

**TRUST INFORMATION FORM AND  
TRUSTEE CERTIFICATION  
AND INDEMNIFICATION AGREEMENT**

**EquiTrust Life Insurance Company®**

7100 Westown Parkway, Suite 200  
West Des Moines, Iowa 50266-2521  
(866) 598-3692 Fax: (515) 226-5103  
[www.EquiTrust.com](http://www.EquiTrust.com)

Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

**1. TRUST INFORMATION**

Please provide the following information regarding the Trust.	
Legal Name of the Trust	
Date of the Agreement or Will that established the Trust	Date(s) of amendment(s) to the Trust (if any)
Grantor/Settlor/Testator of the Trust	
Type of Trust: <input type="checkbox"/> Inter vivos (living trust) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary trust	Taxpayer Identification Number for the Trust
The Trust is governed by the law of the state, or other jurisdiction of:	

**2. NAMES AND ADDRESSES OF ALL CURRENT TRUSTEES AND SUCCESSOR TRUSTEES OF THE TRUST**

Name of Current Trustee	Address	Phone Number
Name of Current Trustee	Address	Phone Number
Name of Current Trustee	Address	Phone Number
Name of Current Trustee	Address	Phone Number
<b>Attach additional sheets, if necessary</b>		
Name of Successor Trustee	Address	Phone Number
Name of Successor Trustee	Address	Phone Number
Name of Successor Trustee	Address	Phone Number
Name of Successor Trustee	Address	Phone Number
<b>Attach additional sheets, if necessary</b>		
Pursuant to the terms of the Trust document and applicable law, action to be taken on behalf of the Trust:		
Check one: <input type="checkbox"/> Must be taken by all trustees		
<input type="checkbox"/> May be taken by one trustee acting alone		
<input type="checkbox"/> Must be taken by _____ (i.e. "at least two trustees")		

### 3. TRUSTEE CERTIFICATION AND INDEMNIFICATION AGREEMENT

**Before EquiTrust pays any proceeds and/or death benefits it may require proof that the Trust is then in full force and effect.**

This section must be signed by all current Trustee(s)<sup>1</sup>. The undersigned Trustee(s) represent, warrant, certify, and agree as follows:

- A. The Trustee(s) constituting all of the currently acting Trustee(s) of the trust that the information provided in the "Trust Information" section above is true and correct, and that the Trust has not been revoked, modified, or amended in any manner which would cause the above representations to be incorrect.
- B. EquiTrust Life Insurance Company and each of their officers, directors, affiliates, employees and agents, or the successors and assigns of any of them (collectively, "EquiTrust Life Insurance Company" or "Company") are authorized to rely on the information set forth in this document until EquiTrust is notified of any change to said information in writing. The undersigned Trustee(s) agree to inform the Company, in writing, immediately if (a) there is any subsequent amendment to the Trust, including any change in Successor Trustee(s); (b) any Trustee dies or becomes incapacitated; or (c) there is any other changes in the composition of the Trustee(s) or any other event which could materially alter this Trustee Certification. In the event of the death of incapacity of one or more of the Trustee(s), the Company may continue to act on the instructions for any of the remaining Trustee(s) unless specifically notified otherwise in writing and provide the Company with an updated Trustee Certification. Any changes are to be delivered to the EquiTrust main office and will become effective as soon as EquiTrust has had a reasonable amount of time to act upon the changes. No change will affect any transactions initiated by EquiTrust before the changes has become effective.
- C. The Trustee(s) have the authority to complete this Trustee Certification and, acting on behalf of the Trust, to purchase or surrender contracts and life insurance policies, to make distributions from the Trust, and to give the Company instructions regarding annuity contracts and life insurance policies. The Trust is authorize under its terms to receive the annuity contract/life insurance policy proceeds. The Trustee(s) instructions to the Company will be binding on the trust.
- D. The Trustee(s) agree that the Company shall have no responsibility with respect to the use or application of any funds paid to the Trust or Trustee(s).
- E. The Trustee(s), jointly and severally, in our personal capacities and on behalf of the trust hereby agree to indemnify and hold harmless EquiTrust from any and all claims, judgements, expenses, liabilities or costs of defense or settlement, including attorney's fees, arising out of or relating to breach of any representation or warranty made herein, or from effecting transactions with respect to any policy, contract, account, fund or similar instrument, pursuant to instructions given by any of the Trustee(s) or Successor Trustee(s) listed herein or by any third-party named pursuant to a duly executed power of attorney, delegation of authority, or other similar document or otherwise acting in reliance on these representations and warranties. Such obligations and this indemnification will survive termination of the Trust or the policy/contract and will be binding upon all heirs, successors, or assigns.
- F. The Trustee(s) are aware of the tax requirements for trust ownership of any life insurance policy and/or annuity contract; the Trust will not hold the Company responsible for any adverse tax consequences as a result of the actions of the Trustee(s).
- G. The Trustee(s) acknowledge that the Company will be relying solely on the certifications herein, and that the Company has no responsibility for reviewing or interpreting the Trust or trust-related documents, that the Company will issue and administer the annuity contract/life insurance policy based solely upon the representations made by the Trustee(s) in this Trustee Certification, and that any consequences of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustee(s).

<sup>1</sup> Should only one person execute this Trustee Certification, such signature shall be a representation that the signor is the sole Trustee of the Trust.

**Signatures required on the next page**

**4. SIGNATURES**

Trustee Signature	Date
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State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing Certification, and acknowledged that he/she executed the same as his/her voluntary act and deed.

\*Note: Per EquiTrust Life Insurance Company Business Guidelines, agents may not act as notary on client's financial transactions.

\_\_\_\_\_  
Notary Public\* Signature

(Affix Notary's Stamp or Seal Here)

My commission expires \_\_\_\_\_

**IN THE EVENT OF MORE THAN ONE TRUSTEE USE ADDITIONAL PAGE(S)**

**ADDITIONAL TRUSTEE  
SIGNATURE**

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