

DIGITAL ASSET ACCESS & ONLINE ACCOUNT MEMORIAL DIRECTIVE

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Account Holder

Individual

Full Legal Name

SSN / ID

Doc Series

Address

In favor of:

Authorized Representative

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Accounts & Platforms Covered

Instructions per Account (Close, Memorialize, Transfer)

Where Access Information Is Kept

Data to Keep or Delete

3. EXECUTION & SIGNATURES

Account Holder

Signature

Full Legal Name

Date
