

Life Certificate Of Trust Agreement

Please check the box next to your insurance company's name.

ManhattanLife Assurance Family Life Manhattan Life

Life Insurance Policy/Annuity Contract No. or Application No		Federal Tax I.D. of the Trust
Name of Proposed Insured(s)		
Full Name of Trust	Trust Execution Date	Trust Effective Date (if different)
Name of Grantor(s)/Senior(s)		
Name of Original Trustee(s)		

- The above referenced Trust Agreement (the "Trust") requires that:
 - all Trustees
 - a majority of Trustees
 - any Trustees signed documents pertaining to the above referenced policy ("Policy") which require a signature
 - Not applicable (question only applicable if more than one Trustee).

Note: All trustees must sign this certification
- If the Trust is revocable, the relationship of the above referenced insured(s) ("Insured") to the Grantor is _____.
- If the Trust is irrevocable, the relationship of the Trust Beneficiary (ies) to the Insured is:
 - Spouse Children Grandchildren Other
- Was the Trust validity executed, and is it in full force and effect? Yes No
- If the Trustee is purchasing an annuity, are any of the Trust Beneficiaries a non-natural person (for example, a corporation or other legal entity)? Yes No

DECLARATION BY TRUSTEE

The undersigned Trustee(s) ("Trustee") of the Trust represents and declares that the Trustee is authorized under the terms of the Trust to purchase and hold insurance – whether a life insurance or an annuity policy – on the life of the above named Insured(s). Trustee certifies that the Insurer may rely solely on this declaration to determine that the Trust is in effect and that the above facts are true and correct statements of the terms of the Trust.

The Trustee agrees that the Insurer's sole obligation is to perform under the terms of the Policy issued to the Trust. The Trustee further agrees that the Insurer may rely solely on the signature(s) of the Trustee for the exercise of any rights or options with respect to the Policy, including, but not limited to, all ownership rights over the Policy, such as the right to receive cash values, loans, dividends and other benefits; to assign the policy; to select investment allocations for variable policies; to agree to any release, modification or amendment of the Policy; or any claim related transactions. The Trustee further agrees that the Trust authorizes the Trustee to distribute assets of the Trust to any Trust Beneficiary, merge the Trust with another trust that has the same Trust Beneficiaries and sell Trust assets to any party at any time.

The Trustee agrees that the Insurer shall have no further duty to inquire into the terms of the Trust or the authority of the Trustee, nor shall it have any responsibility regarding the use and the application of any funds paid to the Trustee. Furthermore, the Trustee agrees and acknowledges that the Insurer need not determine, and will not be charged with any knowledge of, the terms of the Trust beyond this certification. The Trustee will hold the Insurer and any of its agents, employees and representatives harmless from any action the Insurer takes with respect to the Policy at the direction of the Trustee, and any payment by the Insurer to the Trustee shall fully discharge the Insurer with respect to any amounts so paid.

Submit Completed Form to:
Claims Department
P.O. Box 925309
Houston, TX 77292-5309



The Trustee declares that all trustees and successor trustees are bound by this declaration, and that the Insurer may rely upon the direction of the named Trustee and any successor trustee until the Insurer receives written notification, at its Home Office, of a change of trustee. The Trustee agrees to notify the Insurer within a reasonable time after such a change occurs.

The Trustee further acknowledges and agrees that (a) neither the Insurer nor any of its agents, employees or representatives are authorized to give legal or tax advice; (b) the Trustee has not relied on any representations or advice of any of the Insurer's agents, employees or representatives with respect to the terms or validity of the Trust; (c) the Trustee has had the opportunity to consult with its own legal and/or tax counsel in preparation of the Certification of Trust.

If the policy or policies are new, all Trustees agree to purchase that policy or policies on the life of the proposed Insured(s) from The Manhattan Life Insurance Company or one of its affiliated insurance companies.

(The Trustee acknowledges that the Insurer reserves the right to request and receive a copy of the Trust if it determines such is necessary. Before the Insurer pays any proceeds at death of the Insured(s), it may also require proof that the Trust is then in full force and effect.)

Note: All Trustees must sign below.

By: _____, Trustee _____
 (Signature) (Date)

By: _____, Trustee _____
 (Signature) (Date)

By: _____, Trustee _____
 (Signature) (Date)

By: _____, Trustee _____
 (Signature) (Date)

If Corporate Trustee: _____ If Corporate Trustee: _____
 (Title) (Title)

FORM OF ACKNOWLEDGEMENT FOR INDIVIDUAL:

State of _____

County of _____ ss. (Town/City)

On this the _____ day of _____, 20_____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) _____ subscribed to the within instrument and acknowledged that _____ executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Date Commission Expires:

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