



AMERICAN SAVINGS LIFE INSURANCE COMPANY

935 E. Main Street, Mesa, Arizona 85203-8849

(480) 835-5000 | (800) 880-2112

www.AmericanSavingsLife.com

Certification of Trust

POLICY INFORMATION

Insured/Annuitant Name	Policy/Contract Number(s)
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Note: If a policy/contract number has not yet been assigned, it will be provided when the new policy/contract has been issued.

TRUST INFORMATION

Full Name/Title of Trust		
Trust Address		
Date of Trust	Trust Tax ID Number	State of Trust Creation
Name of the Trustor(s) / Settlor(s) / Grantor(s) of the Trust		
Is the Trust: <input type="checkbox"/> Irrevocable or <input type="checkbox"/> Revocable – If Revocable, person(s) with power to Revoke is/are:		

CHANGE OF TRUSTEE

Has the Trustee Changed? Yes No

If **Yes**, a copy of one of the following is required with this form: (1) a letter of resignation from the prior Trustee, (2) a copy of the death certificate, or (3) a physician's statement indicating the prior Trustee is incapacitated.

TRUSTEES NAMES & ADDRESSES / AUTHORITY

Provide each Trustee's Name & Address:

Indicate the number of Trustee signatures required in order to exercise powers of the Trustee: _____

- Trustees are allowed to apply, change, surrender or other transactions on any life insurance or annuity product.
 or
 Powers of the Trustee(s) are attached.

TRUSTEE'S ACKNOWLEDGEMENT

In consideration of American Savings Life issuing or maintaining one or more policies/contracts for the named Trust, the undersigned Trustee(s) hereby acknowledge, certify, and swear under penalty of perjury, that the foregoing, information is true, accurate, and complete:

- a) I/we acknowledge that any person who knowingly presents a false statement, to defraud an insurance company, may be guilty of a criminal offense and subject to penalties under state law.
- b) I/We certify the named Trust is presently in effect and has not been revoked, modified, or amended in any manner that would cause the representations in this Trust Certification to be incorrect.
- c) I/We have read and understand the information on this form, and hold all the requisite authority, under the Trust and applicable state law, to complete this form and exercise any and all rights of ownership provided by the contract, and to bind the Trust and all its beneficiaries with respect to all matters relating to this transaction.



- d) I/We have had an opportunity to consult with tax and/or legal counsel in the preparation of the Trust Certification and have not relied upon any representations of any American Savings Life Insurance Company agents, employees, or representatives with respect to the terms or validity of the Trust or the Trust Certification. I/We further acknowledge and agree that the Trustee(s), and not American Savings Life Insurance Company, are solely responsible for any tax consequences of having the contract held by the Trust including, but not limited to, estate tax consequences.
- e) I/We acknowledge and agree that American Savings Life Insurance Company is relying exclusively on the representations in this Trust Certification (ARS 14-11013) and not upon a review of the Trust document, even if the Trust document has been or is later provided. I/We understand American Savings Life Insurance Company reserves the right to request, when deemed necessary, a copy of the Trust document in full or in part.
- f) I/We agree to notify American Savings Life Insurance Company promptly, in writing, of any change in Trust circumstances.
- g) Each of the undersigned, jointly, severally, and individually, and as Trustee, agree to hold American Savings Life Insurance Company, its subsidiaries, affiliates, agents, representatives, and employees harmless and indemnify American Savings Life Insurance Company from any and all claims, causes of actions, or expenses, including legal expenses, related to the representations in this document. This indemnification shall survive termination of this document, the life insurance policy, or life of the annuity.

TRUSTEE'S SIGNATURE

Required Trustee(s) signatures would be necessary below.

Name of Trustee	Phone Number
Signature of Trustee	Date
Name of Trustee	Phone Number
Signature of Trustee	Date
Name of Trustee	Phone Number
Signature of Trustee	Date
Name of Trustee	Phone Number
Signature of Trustee	Date