



# WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

A Legal & General America Company  
3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
(800) 346-4773

## TRUST CERTIFICATION

### Section 1 Purpose of this Form

This form is used for situations where a Trust is the owner or the beneficiary of the life insurance policy issued by our Company. The Trustee(s) should complete and execute this form.

### Section 2 General Information

Proposed Insured name \_\_\_\_\_

Name of Trust \_\_\_\_\_

State where created \_\_\_\_\_ Date Trust created \_\_\_\_\_ Tax ID # \_\_\_\_\_

- If a living Trust, then the Tax ID may be the same as the grantor's SSN.

### Section 3 Type of Trust (check all boxes that apply)

Trust is:

☐ Revocable Trust

☐ Irrevocable Trust

☐ Testamentary Trust under the last will and testament of \_\_\_\_\_

Date of death \_\_\_\_\_ Date will was executed \_\_\_\_\_

AND

Trust is:

☐ Family Trust

☐ Insurance Trust

☐ Trusteed Buy/Sell

☐ Employer Sponsored Trust

☐ Charity Trust

☐ Other type of Trust \_\_\_\_\_

### Section 4 Grantor(s)

Identification information of the Grantor/Settlor(s) who established the Trust:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Section 5 Beneficiary(ies)

Names and relationships of the beneficiaries of the Trust:

Name \_\_\_\_\_ Relationship to Proposed Insured/Insured \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Proposed Insured/Insured \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Proposed Insured/Insured \_\_\_\_\_

### Section 6 Trustee(s)

For multiple Trustees ONLY, please print the names of all Trustees and check one of the following boxes (if no box is checked, the Company will require all signatures on all policy requests).

☐ A majority may act for all

☐ Anyone may act alone

☐ All must act unanimously

☐ Certain trustees must act jointly (print names below)

Trustee #1 \_\_\_\_\_ Trustee #2 \_\_\_\_\_ Trustee #3 \_\_\_\_\_

Note: If the Insurance Producer is a Trustee, please provide the reason and relationship of that individual to the insured.

☐ Immediate family member or

☐ Other \_\_\_\_\_

Reason \_\_\_\_\_

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**I the undersigned Trustee(s) do hereby certify and affirm 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 The named trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.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. I/We acknowledge and agree that 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 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.
4. I/We are duly authorized to act as trustee(s) under the terms of the trust provision 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 assigning the policy.
5. Beneficial interests under the Trust can and will only be established for persons who: (i) are related to the Proposed Insured(s) by blood or by law; (ii) have a substantial interest in the life of the Proposed Insured(s) engendered by love and affection; or (iii) hold a lawful and substantial economic interest in the continued life of the Proposed Insured(s).
6. If licensed to sell life insurance for the Company, the undersigned trustee has reviewed and has abided by the Company's guidelines on producers acting as trustees.
7. 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, employees. This indemnification shall survive termination of this document or the life insurance policy.
8. I/We understand that neither the Company nor its agents are responsible for the estate planning and tax implications of this sale, 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 the opportunity to consult with an independent attorney and /or tax advisor, to the extent necessary, before executing this Certification.
9. I/We agree to inform the Company in writing of any trust amendments, changes of trustee(s), or other facts and events that would affect or alter this Certification.
10. For life insurance policy/policies being applied for, the Proposed insured has been informed or is otherwise aware that a policy is being purchased on his/her life.
11. The Trustee(s) may be named as policy owner(s) and have the power to exercise all rights of ownership of a life insurance policy, including, but not limited to, the right to surrender the policy(ies), take a loan or withdrawal, or make changes in the allocation of any invested premium amounts.
12. The Trustee(s) may purchase life insurance in the state in which it is applied for and delivered in, apply for the policy, and invest trust funds in the policy(ies).

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**Signatures**

Print name of Trustee #1 \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Trustee #2 \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Trustee #3 \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If more than three Trustees, please provide the Trustee names, addresses, signatures, and dates on an additional sheet of paper and attach that paper to this form.