



AFFIDAVIT OF EXISTENCE OF TRUST

Policy Number _____

Trust Taxpayer Identification Number (TIN) _____

Is the Trust TIN different from the Grantor(s)'s Social Security Number? Yes No

The undersigned being duly sworn, on oath certifies the following:

1. **The Legal Name of the Trust is**

2. **The date the Trust was established is:** _____

3. **The above-named Trust has been established as and shall be treated for tax purposes as**
(Choose One):

Grantor Trust - List name(s) and date(s) of birth of each grantor.

Grantor's First Name/ Last Name (Please Print) Date of Birth: ___/___/___

Grantor's First Name/ Last Name (Please Print) Date of Birth: ___/___/___

NON-Grantor Trust - List name(s) and date(s) of birth of each Beneficiary

Beneficiary's First Name/ Last Name (Please Print) Date of Birth: ___/___/___

Beneficiary's First Name/ Last Name (Please Print) Date of Birth: ___/___/___

Beneficiary's First Name/ Last Name (Please Print) Date of Birth: ___/___/___

4. The name and address of each trustee empowered to act under the trust instrument at time of execution of this Certificate of Trust is/are:

Please Print (Name and Address of Trustee)

Please Print (Name and Address of Trustee)

5. The trustee/trustees is/are authorized by the trust instrument to carry out the fiduciary responsibilities and terms of the trust.

All trustee(s) must sign

Trustee(s) may sign solely

6. Choose one from the following:

The trust instrument has not been terminated, revoked, modified or amended in any manner which would cause the representations herein to be incorrect.

The trust instrument has not been terminated, revoked, modified or amended in any manner however, the proper legal name of the Trust is

The trust instrument has been modified or amended. As a result of these amendments, the current name of the Trust is

7. This Affidavit is made upon the representations of the trustee/trustees and the statements contained in this Affidavit are true and correct and that there are no other provisions in the trust instrument or amendments to it that limit the powers of the trustee/trustees.

8. I/We understand that the Company is not responsible for ensuring the validity of the trust or for carrying out the terms of the trust in any way. It is the sole responsibility of the trustee to certify the validity of the trust and to administer the funds in a manner consistent with the trustee's powers.

9. In the event that a third party institutes legal action asserting a claim or cause of action compromised by this Affidavit, then, and in that event, the Affiant/Affiants, each hereby agrees to indemnify, hold harmless and defend the Company against such claim or cause of action.

Each undersigned hereby affirms that (s)he accepted the appointment of a Trustee of the above-named Trust and is acting under appointment of a Trustee and assumed the fiduciary and other legal responsibilities of a Trustee.

Trustee Signature

Trustee Name (Please Print) _____ **DATE** _____

Trustee Signature

Trustee Name (Please Print) _____ **DATE** _____

State of _____)

ss

County of _____)

This instrument was acknowledged before me on _____, 20__ by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public _____

My commission expires: