

# TRUST CERTIFICATION

## For Policy Owner Service Use Only:

Midwestern United Life Insurance Company, Indianapolis, IN  
ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Security Life of Denver Insurance Company, Denver, CO  
*Members of the Voya® family of companies*  
Venerable Insurance and Annuity Company, Des Moines, IA  
(the "Company")

Customer Service: PO Box 5011, Minot, ND 58702-5011

Fax: 877-788-6308; **Completed forms can be emailed to: liferequest@voya.com**

**ReliaStar Life Insurance Company ("ReliaStar") administers, and is solely responsible for, the life insurance policies and annuity contracts that it issues, and it also provides administrative services in relation to certain life insurance policies issued by Venerable Insurance and Annuity Company ("Venerable"). ReliaStar and Venerable are not otherwise affiliated. All contractual obligations under each life insurance policy or annuity contract remain the sole responsibility of the issuing insurance company.**

This form is used for situations where a Trust is the owner or primary beneficiary of a life insurance policy issued by the Company. The Trustee(s) and the Owner should complete and execute this form.

If additional space is needed, use a separate piece of paper, provide all required signatures and attach it to this form.

### A. POLICY INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

Insured Name(s) \_\_\_\_\_ Policy Number \_\_\_\_\_

### B. TRUST INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

1. Name of Trust ("Trust") *(30 character limit)* \_\_\_\_\_

State of Trust Creation \_\_\_\_\_ Creation Date \_\_\_\_\_ Trust Tax ID Number \_\_\_\_\_

3. Name(s) of Trustee(s) \_\_\_\_\_

Note: If any Trustee is also the Insurance Producer, provide below the reason and relationship of that individual to the insured/grantor/settlor.

Immediate family member  Other \_\_\_\_\_

### C. TYPE OF TRUST *(Complete if owner or primary beneficiary is a Trust. Check all boxes that apply.)*

Trust is:  Revocable Trust  Irrevocable Trust

Testamentary Trust under the last will and testament of \_\_\_\_\_

#### And

Trust is:  Family Trust  Insurance Trust  Charity Trust  Trusteed Buy/Sell  Employer Sponsored Trust

Other type of Trust \_\_\_\_\_

### D. CERTIFICATION AND AFFIRMATION

#### 1. Signature Requirements

If there is more than one trustee, this statement, as well as any forms required to exercise rights under the policy, must be signed by all trustees unless the trust agreement or applicable state law provides otherwise. Indicate below who is authorized to sign under the terms of the trust agreement or applicable state law. If no box is checked, the Company will require all Trustees to sign all policy requests.

Any Trustee may act independently  All Trustees must act unanimously  A majority of Trustees may act for all

Certain Trustees must act jointly *(Print names below.)*

Trustee 1 \_\_\_\_\_ Trustee 2 \_\_\_\_\_

Trustee 3 \_\_\_\_\_

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**D. CERTIFICATION AND AFFIRMATION** *(Continued)***2. Certification**

Each undersigned Trustee does hereby represent and certify the following:

- a. All information provided on this Certification is accurate and complete.
- b. I/We are duly authorized to act as trustee(s) under the terms of the trust provision and/or applicable law. If proposed owner is a trust, I/We have the power to exercise all rights associated with ownership of a life insurance policy, including but not limited to purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking loans or otherwise encumbering and/or assigning the policy.
- c. I/We acknowledge and agree that the Company is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
- d. The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
- e. If licensed to sell life insurance for the Company the undersigned trustee has reviewed and has abided by the Company's guidelines on producers acting as trustees.
- f. I/We understand that neither the Company nor its agents are responsible for the estate planning and tax implications of this Policy, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/We have had the opportunity to consult with an independent attorney and/or tax advisor, to the extent I/we deemed necessary, before executing this Certification.
- g. I/We agree to inform the Company in writing of any trust amendments, changes of trustee(s) or other facts and events that would affect or alter this Certification.

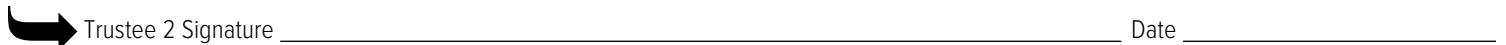
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**E. SIGNATURES**

 Trustee 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Trustee 1 Name *(Please print.)* \_\_\_\_\_ Trustee 1 Title <sup>1</sup> \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Trustee 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Trustee 2 Name *(Please print.)* \_\_\_\_\_ Trustee 2 Title <sup>1</sup> \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Trustee 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Trustee 3 Name *(Please print.)* \_\_\_\_\_ Trustee 3 Title <sup>1</sup> \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Owner Signature *(If other than the Proposed Insured)* \_\_\_\_\_ Date \_\_\_\_\_

Owner Name *(Please print.)* \_\_\_\_\_ Owner Title <sup>1</sup> \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

<sup>1</sup> If the owner is a trust, partnership or corporation, the signature and title of the trustee, partner, corporate representative or authorized corporate representative are required.