

Trust Verification



Accordia Life and Annuity Company
P.O. Box 305030, Nashville, TN 37230-5030
Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

Accordia Life and Annuity Company
215 10th Street, Suite 1100, Des Moines, IA 50309

INSTRUCTIONS

Use this form to provide information about your Trust, including information about Trustee(s) and amended Trust dates.

1. Contract Number(s):
Please list all existing contracts with Accordia that have this Trust as owner or beneficiary.

2. Contract Owner:

3. Full Name of Trust:

4. Trust Dates:

Original Trust Date:	<input type="text"/>		
Amended Trust Dates (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. State that Governs the Trust:

6. Trust Tax Identification Number (TIN): (please select one)

The Trust Tax Identification Number (TIN) is:

The Trust does not have a separate Tax Identification Number (TIN) and the personal TIN of the First Settlor/Grantor listed below is used.

7. Type of Trust: (please select one)

Revocable Irrevocable

Testamentary Charitable Remainder

Special Needs Other:

8. Names of Notary and/or other Witnesses of Trust:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9.

First/Last Name of Settlor/Grantor of Trust	Social Security Number	Date of Birth	Living	Deceased
<input type="text"/>	<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>

10. Names of ALL current Trustees:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11. Names of ALL successor Trustees (if applicable):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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12. Signature required by the Trust Agreement to authenticate forms and/or request on behalf of the Trust in connection with insurance products (please check one):

ANY of the current Trustees, acting alone

ALL of the Trustees, acting together

Other (explain)

13. Neither the insurance agent nor any person affiliated with the insurance agent is a beneficiary of the Trust.

Agree Disagree, (please attach an explanation of why they are named a beneficiary of the Trust)

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract/policy sold by that agent, unless that agent is a family member, or has a recognized insurable interest.

CERTIFICATIONS BY TRUSTEE(S)

The Trustee(s) states and agrees that:

- The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured/annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and/or annuity contract. I/We have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.
- I/We certify that the Company may rely solely on this Verification and the information provided for policy/contract administration purposes and the Company has no obligation to investigate the terms of the Trust or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and the Trustee(s) will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).

The Trustee(s) declares that each and every Trustee and successor Trustee are bound by this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives written notification at its Home Office of a change of Trustee. Furthermore, the Trustee(s) agrees to notify the Company of any changes to the Trust itself that will alter the information provided in this Trust Verification.

The Trustee(s) declare that the Trust Agreement containing the terms of the Trust, including the names of the Trustee(s) and the date of the Trust, was formed and domiciled in the United States or one of its Territories and is now in full force and effect.

For new life insurance policies, annuity contracts and for existing life insurance policies in states requiring that insurable interest exist on the transfer of issued policies, I/we agree that the beneficial interests under the Trust are now, can and will be established only for individuals who are related to and/or have a substantial interest in the Annuitant/Insured/Proposed Insured by blood or law or hold a lawful, substantial economic interest in the continued life of the Annuitant Insured/ Proposed Insured.

The signature(s) below certify the previous information provided and agreed to on this Verification is true and accurate:

Note: Each Trustee indicated in Question 10 must sign below

Signature of Trustee X	Date
Signature of Trustee X	Date
Signature of Trustee X	Date
Signature of Trustee X	Date

Please be advised that the Company reserves the right to request and receive a copy of the Trust documents.