



CONSENT FORM

I consent to the provision of my name and contact information, as set out below, by

(Credit Union Representative Name)

of

(Credit Union Name)

to Concentra Trust for the purposes of initiating a discussion about Executor EASE.

Name: _____

Address: _____

Phone Number(s):

Home: _____

Cell: _____

Work: _____

E-mail address: _____

Executor Signature

Date

Credit Union Representative Signature

Date