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## 2019-2020 Student Trust Fund Value Clarification

**STUDENT:** \_\_\_\_\_ **FIDN#: A** \_\_\_\_\_  
Last Name First Name

Please clarify the value of all trusts the student is listed as the beneficiary. Include the value of all trusts, regardless of whether the income or principal is currently available. Do not include funds held in 529 plans. The amounts reported below should be as of the date you filed the FAFSA.

Enter "0" if the answer is Zero. Do not leave any lines blank.

Total value of all trusts for student Value \$ \_\_\_\_\_

_____	_____	_____
<b>Student's Name (Print)</b>	<b>Student's Signature</b>	<b>Date</b>
_____	_____	_____
<b>Parent's Name (Print)</b>	<b>Parent's Signature</b>	<b>Date</b>

**By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.**

Office of Student Financial Services  
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