

Certification of Trust Agreement



Zurich American Life Insurance Company

Administrative Office Phone: 888.634.6780
7045 College Boulevard Fax: 888.796.7545
Overland Park, KS 66211-1523 www.zlifeusa.com

Policy Number _____ Insured Name(s) _____

Trust Information

Full Name of Trust (please print):

Trust Date: _____ Trust Federal Tax ID Number: _____

Grantor/Trustor(s) Names(s):

Trustee(s) Names(s):

Trust's Current Mailing Address _____ City _____ State _____ Zip _____

Is this a change of Trustee only? Yes No If "No," please indicate purpose by checking appropriate box below:
 Loan/Withdrawal/Surrender Request Owner Change Other Policy Change (Change of plan, conversion, etc.)

Certifications and Acknowledgments

The undersigned hereby certify(ies) that the Grantor/Trustor(s) has/have entered into a Trust Agreement ("Trust") with the above-named individual(s)/entity(ies) as Trustee(s). The Grantor/Trustor(s) has/have executed the Trust, and the Trust is in full force and effect as of the date this certification has been executed.

The undersigned further certify(ies), attest(s) and represent(s) that they have examined the Trust and in their opinion and/or the opinion of their legal counsel that the following statements are in accord with the terms and provisions of the Trust:

1. **Type of Trust:** Personal Trust Business Trust
 The Trust is **irrevocable**. It can **not** be amended or revoked, in whole or in part, by the Grantor/Trustor(s).
 The Trust is **revocable**. It **can** be amended or revoked, in whole or in part, by the Grantor/Trustor(s).
2. **Purchase of Life Insurance by Trustee(s):** Yes No
Does the Trust allow the Trustee(s) to acquire life insurance coverage on the life (lives) of the Grantor/Trustor(s) and/
or anyone in whom the Trust has an insurable interest?
3. **Accepting Life Insurance as Trust Property:**
Does the Trust permit the Trustee(s) to accept life insurance policies by transfer or assignment of ownership rights,
or to be designated as beneficiary(ies) under life insurance policies?
4. **Power of Trustee(s):**
 - a. Does the Trust empower the Trustee(s) in his/her/their/its absolute discretion to exercise and enjoy all options,
elections, benefits, rights and privileges pertaining to any life insurance policy(ies) reference in Section 2
or 3 above?
 - b. If more than one Trustee is designated, can each Trustee act independently of the other Trustee(s) with
respect to the life insurance policy(ies) held by the Trust?

The undersigned agree(s) that Zurich American Life Insurance Company ("Zurich") shall have no further duty to inquire into the terms and provisions of the Trust or the authority of the Trustee(s). Zurich shall be fully protected in taking or permitting any action in reliance on any instrument or document executed by the Trustee(s) in his/her/their/its capacity as owner(s) of any life insurance policy, and Zurich shall not incur any liability for so doing. Zurich is hereby fully discharged from any and all liability for any amounts paid to the Trustee(s), or paid in accordance with his/her/their/its direction, and shall not have any obligation whatsoever to see to the use and/or the application of any funds so paid.

Signatures

Print Complete Name and Date of Trust:

Individual Trustee(s):

Print Individual Trustee Name

Signature (Include Title)

Date Signed (MM/DD/YYYY)

Witness Signature

Print Witness Name

Address of Witness

Date Signed (MM/DD/YYYY)

Print Individual Trustee Name

Signature (Include Title)

Witness Signature

Print Witness Name

Address of Witness

Date Signed (MM/DD/YYYY)

Business Entity Trustee(s):

Print Business Entity Trustee Name

Print Name and Title of Officer

Signature (Include Title)

Date Signed (MM/DD/YYYY)

Witness Signature

Print Witness Name

Address of Witness

Date Signed (MM/DD/YYYY)

Submit copies of first and signature pages of Trust Document with this form

Instructions

This form must be submitted whenever a trust is named the owner of a life insurance policy. It is required at the time of a new application for insurance and/or when any in-force service request is made on an existing trust-owned policy for which no Certification of Trust Agreement has been provided Zurich within the past twelve months.

The policy number and insured(s) name(s) must appear at the top of the form. Use a separate form for each policy. If additional space is required, attach a separate page with the policy number, insured(s) name(s) and the full name and date of the Trust, and which has been signed and dated by each Trustee with the title "Trustee" following the signature.

Trust: The complete name and date of the Trust must be listed.

Individual Trustee(s) must sign on the line provided for "Individual Trustee's Signature" and add wording similar to the following: "Jane Doe, Trustee under XYZ Trust dated January 1, 2010". Each Trustee must sign the Certification of Trust Agreement.

Corporate Trustees must sign and add wording such as "ABC Bank, Trustee under XYZ Trust dated January 1, 2010" and submit a corporate resolution or other documentation to support each corporate Trustee officer signature.

Copies of the first page of the trust agreement showing the Trust's full name and all signature pages must be submitted with this form. **Do not send the entire trust agreement.**