

**IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
WINNEBAGO COUNTY, ILLINOIS**

File Stamp

In the matter of: _____)
) _____ P _____)
) _____)
) _____)
a minor and this Guardian Estate's beneficiary. d/o/b _____

**RECEIPT FOR DEPOSIT OF MINOR'S FUNDS
RESTRICTED ACCOUNT**

The undersigned, a duly authorized representative of financial institution

_____ has received the sum of \$_____ from or on behalf of the Guardian of the Estate and deposited that sum into an account for the benefit of the above named minor/beneficiary in account number _____(last 4 digits only).

This deposit is fully insured by the United States or one or more of its agencies (such as the Federal Deposit Insurance Corporation). The undersigned representative and institution acknowledge the restricted nature of the account, and shall allow **no withdrawals** or distributions from the account absent a **court order authorizing** such a withdrawal. Upon the minor/beneficiary reaching the age of majority (18 years old), the funds shall be distributed to that beneficiary. Such distribution shall be made **only** to that beneficiary, unless directed otherwise by court order. This restriction is **incorporated by reference** into, and is made a part of, the **deposit agreement** between this institution and the guardian of the estate. The minor beneficiary's account shall be "flagged" by the institution as "restricted" (or by some similar internal method) to prevent unauthorized withdrawals or distributions in contravention to this agreement.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Date: _____
_____ signature of representative
_____ printed name and title of representative