherein the Home State Bank/National Association
acts as Trustee.

Current Contingent Beneficiary: _____

Current Power of Direction: _____

The undersigned, currently holding the entire beneficial interest in said above-mentioned trust, hereby desires to
change the Beneficial Interest and/or the Power of Direction.

Now therefore, the undersigned does herewith change:

Contingent Beneficiary to read as follows: _____

Power of Direction to read as follows: _____

BENEFICIARIES SIGNATURES

1. _____ Address _____

Social Security No. _____ Phone Number _____

2. _____ Address _____

Social Security No. _____ Phone Number _____

3. _____ Address _____

Social Security No. _____ Phone Number _____

4. _____ Address _____

Social Security No. _____ Phone Number _____

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Execute following, if applicable:

COLLATERAL ASSIGNEE APPROVAL: _____
(Collateral Holder)

(Authorized Signature and Title)

ACCEPTANCE BY TRUSTEE

HOME STATE BANK /NATIONAL ASSOCIATION

Date: _____

By: _____