

Trust Statement and Affidavit



Instructions:

This form must be completed to establish or change a Trust as the Owner of an annuity contract or Life Policy contract. You must provide a copy of the Trust document, if one has not already been filed with the Company or previously documented Trust has been amended. If you should have any questions when filling out this form, please call 1-800-637-6318.

Policy Information	
Insured(s)/Annuitant(s) Name: _____	
<input type="checkbox"/> New App <input type="checkbox"/> Regarding Policy(ies) _____; _____; _____; _____; _____	
Trust Name	Trust Established Date
Name of Trust: _____	Date: _____
Type of Trust	Trust's Tax ID Numbered-Required
<input type="checkbox"/> A Revocable (Living) Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Irrevocable Life Insurance Trust (ILIT)	
Was this trust established to benefit a natural person? <input type="checkbox"/> Yes* <input type="checkbox"/> No Tax ID Number _____	
*If non-qualified Annuity and you have indicated that trust is merely holding the contract as an agent for a natural person. Then, in accordance with provisions of 72(u)(1) of the Internal Revenue Code of 1986, as amended, tax deferral may be available.	
Names of Trustee(s)	
Trustee Name: _____ Trustee Name: _____	
If the trust has more than one trustee, select one: <input type="checkbox"/> May act independently <input type="checkbox"/> Must act in unison	
If more trustees, attach additional sheet with trustee names and signatures.	
Affidavit and Indemnification	
To the best of our knowledge and belief, said Trust and our powers thereunder have not been revoked and we remain duly authorized to act pursuant to same. Further:	
1) None of the Grantors is deceased, and said Trust has not been partially or completely revoked, terminated, suspended or amended; and	
2) We agree not to exercise any powers granted to us by said Trust if we know or have reason to know that they have been amended, or that said trust has been revoked, partially or completely terminated, suspended or is no longer valid; and	
3) United Life Insurance Company may rely upon our having such powers as outlined in the copy of those portions of the Trust which accompany this Affidavit until such time as notification may be received at its Home Office in Cedar Rapids, Iowa.	
We have read and fully understand this Affidavit and agree to indemnify and hold harmless United Life Insurance Company, its agents, employees or assigns, from any and all claims or suits which may arise by reason of accepting it and the Trust Documents referenced herein.	
Trustee(s) Signatures	
The undersigned trustee(s) certifies that it/he/she is a trustee of the named Trust in the Contract Owner Information section of this form and that it/he/she is authorized to exercise ownership rights under the contract in accordance with the terms of the Trust. The trustee(s) agree(s) that all transactions made in reliance upon the statement above shall be the sole responsibility of the trustee. The Company does not assume responsibility for any taxes which may arise from the ownership of this annuity including the 10% early withdrawal penalty tax.	
Signature of Trustee(s): _____	Date: _____
Signature of Trustee(s): _____	Date: _____
Notary Signature and Stamp (Required if Trust is over two years old)	
Notary Signature _____	Notary Public in State of: _____ Date: _____
Notary Seal: _____	My Commission Expires: _____