

**WESTERN UNITED LIFE ASSURANCE COMPANY
MANHATTAN LIFE INSURANCE COMPANY**

Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201
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**TRUST INFORMATION
TRUSTEE CERTIFICATION
INDEMNIFICATION AGREEMENT**

This form must be completed, or in the Company's file, when a trust applies for an annuity; changes trustee(s) or ownership; requests a contract change or transaction; or makes a claim for a death benefit as a beneficiary. The Company is authorized to accept the instructions of the trustee(s) identified on this form unless and until the Company receives notice of a change of trustees.

This agreement is considered applicable to all contracts the Trust is currently, or in the future associated with, unless you notify the Company otherwise in writing.

You should consult your tax advisor regarding the tax status of an annuity owned or claimed by a trust.

When submitting the form for a change of trustees, Change of Trustee(s) section must be completed and signatures of all trustees are required.

1. ANNUITY CONTRACT INFORMATION

Full Name of Annuitant(s)

Full Legal Name of the Trust

Trust Date
mm/dd/yyyy

Restated Date (if any)
mm/dd/yyyy

Latest Amendment
Date (if any)
mm/dd/yyyy

Trust Tax ID Number _____

SSN / TIN – I/we certify this Trust *IS* acting as an agent for a natural person and qualifies for treatment as a deferred annuity.

Name of Trustee/Grantor whose SSN/TIN is being used

Date of birth for Trustee/Grantor whose SSN/TIN is being used _____

TIN – I/we certify this Trust *IS NOT* acting as an agent for a natural person and understand this contract will not be treated as an annuity for income tax purposes. (See Section 3)

Names of ALL Current Trustees – (Please attach additional pages if needed)

1.

2.

3.

Names of ALL Successor Trustees – (If applicable; please attach additional pages if needed)

1.

2.

3.

If the trust has more than one trustee, select one: Trustees must act together Trustees may act independently

Is the insurance producer or any person affiliated with the insurance producer a beneficiary of the Trust? Yes No

If Yes, please attach a signed explanation of why they are named a beneficiary on the Trust.

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TRUST INFORMATION, TRUSTEE CERTIFICATION, INDEMNIFICATION AGREEMENT

2. CHANGE OF TRUSTEE(S)

Please provide supporting documentation, as applicable for any trustee changes

Reason for Change of Trustee(s): (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Amendment to trust naming new trustee(s)
Provide new trust pages | <input type="checkbox"/> Incapacitation of previous trustee(s)
Provide physician's statement |
| <input type="checkbox"/> Death of previous trustee(s)
Provide copy of certified death certificate | <input type="checkbox"/> Resignation of previous trustee(s)
Provide letter from resigning trustee(s) |
-

Trustee(s) Removed

Trustee(s) Added (Trustee(s) listed in this section will supersede any previously declared trustee(s) for the reason specified above)

3. TAXATION OF THE TRUST (For Information Only)

According to Internal Revenue Code Section 72(u), if any annuity contract is held by a "non-natural person" such as a trust, and that trust is not holding the contract as an "agent for a natural person," then:

- The contract is not treated as an annuity contract for income tax purposes, and
- Income on the contract for each tax year is treated as ordinary income received or accrued by the Owner during that tax year.
- The Company will only issue IRS form 1099-R to the Trust, reporting withdrawals that have occurred in the current tax year.
- When an Annuitant or co-annuitant named on the contract passes away or is removed from the contract, full distribution of the contract may be required under relevant provisions of the Internal Revenue Code section 72(s).

The Company does not offer legal, financial, tax, investment or estate-planning advice. We recommend you seek such advice from the proper sources before purchasing this annuity or taking a distribution.

4. TRUSTEE CERTIFICATION AND INDEMNIFICATION AGREEMENT

The undersigned trustee(s), constituting all of the currently acting trustee(s), hereby certify that the information provided in "Trust Information" section of this form is true and correct, and that the trust has not been revoked, modified or amended in any manner which would cause the representations herein to be incorrect. I/we understand that the Company will assume no responsibilities to the trust other than its contractual obligations as issuer of the annuity contract.

The Company, its affiliates, and each of its officers, directors, employees and producers, or the successors and assignees of any of them (collectively, "the Company") are authorized to rely on the information set forth in this document until the Company is notified of any change to said information in writing. Any changes are to be delivered to the Company's Annuity Operations Office and will become effective as soon as the Company receives the requested changes. No change will affect any transactions initiated by the Company before the change has become effective.

The Trust and the undersigned trustee(s) hereby agree to personally indemnify and hold harmless the Company from any and all liability, including attorneys' fees the Company may incur by acting upon instructions reasonably believed by it to be valid instructions originating from said trustee(s), and from any and all acts of said trustee(s) with respect to any contract, policy, account, fund or similar instrument.

TRUST INFORMATION, TRUSTEE CERTIFICATION, INDEMNIFICATION AGREEMENT

5. TRUSTEE INFORMATION, SIGNATURES AND NOTARIZATION

Names and addresses of ALL current trustee(s) of the Trust. Attach additional sheet if necessary

Full Name of Trustee | Phone Number(s)

Address, City, State, Zip

Note: Per Company policy, producers may not act as notary on client's financial transactions.



Signature of Trustee

On this ___ day of, _____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared _____, to me known to be the person named in and who executed the foregoing document, and acknowledged that he/she executed the same as his/her voluntary act and deed.

Notary Public

(Affix Notary Stamp or Seal)

State of

County of

My Commission Expires

Phone #

Full Name of Trustee | Phone Number(s)

Address, City, State, Zip

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Signature of Trustee

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Notary Public

(Affix Notary Stamp or Seal)

State of

County of

My Commission Expires

Phone #

TRUST INFORMATION, TRUSTEE CERTIFICATION, INDEMNIFICATION AGREEMENT
ADDITIONAL SIGNATURE PAGE *(if Applicable)*

1. TRUSTEE INFORMATION, SIGNATURES AND NOTARIZATION

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