



AuguStar Life Insurance Company
AuguStar Life Assurance Corporation
P.O. Box 5308
Cincinnati, Ohio 45201-5308
Telephone: 888.925.6446
Fax: 513.794.4730
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Trustee Certification

This form is required when a Trust will be the Owner of an annuity contract issued by AuguStar Life Insurance Company. All Trustees must complete and sign this form. (Provide instructions for when there are more than 3 trustees.)

Annuitant: _____ Contract #: _____

If this form accompanies an annuity application, the contract # may be left blank.

1. TRUST INFORMATION

Check all that apply. (If trust is both irrevocable and grantor, or a CRT, supplementary documentation may be required)

- ☐ Revocable Trust ☐ Irrevocable Trust (check only one)
☐ Grantor Trust ☐ Charitable Remainder Trust
☐ Distribution-in-Kind Structure (At Trustee(s) request, Annuitant later becomes Owner of the annuity)
☐ Testamentary Trust (Require copy of court filed Last Will and Testament establishing trust, copy of death certificate, copy of court documents showing the Will was probated, and documents showing Trustee appointed by the court)

Full Name of Trust

Date Trust was executed

Tax Identification Number (For a living trust, the Tax I.D. number may be the same as the grantor's Social Security Number)

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

Guaranteed Lifetime Withdrawal Benefit Rider

Change of Ownership to the Trust if the annuity contract includes a Guaranteed Lifetime Withdrawal Benefit Rider: 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 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

2. TRUSTEE INFORMATION

Name:

Address:

3. ACKNOWLEDGEMENT

In consideration of AuguStar's acceptance of this Trustee Certification and allowing the Trust to engage in transactions involving annuity contract(s), the undersigned Trustee(s) does hereby certify and affirm the following:

1. 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. 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 the 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.
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) 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, including, but not limited to purchase, surrender, selection of and transfers between variable portfolios, withdrawal of funds, and to change the Beneficiary(ies).
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 this contract being held by a trust.

Print Name of Trustee 1	Signature & Title	Date
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Address

Print Name of Trustee 2	Signature & Title	Date
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Address

Print Name of Trustee 3	Signature & Title	Date
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Address

*In the event of annuitant death, a full copy of the Trust document may be required to settle the death claim on this contract.

****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The AuguStarSM Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.