UNITED LIFE INSURANCE COMPANY

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:_____

☐New App ☐Regarding Policy(ies)_____; _____; _____; _____; _____

Trust Name / Trust Established Date

Name of Trust: _____ Date: _____

Type of Trust / Trust's Tax ID Numbered–Required

☐A Revocable (Living) Trust ☐Irrevocable Trust ☐Irrevocable Life Insurance Trust (ILIT)

Was this trust established to benefit a natural person? ☐Yes* ☐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: ☐May act independently ☐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To the best of our knowledge and belief, said Trust and our powers thereunder have not been revoked and we remain duly authorized to act pursuant to same.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granted to us by said Trust if we know or have reason to know that they have been amended, or that said trust has been revoked, partially or completely terminated, suspended or is no longer valid; and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 contact 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: _____

PO Box 729 Cedar Rapids, Iowa 52406-0729
200 1st St SE, Suite 1300 Cedar Rapids, IA 52401
Phone: 800-637-6318 • Fax: 888-726-9736
Email: Life@unitedlife.com • Website: unitedlife.com

FRAUD NOTIFICATIONS
The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:
Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.
Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.
New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.