



## 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

