



Trust Certification

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

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Administrative Address:
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408



This form is to be completed when a trust is named as owner or beneficiary.

1. CONTRACT POLICY INFORMATION

Proposed Insured's First Name

Middle Initial

Last Name

The trust will be: Owner Beneficiary Both Owner & Beneficiary

2. INFORMATION ABOUT THE TRUST

In consideration of American National Life Insurance Company of New York opening and/or maintaining one or more contracts and/or policies with the Trust named below as owner or beneficiary, the undersigned Trustee(s), certify as follows:

Full Name of the Trust

Date Trust Created

State Where Trust Created

Date of Latest Trust Amendment

Trust Tax Identification Number

Name & Address of Grantor/Settlor Who Established Trust

Type of Trust: Revocable

If Multiple Trustees:

a majority may act for all

Irrevocable

anyone may act independently

all must act unanimously

Testamentary

The Name of the Successor Trustee(s), if any

Successor Trustee(s) Signature, if any

What is the length and nature of relationship between the Trustee(s) and Grantor/Settlor: _____

Does the Trust contain a spendthrift Provision that prohibits a beneficiary or creditor of a trust beneficiary from anticipating or attaching an interest in the trust? Yes No *If No, explain reason for leaving this provision out. _____

Can the trust be merged or consolidated with another trust? Yes No

Is the beneficiary granted a power of appointment (ability to appoint property during life or at death)? Yes* No

*If yes, is the power limited to persons who (a) are related to the insured by blood or law, (b) have a substantial interest in the proposed insured engendered by love and affection, or (c) hold a lawful and substantial economic interest in the continued life of the proposed insured. Yes No



3. DECLARATIONS AND CERTIFICATIONS

The undersigned Trustee(s) do hereby declare, certify and understand the following:

1. All information provided on this Certification is accurate and complete.
2. The named trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
3. Beneficial interest under the Trust can and will only be established for persons who (a) are related to the Proposed Insured by blood or law, (b) have a substantial interest in the Proposed Insured engendered by love and affection, or (c) hold a lawful and substantial economic interest in the continued life of the Proposed Insured.
4. That American National Life Insurance Company of New York ("the Company") is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company reserves the right to require the trustee(s) to provide a copy of the trust agreement either before or after the Policy is issued, for any reason the Company may determine. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
5. I/We are duly authorized to act as trustee(s) under the terms of the trust provisions and/or applicable law. I/We have the power to exercise all rights associated with ownership of a life insurance policy, including, but not limited to, purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking a loan or other encumbrance and assignment of the policy.
6. Each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company and agrees to hold the Company harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered, or paid or may incur, suffer or pay in the future because of the Company's reliance on this Certification and/or transactions or actions by the undersigned. By indemnifying the Company, each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company's agents, officers and employees. This indemnification shall survive termination of this document or the life insurance policy.
7. That neither the Company nor its agents are responsible for estate planning and tax implications associated with the Trust's ownership of a life insurance policy, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/We have had the opportunity to consult with an independent attorney and/or tax advisor, to the extent necessary, before executing this Certification.
8. **I/We agree to inform the Company immediately in writing of any trust amendments, change of trustee(s), or other facts and events that would affect or alter the recipients of the beneficial interest of the Trust or any of the representations in this Certification.**
9. The Proposed insured has been informed or is otherwise aware that a policy is being purchased on his/her life.
10. That the Company will not be responsible for the performance of said trustee's duties as trustee, nor for the use of any money paid to such trustee and will be fully discharged in making any payment to such trustee and it is agreed that no trust referred to herein shall vary the terms of the insurance contract or application or be otherwise binding on the Company.

Printed Name of Trustee #1

Address

Signature

Date

Printed Name of Trustee #2

Address

Signature

Date

Printed Name of Trustee #3

Address

Signature

Date