

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

Des Moines, IA

INSTRUCTIONS

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

1. Application/Policy Number(s):

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Please list all existing or new policies with Accordia Life that have or will have this Trust as owner or beneficiary.

2. Name(s) of Insured(s):

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3. Name(s) of Grantor/Trustor(s):

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SS#

DOB

4. Full Name of Trust:

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5. Trust Dates:

Original Trust Date	
Amended Trust Dates <i>(if applicable)</i>	

6. State that governs Trust:

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7. Trust Tax Identification Number (TIN) is:

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(not required for revocable grantor trusts)

8. Type of Trust: (please select one)

Trust is irrevocable. It cannot be amended or revoked, in whole, or in part, by the Grantor/Trustor(s).

Trust is revocable. It can be amended or revoked, in whole, or in part, by the Grantor/Trustor(s).

9. Beneficiary(ies) of Trust and Relationship to Proposed Insured(s):

10. Name(s) of Trustee(s) and Relationship to Proposed Insured(s):

Note: if more than one trustee, we require all trustees to sign applicable forms, unless we receive a copy of the trust stating that the Trustees can act independently.

11. Is the policy funded via a premium financing loan or with funds borrowed from another person or entity?

Yes No

12. Names of Notary and/or Other Witnesses of Trust:

13. 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)

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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. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy. 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 Accordia Life (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 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 Insured / Proposed Insured by blood or law or hold a lawful, substantial economic interest in the continued life of the Insured / Proposed Insured.

The Trustee(s) declare that neither the insurance agent nor any person affiliated with the insurance agent is a beneficiary of the Trust. The Trustee(s) further declare that no person affiliated with a premium financing company (if applicable) is a beneficiary of the Trust.

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 (mm/dd/yyyy)
Signature of Trustee X	Date (mm/dd/yyyy)
Signature of Trustee X	Date (mm/dd/yyyy)
Signature of Trustee X	Date (mm/dd/yyyy)

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