

# Trust Amendment

On \_\_\_\_\_ (original date of trust) I created the \_\_\_\_\_  
(trust name)("my trust").

The terms of my trust permit me to amend it in writing at any time. This Amendment shall be effective as of the date signed by us.

## **Section 1.01 Amendment**

I exercise the right to amend my trust as follows:

Article 1(B) of my trust shall be deleted in its entirety and replaced with the following:

I am a beneficiary of my trust during my lifetime. I may also provide benefits to other persons during my life from time to time, including persons with whom a Trustee is engaged in firearms-related activity, while so engaged and for the duration of the activity. References to "lifetime" beneficiaries are to these persons.

All benefits conferred by this Section cease upon my death, upon me making a material change to my trust that alters those entitled to benefits, or by my removal of a beneficiary in a writing delivered to my Trustee.

I may add or remove beneficiaries entitled to receive benefits during my lifetime by amending my trust or by updating an Exhibit to it that specifically identifies lifetime beneficiaries. My Trustee is not required to provide notice to a beneficiary when the beneficiary's status has changed unless the beneficiary is in possession of trust property. But if a beneficiary is in possession of trust property, my Trustee shall give notice to the beneficiary of a material change affecting beneficial use. The beneficiary will have a reasonable period of time to return the trust property in order to comply with applicable transfer law and avoid inadvertent unlawful possession before benefits are terminated.

I may provide limited duration benefits to one or more persons by designating the person as a term beneficiary in writing. The writing should generally state the name of the beneficiary, the term in which benefits may be provided, and any other limitations or conditions I deem necessary or prudent. The writing does not need to be notarized but it must be delivered to my Trustee. Unless otherwise specified, the duration of the benefits is for 30 days from the date of execution of the writing.

My Trustee may require any person to sign any form or declaration my Trustee deems advisable or necessary to comply with requirements of law before providing benefits, including possession of or access to trust property.

No person other than me has any right to compel benefits from my trust. If someone other than me is serving as Trustee, I reserve the right to veto any Trustee action to provide benefits to someone other than me at any time.

My Trustee may allow a lifetime beneficiary to use non-NFA firearms or related accessories without my Trustee being physically proximate, although it is recommended

that the beneficiary be appointed in writing as a Special Trustee. NFA firearms must be in the actual or constructive possession in terms of reasonable physical proximity of at least one Trustee at all times, i.e. a Trustee or Special Trustee who is physically proximate, as a pragmatic approach to avoid legal controversy such as unlawful transfer, possession, or access.

My Trustee should take reasonable steps to make certain that any firearm constituting trust property is retained by and in the possession of the lifetime beneficiary or Special Trustee until returned to my Trustee. Notwithstanding anything in this trust to the contrary or anything implied by the actions of any Trustee or beneficiary, no person may possess, have access to, or use trust property without the permission of my Trustee.

**Section 1.02 Effective Date**

The provisions of this Amendment are effective immediately after I execute it.

**Section 1.03 Ratification and Confirmation**

I confirm all provisions of my trust that are not modified by this Amendment.

I certify that I have read this Amendment to my trust, and that it correctly states the changes I desire to make to my trust. I approve this Amendment to my trust in all particulars, and request my Trustee to execute it. A copy of this amendment shall be provided to all Trustees.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

STATE OF ARIZONA )  
 )  
COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ (date), by  
\_\_\_\_\_ (name).

\_\_\_\_\_  
Notary Public