



TO BE COMPLETED BY TRUSTEES

**Trust Certification**  
55 North 300 West, P.O. Box 45654  
Salt Lake City, Utah 84145-0654

To: **Beneficial Life Insurance Company**

**A. Trust Information**

**Policy Number (s)** \_\_\_\_\_

In consideration of your opening and/or maintaining one or more accounts for the Trust named below, we the undersigned below, Trustees,\* certify as follows:

1. The full title of the Trust to which this Trustee Certification applies is:  
\_\_\_\_\_
2. The date of the Trust, and date(s) of the amendment (if applicable) are:  
Trust Date: \_\_\_\_\_ Amendment Date (s): \_\_\_\_\_
3. Are there any Trust amendments/restatements that change the title of the Trust and/or the trustee(s)?  
Yes  No  If Yes, provide a copy of the entire amendment/restatement.
4. There are no Trustees of the Trust other than the undersigned.
5. The Grantors of the Trust are: \_\_\_\_\_
6. The Tax ID # of the Trust is: \_\_\_\_\_
7. We have enclosed a copy of the following: Trust Title Page, Trustee, Successor Trustee pages along with the Signature Page, and Proof of Death for any trustee as explained in #5 below.

**B. Acknowledgement**

1. We acknowledge receiving and reviewing all pertinent account documentation and agreements.
2. We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
3. We agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Trust Certifications made above. You may rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
4. We agree to provide you with a copy of the title page, signature page, and successor trustee sections of our Trust Agreement and any amendments, or a current Certificate of Trust if available, and any other documentation required for you to ascertain the current Trustees of the Trust.
5. We agree to provide you with a copy of the death certificate for any deceased trustee.

**Trust Requires Policy Requests to be:** \_\_\_\_\_ signed by all trustees \_\_\_\_\_ signed by two trustees \_\_\_\_\_ signed by one trustee  
(Default is all trustees)

**C. Trustees – All Trustees must sign and provide their information.**

We hereby certify that the undersigned are all the Trustees, and that you are authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check-signing and withdrawal privileges.

I. \_\_\_\_\_ <sup>X</sup> \_\_\_\_\_ \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_ \_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Trustee Street Address City State Zip Code

II. \_\_\_\_\_ <sup>X</sup> \_\_\_\_\_ \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_ \_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Trustee Street Address City State Zip Code

III. \_\_\_\_\_ <sup>X</sup> \_\_\_\_\_ \_\_\_\_\_  
Trustee Name Print Trustee Signature Date

\_\_\_\_\_ \_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Trustee Street Address City State Zip Code

(All Trustees must sign. Attach an extra page if necessary.)

\*Should only one person execute this agreement, it shall constitute a representation that the signer is the sole Trustee.

Where applicable, plural references in this Trust Certification shall be deemed singular.