Trust Certification ☐ Transamerica Financial Life Insurance Company and Trustee Powers Home Office: Harrison, New York ☐ Transamerica Life Insurance Company ☐ Transamerica Premier Life Insurance Company Mailing Address: 4333 Edgewood Rd. NE, Cedar Rapids IA 52499 **Definitions** Trustor(s)/Grantor(s)/Settlor(s): The individual(s) who creates a trust and who gives (transfers) property to the trust. Trustee(s): The individual(s) and/or institution(s) named by the trustor(s)/grantor(s)/settlor(s) to act on behalf of the trust according to the terms outlined in the trust document. 1. POLICY INFORMATION **Policy Information** - Indicate the name of the Insured and the policy number(s). Policy Number(s) (If existing Policy) Insured(s) 2. INFORMATION ABOUT THE TRUST This section is asking for specific information that must be obtained from your trust document. Please refer to the trust definitions above to help you determine the information the Company is requesting. Complete every line; if not applicable, indicate with N/A. In consideration of the Insurance Company opening and/or maintaining one or more policies for the Trust named below, we the undersigned below, Trustees, certify as follows: The full title or name of the Trust The date of the Trust The Tax Identification Number used for the Trust The name(s) of the Trustor(s)/Grantor(s)/Settlor(s) Address Phone Number 3. CHANGE OF TRUSTEE Is this form being completed to change the Trustee only? ☐ No ☐ Yes If yes, one of the following is required: the previous trustee's signature, a resignation letter from the previous trustee, a copy of the death certificate if previous trustee is deceased or a physician's statement if the previous trustee is incapacitated. 4. INFORMATION ABOUT THE TRUSTEE Print the name of the current/new Trustee(s) Print the name of the current/new Trustee(s) The Trustee(s) may act: ☐ Singly ☐ Jointly Trust is: Owner □ Beneficiary 5. INVESTMENTS PERMITTED Please indicate the type of investments permitted within the powers of the trust. I/We certify that I/We have power under the Trust Agreement and applicable law to enter into transactions, both purchases and sales, of the types specified below: (Check types of investments which are permitted) ☐ Life Insurance ☐ Other _

Source of Premiums

6. AUTHORIZED PERSON(S) SIGNATURES

I/We confirm that the Trust referred to in this document was properly executed and remains in-force as of the date this form is signed.

I/We certify that the proposed transactions are within the powers of the Trust Agreement, and I am authorized as Trustee(s) of the Trust to conduct this transaction.

I/We agree to inform the Insurance Company in writing, of any amendment to the Trust, any change in the composition of the Trustee(s) or any other event which could materially alter the Certifications made.

I/We, the Trustee(s), jointly and severally indemnify the Insurance Company and hold the Insurance Company harmless from any liability for effecting transactions of the types specified, if the Insurance Company acts pursuant to instructions given by any of the Authorized Individual(s) listed below. It is understood and agreed that the Insurance Company shall not be responsible for the application or disposition of the proceeds by the Trustee(s) and the payment of the proceeds to the Trustee(s) shall fully and finally discharge the Insurance Company from all liability under the Policy(ies).

I/We have received and understand the terms of this document and have not relied on any representation or advice by the Insurance Company or its representatives regarding the legal or tax effects of this Certification.

I/We hereby certify under penalty of perjury that the undersigned are the Trustees authorized to conduct this transaction. Please list trustee after your name to indicate the capacity you are working in.

Please indicate trustee names and signatures that are authorized to give instructions for the trust.

The Insurance Company is authorized to accept instructions, including policy and distribution privileges, from those individuals or entities listed below.

Current/New Trustee Name(s) (Please Print)**		Current/New Trustee Name(s) (Please Print)	
Trustee Signature	Date	Trustee Signature	Date
Current/New Trustee email address (optional)		Current/New Trustee email address (optional)	
Previous Trustee Name (Please Print)		Previous Trustee Signature***	Date
Witness (Please Print)		Witness Signature	Date

Federal law requires all financial institutions, including Insurance Companies, to obtain, verify, and record information that identifies each person who opens an account. This may include name, address, date of birth, and other information that will allow the Insurance Company to identify you. This will assist them in ensuring that your information is secure.

We recommend you seek the advice of your tax and/or legal counsel with any questions you may have concerning your trust. The Insurance Company reserves the right to request, when deemed necessary, a copy of the Trust Document and other documentation in addition to this executed form.

TRSTFM 1014 Page 2 of 2 NF

^{**}Should only one person execute this agreement, it shall constitute a representation that the signatory is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.

^{***}If this is a change of trustee, the previous trustee's signature is required. If the previous trustee is unable to sign, a copy of the death certificate if previous trustee is deceased or a physician's statement if the previous trustee is incapacitated is required.