

EXHIBIT B - GRANTOR(S) & BENEFICIARY

GRANTOR(S)

Mr. /Ms./Mrs.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No.: _____

E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Beneficiary: _____

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Mr. /Ms./Mrs.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

**BENEFICIARY:**

Mr. /Ms./Mrs.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_