

Attachment B - Student Account Will Request Form (ver 02/13)

Exeter Music Association Student Accounts

Use this form to transfer your Student Account balance to your sibling.

Student: _____ Year Of Graduation: _____

I do hereby will my EMA Student Account balance to

Name of Sibling: _____ Year Of Graduation: _____

(Students Signature) _____ *(Date)* _____

(Sibling's Signature) _____ *(Date)* _____

(Parent or Guardian Signature) _____ *(Date)* _____