



AuguStar® Life Insurance Company

Trustee Certification

Form #: V-4603

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

AuguStar Financial
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Blue Ash, OH 45241

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Email: documentcenter@augustarfinancial.com

Phone: 888.925.6446

Website: augustarfinancial.com

Trustee Certification

Annuity Contract Number(s) (if existing contract):

Annuitant Name:

Owner Name:

Trust Information

Check ALL that apply.

NOTE: If a trust is both irrevocable and grantor, or a Charitable Remainder Trust, additional documentation may be required.

- Revocable, Irrevocable Trust, Grantor Trust, Charitable Remainder Trust, Distribution-in-Kind Structure, Testamentary Trust

Full Name of Trust:

TIN* of Trust: State where Trust was established: Date Trust was Executed:

*For a living individual, the TIN may be the same of the grantor's social security number.

Trustee Information

If there are multiple Trustees, please check the applicable box.

NOTE: If no box is checked, AuguStar will require all signatures for any request.

- Any one Trustee may act alone, A majority of Trustees must act, All must act unanimously

Please use the lines below to provide us with information about the Trustees of the Trust and their relationship to the Annuitant.

NOTE: If there are more Trustees than lines provided on this form, please supply additional pages listing those individuals, and all the information requested below for each Trustee. All attachments submitted in conjunction with this Trustee Certification form must reference the Contract Number, if applicable, and be signed and dated the same day as this form.

Primary Trustee:

Trustee Name: SSN:

Telephone Number: Email: Relationship:

Address:

Additional Trustee Information:

Trustee 2:

Trustee Name: SSN:

Telephone Number: Email: Relationship:

Address:

Trustee 3:

Trustee Name: _____

SSN: _____

Telephone Number: _____

Email: _____

Relationship: _____

Address: _____

Guaranteed Lifetime Withdrawal Benefit Rider

IMPORTANT:

- **Change of Ownership to the Trust:** If this form is being submitted in conjunction with a request to **change ownership** of the annuity contract to the Trust, the undersigned hereby further certifies that the current Owner(s) of the annuity contract is/are the sole beneficial Owner(s) of the Trust.
- **Notice:** If the annuity contract **includes the Guaranteed Lifetime Withdrawal Benefit Rider (Joint Life)**, upon the death of the Annuitant, the current spouse of the Annuitant must be the sole beneficiary of the Trust. Changing the beneficiary of the Trust prior to the death of the Annuitant or the death of the Annuitant’s spouse will affect any available benefits under the Guaranteed Lifetime Withdrawal Benefit Rider (Joint Life.) Please provide the name and date of birth of the Annuitant’s spouse below.

Spouse’s Name: _____

Spouse’s Date of Birth: _____

Acknowledgment

The undersigned Trustee(s) do hereby certify and affirm the following:

1. If the Trust is the Owner of the contract, the Trust is for the sole benefit of an individual or entity that has an insurable interest in the life of the Annuitant. Neither the annuity contract nor the Trust that owns it is intended to be assigned or sold to a third-party who does not have an insurable interest in the life of the Annuitant.
2. If the Trust is the Owner of the contract, upon the death of the Annuitant, the Trust will only benefit an individual or entity that has an insurable interest in the life of the Annuitant. I/We further certify that if the annuity includes the Guaranteed Lifetime Withdrawal Benefit Rider (Joint Life,) the Trust will solely benefit the Annuitant’s current spouse upon the death of the Annuitant if the Annuitant’s current spouse is still married to the Annuitant at time of death.
3. The Trust is in effect as of the date this Certification is signed and has not been revoked, modified, or amended in any manner that would cause the representations in this Trustee Certification to be inaccurate. I/We agree to promptly inform AuguStar, in writing, of any trust amendments, change of Trustee(s), or other facts and events that would affect or alter this Certification. When notifying AuguStar of a Trustee change, we will require a new form signed by the new Trustee(s), and/or either a signed resignation letter from the previous Trustee(s), a copy of the death certificate if the previous Trustee(s) is deceased, or a physician’s statement if the previous Trustee(s) is unable to sign.
4. I/We acknowledge and agree that AuguStar is relying 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. AuguStar is permitted to rely upon the representations in this Certification unless and until notice of any change, amendment or revocation is provided in writing and delivered to AuguStar.
5. I/We represent all the currently acting Trustees of the Trust are duly authorized to act as Trustee(s) under the terms of the Trust and/or applicable law. I/We have the power to exercise all rights associated with ownership of an annuity contract and/or being named the beneficiary.
6. I/We declare that all statements made in this Certification are true and correct to the best of my/our knowledge and all actions taken and instructions given by me or any of the Trustees are within such Trustee’s authority under the Trust and applicable law, and agree that this Certification is binding upon the Trust, its beneficiaries, and all future trustees. I/We, on behalf of the Trust, agree to indemnify and hold harmless AuguStar, its affiliates, employees, representatives, and agents from all claims, causes of action, or expenses, including legal expenses, related to this Certification and/or transactions or actions by the undersigned. This indemnification shall survive termination of this Certification, the Trust or the annuity contract.
7. I/We acknowledge and agree that neither AuguStar, nor its affiliates, employees, representatives, or agents have provided tax or legal advice to the Trust, and I (we) have had the opportunity to consult with independent tax or legal advisors regarding the annuity contract and the preparation of this Certification. Further, I/we acknowledge and agree that AuguStar makes no representations or warranties regarding the tax treatment of the annuity, or any riders attached thereto, and I/we are solely responsible for the tax consequences arising from the Trust owning the contract or being named the beneficiary.

Certification

Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me,) and
2. I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. a. I am a U.S. citizen or U.S. resident alien, as indicated above, or
 b. A partnership, corporation, company or organization created or organized in the United States under laws of the United States, or
 c. An estate (other than a foreign estate,) or
 d. A domestic trust (as designed under Regulations section 301.7701-7,) and
4. I am exempt from FATCA reporting.

Signature(s)

ALL Trustees must complete and sign this form.

Name of Trustee (print): _____

Signature: _____

Date: _____

Name of Trustee (print): _____

Signature: _____

Date: _____

Name of Trustee (print): _____

Signature: _____

Date: _____

NOTE: In the event of the Annuitant's death, a new certification of Trust may be required to settle the death claim on this contract.

NOTE: AuguStar reserves the right to request a full copy of the Trust if the information above is incomplete or unclear.

NOTE: AuguStar reserves the right to request a notary or signature guarantee to validate the identity of any or all individuals named in this Trust Certification.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

If this form is being submitted as part of a CLAIM, complete the Certification of Identity below.

Certification of Identity

To be completed **ONLY** in the instance of a **CLAIM**. Select and provide one:

- Copy of driver's license reflecting the same address of record included on this form.
- Medallion Signature Guarantee
- My signature is notarized below:

Medallion Signature Guarantee



State of: _____ Country of: _____

Subscribed and sworn to me before me on this _____ day of _____, 20____, I, the undersigned, a Notary Public in and for said County in the state aforesaid, Do Hereby Certify that _____

(Attorney(s)-in-Fact) name(s)

personally appeared and proved to me through satisfactory evidence of identity to be the person(s) whose name(s) was/were signed above in my presence.

(Affix seal here)

Notary Public Signature

Printed Name of Notary Public

Commission Expiration Date