



August 28, 2020

Louis A Turpin Museum Association
PO Box 8097
San Francisco CA 941285

Re: Zoe Dell Nutter Charitable Remainder Unitrust

Dear Louis:

I am writing to inform that your organization has been named as a current beneficiary of the Zoe Dell Nutter Charitable Remainder Unitrust. Park National Bank is the Trustee of the trust, and I am the Trust Officer for the account.

You are being notified pursuant to the Ohio Revised Code, which became effective January 1, 2007. Under the Ohio Trust Code, current beneficiaries must be notified of the existence of a trust, the identity of the settlor, and their right to receive a report. A current beneficiary also may request a copy of the trust document.

Please complete the attached form W-9, which is required by Federal regulations in addition to the beneficiary contact form.

If you have any questions regarding this matter, please do not hesitate to contact me at the phone number or email address below.

Sincerely,

A handwritten signature in blue ink that reads 'Catherine L. Hill'.

Catherine L. Hill
Assistant Vice President and Trust Officer
937-324-6912
catherine.hill@parknationalbank.com



Beneficiary Contact Form

We want to ensure we have current information in the event we need to contact you.

Please fill out the information below and return this page to me using the prepaid envelope provided.

<p>Name: _____</p> <p>DOB: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home Phone Number: _____</p> <p>Cell Phone Number: _____</p> <p>Work Phone Number: _____</p> <p>E-Mail: _____</p>

If you have any questions regarding this matter, please do not hesitate to contact me.

Catherine L. Hill
Assistant Vice President and Trust Officer
937-324-6912
catherine.hill@parknationalbank.com



Distribution Instructions

Zoe Dell Nutter Charitable Remainder Unitrust

Beneficiary Name: Louis A Turpin Museum Association

Please check choice(s) and fill in the appropriate information.

___ 1. Transfer to my Park National Bank Account

- Account Number _____
- Account Type (DDA, SAV) _____

___ 2. Mail check to my address

___ 3. Wire (\$25 domestic wire fee charged) to:

- Bank Name: _____
- Bank Address: _____
- Bank's ABA#: _____
- Bank Account Number: _____

___ 4. Send via ACH (ACH Authorization form required)

___ Transfer assets **in kind** /Wire the **cash** to Brokerage Account
(Please attach **brokerage firm's wire and/or asset delivery instructions**)

Beneficiary's signature

Date