

Trust Certification



Use this form in situations where a trust will be the owner of a life insurance policy or annuity policy to be issued by United of Omaha Life Insurance Company ("United of Omaha"). The Trustee(s) is/are to complete and execute this form. United of Omaha reserves the right, at all times, to request a copy of the executed trust document.

General Information

Name of Trust: _____

Name(s) of Trustee(s): _____

Successor Trustee(s) if any: _____

Date Trust was executed: ____/____/____

State where executed: _____

Trust Beneficiaries

Relationship to Insured

_____	_____
_____	_____
_____	_____

Grantor(s) of the Trust

Name(s) of Grantor(s) who established the Trust: _____

Authorized Individuals

The Trust authorizes you to accept instructions from: (please check one)

Any one Trustee independently Multiple Trustees all must authorize Other (please specify) _____

The Trustee(s) named in the above section, does/do hereby certify the following:

- 1. The Trust is: Irrevocable and is in full force and in effect Revocable and is in full force and in effect
- 2. The named Trust will be the owner of the insurance policy(ies) or annuity(ies) applied for with/used by United of Omaha.
- 3. I/We are qualified to act under the terms of the Trust provisions and/or applicable law. I/We have the power to exercise all rights associated with ownership of the insurance policy(ies) or annuity(ies), including but not limited to the purchase, surrender, withdrawal of available cash value, taking a loan, assigning the policy(ies) or annuity(ies) and making payment of proceeds to designated beneficiaries.
- 4. Unless United of Omaha is notified otherwise, at any time there is more than one Trustee listed above, the Trust authorizes United of Omaha to comply with the requests of any one Trustee regarding this policy(ies) or annuity(ies).
- 5. I/We agree jointly and individually to indemnify United of Omaha and its agents, and to hold it/them harmless from and against any and all liability as a result of claims, demands, damages, or judgments arising out of its/their reliance on this Trust Certification.
- 6. I/We agree to inform United of Omaha in writing of any Trust amendments, change of Trustee(s), or other facts and events that would materially affect or alter this Trust Certification or the information contained herein.
- 7. I/We understand and agree that United of Omaha has no knowledge of and makes no representations as to the validity or sufficiency of the Trust which owns the insurance policy(ies) or annuity(ies), or the legal or tax ramifications of the Trust ownership.
- 8. The Proposed Insured(s) has/have been informed that a life insurance policy(ies) or annuity(ies) is being purchased on his/her/their life/lives.

Certification

By signing below, I/We certify that I/We are the Trustee(s) of the above named Trust and that I/We are applying for a life insurance policy or annuity policy insuring the life/lives of the Proposed Insured(s) appearing below.

Signed at _____ this _____ day of _____
City/State Month Year

Signature of Trustee(s)

Proposed Insured(s)

By signing below, I/We certify that I/We understand that a policy(ies) of life insurance or an annuity has/have been applied for on my/our life/lives to be owned by the Trust named above.

Signature(s) of the Proposed Insured(s)

