

# American Life

## CERTIFICATE OF TRUSTEE POWERS

Use this form to certify the existence of the Trust, and the identity and powers of the Trustee(s). Please read this entire form and complete all fields before signing. If more space is needed for additional information, attach a separate sheet of paper. **Please include copies of the first page and all signature pages of the trust documents.**

### CONTRACT OR POLICY\* INFORMATION

Contract or Policy Number(s) (if known): \_\_\_\_\_

Owner Name: \_\_\_\_\_  
First/MI/Last

Owner Social Security Number/TIN: \_\_\_\_\_

Annuitant/Insured Name: \_\_\_\_\_  
First/MI/Last

Annuitant/Insured Social Security Number: \_\_\_\_\_

### TRUST INFORMATION

Trust Name as it appears on the Trust ("Trust"): \_\_\_\_\_

Original Trust Date: \_\_\_\_\_

Latest Amendment Date (if any): \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_

State Governing Law of Trust: \_\_\_\_\_

Trust Address (for correspondence): \_\_\_\_\_  
Address City State Zip

Trust Type (Select One):  Irrevocable  Revocable

Is this a grantor trust\*\*?  Yes  No

If yes, include living grantor information below.

Name of Grantor: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Grantor: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Note: If the trust listed above is a Grantor Trust under Section 671-679 of the Internal Revenue Code (IRC), the following will apply:

- If this trust has a Tax ID Number (TIN), any taxable distributions from an annuity to the trust will be reported to the trust and the Internal Revenue Service. If this trust does not have a TIN, such annuity distributions will be reported to the Grantor and the Internal Revenue Service.
- The trust will be treated as a natural person under IRC Section 72(u) and the grantor will be treated as the holder of the contract under IRC Section 72(s).
- If the trust should cease to be a Grantor Trust, the Trustee and/or Grantor will immediately give written notification, including new TIN, to American Life & Security Corp.

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**TRUSTEE INFORMATION**

Trustee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
First/MI/Last

Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(if any) First/MI/Last

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(if any) First/MI/Last

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Transaction requests must be authorized by (select one):  All Trustees  Majority of Trustees  Any One Trustee  
 Only Specified Named Trustee(s) (provide name): \_\_\_\_\_  
First/MI/Last

\*Contract or Policy may be referred to as "certificate."  
\*\*A grantor trust is one in which the grantor has reserved to him/her/itself certain powers that, under current tax law, may generate a tax liability on the grantor. Generally, these would be powers that could lead to a conclusion that the assets of the trust are treated as owned by the grantor and not the trust (See, IRC Sections 671-679.) If not sure, please contact your tax/legal advisor to determine whether your trust is a grantor trust.

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**For Life Policies Only**

Will Trust be paying the premium?  Yes  No

If yes, provide the following information:

Bank Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Individuals with Signature Authority: \_\_\_\_\_

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**CERTIFICATION AND SIGNATURES**

The Trustee(s) is (are) referred to as "you" in this form. By signing below, the undersigned Trustee(s) acknowledge and certify the following:

- You are the named Trustee(s) under the Trust and the information provided on this form is true and accurate;
- You have the power under the Trust and applicable law to exercise all ownership rights, privileges, options, and benefits under the contract(s) and/or policy(ies) listed above, and you understand and agree that the Company is not obligated to verify that the Trust is in effect or that you are acting within the authority granted to you under the terms of the Trust;
- You agree to indemnify and hold harmless the Company from any and all liability, including attorney's fees the Company may incur by acting upon instructions reasonably believed by the Company to be valid instructions originating from you with respect to any life insurance policy or annuity contract, and from all other acts related to such policy(ies) or contract(s);

- The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this certification to be incorrect;
- This certification is being signed by all currently acting trustees of the Trust; and
- You agree to inform the Company in writing of any change in the Trustee(s), or any event that could alter this certification. (Provide supporting written documentation such as a letter stating that the named Trustee is no longer a Trustee, or a copy of the Trustee's certified death certificate.)
- You understand that, to the extent American Life is in receipt of part or all of the trust instrument, American Life's representatives will not undertake to read the instrument, and will rely solely on the representations made above with respect to the trust. In addition, knowledge of the terms of the trust instrument may not be inferred solely from the fact that the trust instrument is being held by American Life.
- You understand that American Life reserves the right to require the full trust document and any subsequent amendments and/or restatements.

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

If the Trust has more than three Trustees, please complete a Supplemental Trustee form.

# American Life

## SUPPLEMENTAL TRUSTEE

### CONTRACT OR POLICY\* INFORMATION

Contract or Policy Number(s) (if known): \_\_\_\_\_

Owner Name: \_\_\_\_\_  
First/MI/Last

Owner Social Security Number/TIN: \_\_\_\_\_

Annuitant/Insured Name: \_\_\_\_\_  
First/MI/Last

Annuitant/Insured Social Security Number: \_\_\_\_\_

### ADDITIONAL TRUSTEE INFORMATION

Additional Trustee Name: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

Additional Trustee Name: \_\_\_\_\_  
First/MI/Last

Social Security Number: \_\_\_\_\_

Additional Trustee Address: \_\_\_\_\_  
Address City State Zip

### CERTIFICATION AND SIGNATURES

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

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Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

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Trustee Signature

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Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Trustee Name (Printed) (First/MI/Last)

\_\_\_\_\_  
Date

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