

Certification of Trust Agreement



Use this form:

- When submitting a new application owned by a trust
- When assigning or changing a beneficiary to a trust
- Upon change of ownership of an existing policy to or from a trust
- Upon change of trustee(s) of an existing policy owned by a trust
- When submitting a claimant statement for death claim proceeds when the beneficiary is a trust

Any incomplete forms will be returned unprocessed. If your request is not in good order, how would you like us to notify you?

Call me at _____ or Email me at _____

1. Policy Information

Policy number(s): *Please state pending if this form is being submitted with a new application.

Owner's Name (first, middle initial, last):

Social Security Number / Tax ID Number:

Joint Owner's Name (first, middle initial, last):

Social Security Number / Tax ID Number:

Name of Insured(s):

2. Trust Information

Full Trust Name:

Tax Identification Number:

Trust governed by the state of:

Trust Effective Date (mm/dd/yyyy):

Grantor/Settlor Name(s) (first, middle initial, last):

Relationship to Insured:

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(ies) it may also require proof that the Trust is then in full force and effect.

Preparer of Trust:

Preparer's Telephone Number:

Preparer's Address (street, city, state, ZIP):

The relationship of the Trust Beneficiary(ies) to the Insured is: Spouse Child(ren) Grandchild(ren) Estate Other: _____

Is this a testamentary trust? Yes No

If yes, please sign and date here and return the form.

Signature:

Date (mm/dd/yyyy):

Please be advised that a Testamentary Trust cannot be an Owner. If the Testamentary Trust will be the sole Primary Beneficiary we will require a Contingent Beneficiary. If no, complete the remainder of the form before returning.



7519

Midland National® Life Insurance Company | **Administrative Office:** One Sammons Plaza, Sioux Falls, SD 57193 | **Principal Office:** West Des Moines, IA

Phone: 800-923-3223 | Fax: 877-208-6136 | MidlandNational.com

3. Agent Information and Attestation

The agent/representative or any person affiliated with the agent/representative is not a Beneficiary of the above-referenced Trust.

Agree Disagree (If marked disagree, please attach an explanation of why your agent/representative or person affiliated with your agent/representative is named as a Beneficiary of the Trust.)

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

4. Trustee Information

| | |
|---|-----------------------------|
| Trustee name (first, middle initial, last): | Date of birth (mm/dd/yyyy): |
| Social Security Number / Tax ID Number: | Phone number: |
| Mailing Address (street, city, state, ZIP): | |

| | |
|---|-----------------------------|
| Trustee name (first, middle initial, last): | Date of birth (mm/dd/yyyy): |
| Social Security Number / Tax ID Number: | Phone number: |
| Mailing Address (street, city, state, ZIP): | |

If more than two Trustees, attach a separate page with signature(s), date, and policy number.

5. Successor Trustee Information

| | |
|---|-----------------------------|
| Trustee name (first, middle initial, last): | Date of birth (mm/dd/yyyy): |
| Social Security Number / Tax ID Number: | Phone number: |
| Mailing Address (street, city, state, ZIP): | |

| | |
|---|-----------------------------|
| Trustee name (first, middle initial, last): | Date of birth (mm/dd/yyyy): |
| Social Security Number / Tax ID Number: | Phone number: |
| Mailing Address (street, city, state, ZIP): | |

If more than two Successor Trustees, attach a separate page with signature(s), date, and policy number.

6. Trustee(s) Certification

The Trustee(s) certify that all documents pertaining to this Policy(ies) be signed by: (check one)

All Trustees A majority of Trustees Any Trustee Trust only has one Trustee

7. Declaration by Trustee(s)

Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

The Trustees agree that each and every Trustee and successor Trustee is bound by the declarations of the Trustees signing this form. **Midland National will issue and administer the Policy(ies) based solely upon the representations made by the Trustee(s) and that any consequence of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustees.** Midland National will rely upon the directions of the Trustees and any named Successor Trustee(s) identified in this form until Midland National receives at its Executive Office written notification of a change of Trustee in a form acceptable to Midland National and within a reasonable time after such change.

The Trustee(s) additionally agree and acknowledge as follows:

- The Trust was validly executed and is in full force and effect and the Policy(ies) is not required to establish the Trust. Any fees, costs or expenses associated with the establishment or maintenance of the Trust are independent of any premium paid for the Policy(ies).

- Midland National has no responsibility for reviewing or interpreting the Trust or Trust-related documents and 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.
- Midland National has no responsibility regarding the use of any payments made to the Trustee(s) and Trustee(s) agree that any payments made to the Trust are in accordance with the terms of the Trust.
- Midland National has no responsibility regarding the effect of loans taken by the Trustee(s) or the effect such loans may have on the trust.
- The Trustee(s) understands and agrees that Midland National's sole obligation is to perform under the terms of the Policy(ies) and that Midland National will rely on the signature(s) of the Trustee(s) in the same regard as if they were the actual owner or beneficiary of the Policy(ies). The Trustee(s) has determined the Policy(ies) is suitable for the purpose of the Trust and will conform to distribution requirements of the Trust and to all applicable federal and state law.
- The Trustee(s) certifies that they have had the opportunity to consult with their own independent tax, legal, and financial advisors regarding the tax and financial implications of the purchase of the Policy(ies) or use of the Trust as Beneficiary, as applicable and Midland National has no responsibility regarding the tax or legal consequences of the use of such Trust.
- If the Trust is named as owner, it is authorized under the terms of the Trust to purchase and hold Policy(ies), and that the Trust and applicable beneficiary of the Trust have an insurable interest in the insured and the insured is permitted under applicable state law. If the Trust is a beneficiary of the Policy(ies), it is authorized to receive proceeds.
- The Trustee(s) has not relied upon any representation or advice of any Midland National independent agents, employees or representatives with respect to the terms or validity of the Trust or the utilization of the Trust as the owner or benefits of the Policy(ies). Trustee(s) agree Midland National and its independent agents are not authorized to be named as beneficiary of the Trust and recommendations for Trust ownership or beneficial interest has been provided by an independent tax, legal or financial advisor.

8. Fraud statement

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

9. Waiver and release of liability, agreement to indemnify and signatures

WAIVER AND RELEASE OF LIABILITY

The Trustee(s) agree to release and indemnify and hold harmless Midland National, its officers, employees, agents/representatives, and affiliates from and against all claims. Liabilities, costs, and expenses, including attorneys' fees, for claims, judgements, surcharges, or settlement amounts which may arise or result from: any action taken by Midland National at the direction of the Trustees or their successors; any tax, estate/probate, or other legal or financial liability or consequences associated with the Trust's purchase or ownership of the Policy(ies); any error, inaccuracy, or misunderstanding in interpreting the Trust, and Midland National's reliance on the Trustee's representations regarding the Trust or their authority with respect to the Trust.

For Corporate Trustees, you must submit a corporate resolution or Certificate of Business Signing Authority (form 27096) verifying individuals authorized to sign on behalf of the entity.

| | |
|--------------------|--------------------|
| Trustee Signature: | Date (mm/dd/yyyy): |
| Trustee Signature: | Date (mm/dd/yyyy): |