

Soar Higher®

## **Eagle Life Insurance Company**® P.O. Box 71279

Des Moines, Iowa 50325-0279 Telephone: (866) 526-0995

 $www.eagle\hbox{-life}co.com$ 

Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266

Fax: (515) 457-1911

## **Certification of Trust Agreement**

If a trust is the owner or beneficiary of a contract, please submit this form along with the first page of the trust, all signature and notary pages of the trust, and the page identifying the trustee(s) OR a full copy of the trust.

Annuitant:	SECTION 1: CONTRACT INFORMATION Contract Number(s):	Check here if the contract number is pending	
Joint Annuitant:   Relationship to trust:   Grantor   Trustee   Beneficiary (if applicable)			
Full legal name of trust:    Fax ID number:   State law which governs trust:	Joint Annuitant:(if applicable)	Relationship to trust: Grantor Trustee Beneficiary	
Preparer of trust:			
Type of trust:	Effect date of trust: Tax ID number:	State law which governs trust:	
Testamentary (please submit death certificate)   Was the trust validly executed?:	Preparer of trust: Prep	arer's telephone number:	
Is the trust currently in full force and effect?:			
Grantor(s):	Is the trust currently in full force and effect?: Yes Does the trust have a U.S. bank account?: Yes T	No No	
Full Name Address Trustee: Full Name Address  Trustee: Full Name Address  Successor Trustee: Full Name Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)		·	
Address Trustee: Full Name Address Trustee: Full Name Full Name Address Successor Trustee: Full Name Address When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)			
Full Name Full Name Address Trustee: Full Name	Full Name	Phone Number	
Full Name Phone Number  Address  Trustee: Full Name Phone Number  Address  Successor Trustee: Full Name Phone Number			
Trustee:			
Full Name Address  Successor Trustee: Full Name Address  Successor Trustee: Full Name Phone Number			
Successor Trustee:  Full Name  Address  Successor Trustee:  Full Name  Phone Number  Address  Successor Trustee:  Full Name  Address  Successor Trustee:  Full Name  Address  Successor Trustee:  Full Name  Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)		Phone Number	
Full Name Phone Number  Address  Successor Trustee: Full Name Phone Number  Address  Successor Trustee: Full Name Phone Number  Address  Successor Trustee: Full Name Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)	Address		
Address Successor Trustee: Full Name Phone Number  Address Successor Trustee: Full Name Phone Number  Full Name Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)			
Successor Trustee:  Full Name  Address  Successor Trustee:  Full Name  Phone Number  Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)	Full Name	Phone Number	
Full Name  Address  Successor Trustee:  Full Name  Phone Number  Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)			
Successor Trustee:  Full Name Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)		Phone Number	
Full Name Phone Number  Address  When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)			
When taking action on this contract, the trust requires paperwork be signed by: (Please mark the appropriate box.)		Phone Number	
	Address		
and trustees a majority of trustees and any trustee at trust only has one trustee			

SECTION 4: REPRESENTATIVE INFORMATION  My insurance representative or a person affiliated with r  a trustee a successor trustee a trust protector	my insurance representative is: (check all that apply)  a trust beneficiary  not associated with the trust in any manner	
If you indicated your representative is a trustee, successor trustee, trust protector or trust beneficiary, please explain your relationship with the representative:		
	esentatives, their spouses, or persons affiliated with them to named as the beneficiary of a contract owner's trust, unless the ontract owner.	
annuity contract, and that the trust and applicable benefic annuitant is permitted under applicable state law. If the tru proceeds. The trustee(s) has determined the suitability of requirements of the trust and to applicable federal and st independent legal and tax advisors. All information conta	er, it is authorized under the terms of the trust to purchase and hold an ciaries of the trust have an insurable interest in the annuitant and the ust is a beneficiary of the contract(s), it is authorized to receive annuity if the contract for the trust and its conformance to income distribution tate law. The trustee(s) had an opportunity to consult with their own lined in this certification accurately reflects the terms of the trust and employees, and other representatives harmless from any action Eagle	
Eagle Life may rely on the signature(s) of the trustee(s) in contract(s). Eagle Life may rely solely on this certification as a basis for issuing and/or performing obligations of the provided is accurate; Eagle Life has no obligation to inversible may be accountable for knowledge about the terms of regarding the use of any payments made to the trustee(s)	ole obligation is to perform under the terms of the contract(s) and that the same regard as if they were the actual owner or beneficiary of the as well as the statements and representations made on the application, contract(s) and determining the trust is in effect and the information estigate the terms of the trust or the authority of the trustee(s) and of the trust beyond this certification; Eagle Life has no responsibility (s). Eagle Life may rely upon the direction of the trustee(s) until Eagle change of trustee. The trustee(s) agrees to notify Eagle Life within a	
The trustee(s) further acknowledges and agrees that:		
• neither Eagle Life nor its independent representatives are authorized to recommend or sell trusts and that any trust recommendation should be provided by a qualified advisor;		
<ul> <li>neither Eagle Life nor its independent representatives, employees, or representatives are authorized to give tax or legal advice;</li> </ul>		
• the trustee(s) has not relied upon any representation or advice of any of Eagle Life's independent representatives, employees or representatives with respect to the terms or validity of the trust or the utilization of the trust as the owner and/or beneficiary of the contract(s); and		
<ul> <li>the purchase of the contract(s) is not required in con and/ or expenses associated with the establishment of contract(s).</li> </ul>	junction with the establishment of the trust and that any fees, costs, the trust are independent of any premium paid for the purchase of the	
SIGNATURES		
Trustee Signature	Date	
Trustee Signature	Date	
Trustee Signature	Date	
Corporate Trustee*		
Name of Authorized Signer:	Title/Capacity:	
Signature/Title	Date Phone Number	
*Corporate trustees must also submit a corporate resolu corporation OR Eagle Life's Corporate Certification (form	ation identifying those individuals authorized to sign on behalf of the a 4385-EL)	