

# CERTIFICATION OF TRUST



INSURANCE COMPANY  
PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245  
888-352-5178 FAX: 888-352-5126

## INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED BY TRUSTEE(S)

### TRUST INFORMATION

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:

- a. The full title of the trust to which this Trustee Certification applies is: \_\_\_\_\_  
\_\_\_\_\_
- b. The date of the Trust is: \_\_\_\_\_
- c. The date of any Trust Amendments are (if any): \_\_\_\_\_
- d. There are no Trustees of the Trust other than the undersigned: \_\_\_\_\_  
\_\_\_\_\_
- e. The Grantors of the Trust are: \_\_\_\_\_
- f. The Tax ID# of the Trust is: \_\_\_\_\_

### ACKNOWLEDGMENT

- We acknowledge receiving and reviewing all pertinent account documentation and agreements.
- We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
- We agree to inform you in writing of any amendment to the Trust, any change in the composition of the rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We agree to provide you with a copy of the title page, signature page, an 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 Trustee of the Trust.

### Policy request must be: (default is all trustees)

Signed by all trustees

Signed by two trustees

Signed by one trustees

**SIGNATURES**

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.

Trustee Name (Print)	Trustee Signature		Date
Trustee Date of Birth	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			
Trustee Name (Print)	Trustee Signature		Date
Trustee Date of Birth	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			
Trustee Name (Print)	Trustee Signature		Date
Trustee Date of Birth	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			
Trustee Name (Print)	Trustee Signature		Date
Trustee Date of Birth	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

(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 Certification shall be deemed singular.

# TRUST AND OTHER NON-NATURAL OWNER 72(u) TAX DEFERRED TREATMENT CERTIFICATION FORM



INSURANCE COMPANY  
PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245  
888-352-5178 FAX: 888-352-5126

## 1. CONTRACT INFORMATION

Contract #	
Name of Annuitant	Telephone Number
Name of Owner (if different from Annuitant)	Telephone Number
Owner's Street Address, City, State, Zip	

## 2. TAX INFORMATION AS IT PERTAINS TO DESIGNATION OF NON-NATURAL OWNER

Please read the following if you intend to designate a non-natural entity as the owner of your annuity contract.

**Non-natural owner** - something other than a living person, including trusts, estates and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, SILAC will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, SILAC will treat your contract as tax deferred. In order to notify SILAC of your qualifying exception, you must sign this form and submit it to the address above. SILAC is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

## 3. ACKNOWLEDGMENT/SIGNATURE(S)

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold SILAC harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

Signature of Trustee	Date	Printed Name of Trustee
Signature of Trustee	Date	Printed Name of Trustee
Name of Corporate Officer (if applicable)		
Signature of Corporate Officer (if applicable)	Date	Printed Name
Signature of Corporate Officer (if applicable)	Date	Printed Name