

**LAND TRUST - DIRECTION TO PROVIDE INFORMATION**

To: The State Bank of Geneva  
Trust Department  
trust@sbgeneva.com  
(630) 232-3203  
(630) 232-3216 Fax

From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Phone)  
\_\_\_\_\_ (Email)

You are hereby authorized and directed to provide the following information/documentation related to Land Trust # \_\_\_\_\_ to the person or persons described below:

Information to be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide information to the following person(s):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Information should be sent via:                      Email                      Fax                      US Mail                      Expedited Delivery

May information relating to the Land Trust be discussed via telephone/email with this person?                      Yes                      No

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Direction must be signed by Holder(s) of Power of Direction for the above-referenced Land Trust, as reflected in our records.

Holder of Power of Direction: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Holder of Power of Direction: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_