

**ASSIGNMENT  
TO CHANGE BENEFICIARY**



Old Second Bancorp, Inc.  
37 S. River Street, Aurora, IL 60506  
oldsecond.com

**(THIS ASSIGNMENT SHALL NOT BE BINDING UNTIL ACKNOWLEDGED IN WRITING BY THE TRUSTEE)**

Dated \_\_\_\_\_

FOR VALUE RECEIVED, I/We hereby sell, assign, transfer and set over unto \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ % of my/our rights, powers, including the power of direction, and beneficial interest in and to that certain trust agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_, and known as OLD SECOND NATIONAL BANK, Trust No. \_\_\_\_\_, including said interest of the undersigned in the property held subject to said trust agreement.

The real property constituting the corpus of the land in the above-referenced trust is located in the municipality(ies) of \_\_\_\_\_, in the County(ies) of \_\_\_\_\_, Illinois.

**Recordation:**

- Check this box if the Assignment transaction is exempt from recordation under the provisions of Section 3 of the Illinois Land Trust Recordation Act.
- Check this box if the Assignment is not exempt under the Illinois Land Trust Recordation Act and record this assignment or a Facsimile of same. Acknowledgment by the trustee will be done upon receipt of the recorded document.

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Grantor

**ACCEPTANCE**

I/We accept the foregoing assignment subject to all of the provisions of said trust agreement.

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

If the beneficial interest is assigned as collateral, the Collateral Assignee MUST authorize this assignment.

**ACKNOWLEDGMENT OF TRUSTEE**

Received a duplicate of the foregoing assignment and acceptance. Dated at Aurora, Illinois \_\_\_\_\_, A.D. \_\_\_\_\_.

Authorized By: \_\_\_\_\_  
As Collateral Assignee (Bank Name)

**OLD SECOND NATIONAL BANK**

By: \_\_\_\_\_  
(Authorized Signature)

By: \_\_\_\_\_  
Trust Officer

Print Name

This instrument prepared by:

Signature of preparer is required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_