



financial life

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1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: **1891 Financial Life Insurance**. DBA California: **1891 Financial Life, A Fraternal Benefit Society**.

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 _____.

NAME OF TRUSTEE

SIGNATURE OF TRUSTEE

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.

NOTARY:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by

(name(s) of person(s)) as

(type of authority if applicable, e.g., Officer, Trustee, etc.) of

(name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

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.