

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 X	Print Name of Trustee
Signature of Trustee 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 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 X	My Commission Expires (m/d/y)
State of	Country of