

TRUST STATEMENT

This is a statement that the _____

NAME OF TRUST AGREEMENT

was still in effect on

Trust Agreement dated _____

DATE OF TRUST AGREEMENT

DATE OF DEATH OF THE INSURED

The tax identification number for this trust is ______.

TRUSTEE SIGNATURE

Please Note: If this trust agreement was not in effect as of the insured's date of death, the proceeds of this certificate will be paid according to our Bylaws.

Subscribed and sworn to before me on this ______day of ______, 20_____

NOTARY PUBLIC

My commission expires_____

Please submit a copy of the complete Trust which shows the name of the Trust, the Trustees and successor Trustee, if you are a successor trustee, and the signature page showing the deceased member's signature and date the Trust agreement was signed.