



TRUST STATEMENT

This is a statement that the _____
NAME OF TRUST AGREEMENT

Trust Agreement dated _____ was still in effect on
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.