

# Verification of Trust Death Claim



Please PRINT clearly.

|                         |                                 |
|-------------------------|---------------------------------|
| Policy Number(s)        |                                 |
| Name of Insured(s)      |                                 |
| Name of Trust Indenture | Date of Trust Indenture (m/d/y) |
| Governing Law           |                                 |

The undersigned Trustee(s) hereby certify that:

- 1) The above-referenced Trust is valid under applicable state law and is in full force and effect.
- 2) The above-referenced Trust is the beneficiary of the above-referenced policy(ies).
- 3) The undersigned Trustee(s), has(have) the authority under terms of the above-referenced Trust and applicable law to claim the death proceeds payable under the above-referenced policy(ies) on behalf of the Trust.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

|                           |                       |
|---------------------------|-----------------------|
| Signature of Trustee<br>X | Print Name of Trustee |
| Signature of Trustee<br>X | Print Name of Trustee |

If additional space for signatures is required, please use a copy of this form.

Before me on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same in the capacity expressed and for the purposes and consideration therein stated.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

|                    |                               |
|--------------------|-------------------------------|
| Notary Public<br>X | My Commission Expires (m/d/y) |
| State of           | Country of                    |

Before me on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same in the capacity expressed and for the purposes and consideration therein stated.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

|                    |                               |
|--------------------|-------------------------------|
| Notary Public<br>X | My Commission Expires (m/d/y) |
| State of           | Country of                    |