



CERTIFICATION OF TRUST AGREEMENT

Please complete using information from the Trust document

Policy No(s): *Please state pending if this form is being submitted with a new application.			
Name of Insured(s): First Name	MI	Last Name	
First Name	MI	Last Name	
Full Name of Trust:			
Trust Effective Date:		Trust Identification Number/Tax ID Number:	
Which state law governs this Trust?			
Preparer of Trust:		Preparer's Telephone Number:	
Preparer's Address:	Street	City	State Zip
Is the trust a beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a testamentary trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please sign and date here _____ and return the form. If no, complete the remainder of the form before returning. **If this form is being completed in connection with a death claim, complete the remainder of the form before returning.			
Name of Grantor(s)/Settlor(s): First Name	MI	Last Name	
First Name	MI	Last Name	
Name/Address of Trustee(s): *Please attach additional pages if insufficient space has been provided.			
Trustee(s) Date of Birth:			
Trustee(s) SSN:			
Trustee(s) Telephone #:			
Name/Address of Successor Trustee(s): *Please attach additional pages if insufficient space has been provided.			

1. The above referenced Trust Agreement (the "Trust") requires that: (Please mark the appropriate box.)
 all Trustees a majority of Trustees any Trustee Trust only has one Trustee must sign documents pertaining to the above-referenced Policy which require a signature.

2. The insurance agent or any person affiliated with the insurance agent is not a beneficiary of the above referenced trust.
 Agree Disagree
** If marked disagree, please attach an explanation of why your agent or person affiliated with your agent is named as a beneficiary of the trust.*

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract sold by that agent, unless that agent is a family member, or has a recognized insurable interest. Additionally, our Company policy prohibits our agents from serving in any capacity that may be construed as creating a direct or indirect conflict of interest with regard to a contract or contracts for which they are or have been the agent(s) of record.

3. The relationship of the Trust Beneficiary(ies) to the Insured is:
 Spouse Children Grandchildren Other _____
Please explain.

4. Was the Trust validly executed, and is it in full force and effect? Yes No

Please be advised that the Insurer reserves the right to request and receive a copy of the Trust documents if it determines that it is necessary to do so. Before the Insurer pays proceeds at the death of the Owner/Insured of the Policy(s) it may also require proof that the Trust is then in full force and effect.

Declaration by Trustee(s)

The Trustee(s) states and agrees that if the Trust is named as owner, it is authorized under the terms of the Trust to purchase and hold insurance; that if the Trust is named as beneficiary of the Policy(s), it is authorized to receive insurance proceeds. The Trustee represents that they have determined the suitability of the Policy for the Trust.

The Trustee agrees that the Insurer's sole obligation is to perform under the terms of the Policy(s). The Trustee also agrees that the Insurer may rely on the signature(s) of the Trustee(s) on behalf of the Trust in the same regard as if they were the actual owner or beneficiary of the Policy(s); the Insurer may rely solely on this Certification as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced Policy and to determine the trust is in effect and the information provided is accurate; the Insurer has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification; the Insurer expressly denies responsibility regarding the use and applications of any payments to the Trustee(s); the Insurer has no obligation to determine the Policy's conformance to income distribution requirements of the Trust agreement.

The Trustee(s) declares they have had an opportunity to consult with their own independent legal, tax and trust advisors concerning the appropriateness of the Policy(s) for the Trust and they have the authority to execute this Agreement and bind the Trust to the terms therein. As Trustee(s), and on behalf of the Trust, agree to hold the insurer and its agents, employees, and other representatives harmless from any action the Insurer takes at the direction of the Trustee(s), unless such hold harmless is not permitted by applicable law.

The Trustee(s) declares, solely in its capacity as trustee and not individually and on behalf of the Trust, that each and every Trustee and successor Trustee are bound by this declaration. If is further understood that the Insurer may rely upon the direction of the named Trustee(s) and any named successor Trustee(s) until the Insurer receives written notification at its Executive Office, of a change of Trustee. The Trustee(s) agrees to notify the Insurer within a reasonable time after such a change occurs.

The Trustee further acknowledges and agrees that:

- (a) Neither the Insurer or agents are authorized by the Company to recommend or sell Trusts while acting in their capacity as an agent for the Company and that any trust recommendation should be provided by a qualified advisor;
- (b) neither the Company nor any of its agents, employees or representatives are authorized to give tax or legal advice;
- (c) the Trustee(s) has not relied upon any representation or advice of any of the Insurer's agents, employees or representatives with respect to the terms of validity of the Trust or the utilization of the Trust as the owner and/or beneficiary of this Policy; and
- (d) the purchase of this Policy is not required in conjunction with the establishment of the Trust and that any fees, costs and/or expenses associated with the establishment of the Trust are independent of any premium paid for the purchase of this Policy.

Note: The number of Trustees indicated in Question 1 must sign below.

By:		By:	
Trustee Signature	Date	Trustee Signature	Date
By:		By:	
Trustee Signature	Date	Trustee Signature	Date

For Corporate Trustees:	
Title/Capacity of Signatory: _____	
Trustee Name: _____ (Please Print or type)	
Trustee Signature: X _____	Date: ____/____/____