

STATEMENT OF TRUST - (For Trusts other than Testamentary Trusts)

THIS FORM APPLIES TO POLICY(IES) OR CERTIFICATES

Instructions:

- This form should be used only for changes to inforce Life policies (policies already issued).
- **DO NOT** use this form for a Testamentary Trust (a trust created within a will).
- This form is intended to accompany a Beneficiary or Owner Change Form when naming a Trust as either a Beneficiary or Owner.
- Items 1-12 on page one must be completed in full.
- Complete page three and secure required signatures.
- In all instances New York Life reserves the right to request a copy of the trust if we deem it necessary.

Complete items 1-12 before proceeding

1. INSURED(s) _____
2. POLICY/CERTIFICATES NUMBER(s) _____
3. I/We affirm that the Trust Agreement created by _____
as Grantor(s)/Settlor(s)/Trustor(s) is in effect and contains the following information:
4. Trust Name: _____
5. Trust Date: _____
6. Date of Last Amendment, if any: _____
7. State where Trust Established _____
8. Beneficiary(ies) of Trust: _____
9. Relationship of Trust Beneficiary(ies) to Insured(s): _____
10. Name(s) of Trustee(s): _____
Note: If more than one Trustee, we require all Trustees to sign applicable forms, unless we receive a copy of the Trust stating that the Trustees can act independently.
11. Name(s) of Successor Trustee(s): _____
12. Relationship of Trustee(s) to Insured(s): _____

RETURN FORM TO:

**AARP Life Insurance Program
PO BOX 30712
Tampa, FL 33630-3712**

Please read this page and secure required signatures on page three.

THE WORD "POLICY(IES)" MAY REFER TO "CERTIFICATE(S)".

STATEMENT REGARDING TRUST AS POLICY BENEFICIARY

I/We affirm that the beneficiary designation for each policy listed agrees with a Trust Agreement created by the Grantor and dated as shown on page one.

For Life Insurance Policies:

If, before the proceeds are paid, the Insurer(s) receives proof that the Trust as policy beneficiary is not in effect at the Insured's death, the proceeds shall be paid to the contingent beneficiary(ies), if any. Otherwise, the proceeds shall be paid in a single sum to the life insurance Owner, if the Owner is living at that time. If the Owner is not living at that time, the single sum shall be paid to the Owner's Estate.

Before the Insurer(s) pays the proceeds at death, it may ask for proof that the Trust is in effect;
The Owner possesses all rights of ownership of each policy including the right to change the beneficiary designation at any time even if there is a contrary provision in the Trust Agreement. This applies to revocable and irrevocable trusts;
The Insurer(s) will not have any liability after it pays the proceeds of each policy, as set forth in this Statement;
The Interest of the Trust(s) in each of these policies shall be subject to any assignment of that policy made before or after this Statement.

STATEMENT REGARDING TRUST AS OWNER

I/We affirm that the Trust Agreement created by the Grantor(s) as shown on page one (and the trust date as shown on page one) agrees with the following:

1. The Trustee(s) have full authority to pay premiums.
2. The Trust Agreement contains no limitations on the ownership rights of the Trust(s) as owner(s) of the life insurance policies.

IMPORTANT: *The Internal Revenue Service (IRS) requires that the named Owner complete the following: (The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding).*

Taxpayer Identification Number and Backup Withholding Certifications

Policyowner's Taxpayer Identification Number is _____

Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number. I further certify that I am a U.S. person (including a U.S. resident alien) and I am exempt from Foreign Account Compliance Act (FATCA) reporting.

I also certify that (please check only one box):

- I have been notified by the IRS that I am subject to backup withholding.
- I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

_____ Date	X Grantor(s)/Settlor(s)/Trustor(s) signature	X Grantor(s)/Settlor(s)/Trustor(s) signature, if required
_____ Date	X Trustee(s) signature	X Trustee(s) signature, if required
_____ Date	X Trustee(s) signature, if required	X Trustee(s) signature, if required