



INVESTORS HERITAGE

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Trust or Entity Certification Form

This Trust or Entity Certification Form ("Form") must be used when a partnership, trust, or other non-natural person (collectively "Entity"), is the owner of the annuity contract ("Contract"). This form identifies individuals who are authorized to conduct transactions in, and exercise ownership rights with respect to, the Contract on behalf of an Entity (hereinafter referred to as "Authorized Person"). Please type or print

Annuitant Information

Annuitant Legal Name

First	Middle Init.	Last	Suffix
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Gender

 Male Female

Date of Birth (MM/DD/YYYY)

Social Security Number

Annuity Contract Number (if known)

Relationship to Owner

Entity Information

Full Name of Entity

Date Entity Was Established (MM/DD/YYYY)

Tax Identification Number

If Other Entity, EIN of Entity

State Established

Mailing Address of Entity

Street Address	City	State	Zip Code
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Type of Entity:

 Revocable Trust

Grantor (1) Name

First	Middle Init.	Last	Suffix
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Grantor (1) Date of Birth (MM/DD/YYYY)

Grantor (1) Social Security Number

Grantor (2) Name

First	Middle Init.	Last	Suffix
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Grantor (2) Date of Birth (MM/DD/YYYY)

Grantor (2) Social Security Number

 Irrevocable Trust

Name of Settlor

First	Middle Init.	Last	Suffix
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 Other:

Authorized Person(s): Provide the names of all individuals authorized to transact business in, and exercise ownership rights with respect to, the Contract on behalf of the Entity.

Authorized Person's Name

First	Middle Init.	Last	Title
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First	Middle Init.	Last	Title
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First	Middle Init.	Last	Title
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First	Middle Init.	Last	Title
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If there are multiple Authorized Persons: Any one may act alone A majority may act for all All must act unanimously
 The following must act jointly: _____

Each undersigned Authorized Person does hereby certify and affirm the following:

1. All information provided on this form is accurate and complete.
2. The Entity is in full force and effect and its authority has not been revoked, modified or amended in any manner that would cause the representations in this Form to be incorrect. If the Entity is a Trust, no Authorized Person is a beneficiary of the Trust. The insurer may rely solely on this Form, as well as the statements and representations made in the associated application, as a basis for issuing the Contract and performing obligations arising from the Contract. Neither the insurer nor anyone acting as its agent, employee or representative is responsible for determining the authority of the Authorized Person(s) to act on behalf of the Entity or inquiring into or reviewing the provisions of any governing document of the Entity. Neither the insurer nor anyone acting as its agent, employee or representative shall be charged with any knowledge of the Entity beyond the information contained in this Form.
3. I/We are duly authorized to act as an Authorized Person under the terms of the governing documents of the Entity and/or applicable law. I/We have the power to exercise all rights associated with ownership of an annuity contract, including but not limited to contract purchase, contract surrender, selection of, and transfers among, the fixed account and variable subaccounts, withdrawal of funds, distributing or assigning the contract, or agreeing to any release, modification or amendment of the contract.
4. In my capacity as an Authorized Person, and jointly and severally with the other Authorized Persons, I/we indemnify the insurer, its agents, employees and representatives and agree to hold the insurer, its agents, employees and representatives harmless against all obligations, demands, losses or liabilities (including attorneys' fees) that the insurer may incur, suffer or pay because of the insurer's reliance on this Form and/or transactions or actions by the undersigned. This indemnification shall survive termination of this Form and the Contract.
5. I/We understand that, unless the non-qualified annuity contract is held by a non-natural person as mere agent for a natural person, a non-qualified annuity contract that is owned by a non-natural person (e.g., Entity) is not eligible for tax deferral. If the owner is subject to federal income tax, it is required to include in its taxable income each year the increase in the value of the contract (adjusted for contributions and distributions). Further, I/we acknowledge and agree that the insurer is not responsible for any adverse tax consequences including tax consequences resulting from limitations on the availability of income payout options on the death of the annuitant and is not bound by any representations made that the owner is holding the annuity as an agent for a natural person or that the owner is a grantor trust within the meaning of section 671 et. seq. of the Internal Revenue Code of 1986, as amended. However, if the owner is an Entity that is using the social security number of an individual for its tax identification number, that individual must also be named as the annuitant under the contract.
6. I/We have had the opportunity to consult with an attorney, to the extent necessary, before executing this document.
7. I/We agree to inform the insurer in writing promptly of any Entity amendments, change of Authorized Person(s), or other facts and events that would affect or alter this Form and, in such a case, to submit a new Entity Certification Form. I/We understand that each Entity Certification Form filed with the insurer will revoke in its entirety any previously filed Entity Certification Form, and that any revocation will not impose on the insurer any liability resulting from transactions initiated before the insurer has had a reasonable amount of time to act upon the revocation.
8. I/We further understand that any change in ownership may cause certain contract features to terminate.
9. I/We affirm that: 1) I/We are capable of evaluating investment risks independently, both in general and with regard to particular transactions and investment strategies involving a security or securities; 2) I/We are exercising independent judgment in our actions with respect to the Contract; and 3) I/We believe this Contract is suitable for the Entity in light of its investment objectives and financial status.

X
Authorized Person's Signature _____ Date (mm/dd/yyyy) _____

X
Authorized Person's Signature _____ Date (mm/dd/yyyy) _____

X
Authorized Person's Signature _____ Date (mm/dd/yyyy) _____

X
Authorized Person's Signature _____ Date (mm/dd/yyyy) _____