



CERTIFICATION OF TRUSTEE POWERS

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER	
POLICY OWNER'S NAME	JOINT OWNER'S NAME
FULL NAME OF TRUST	
DATE OF TRUST	DATES OF TRUST AMENDMENTS (IF APPLICABLE)
TYPE OF TRUST <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE	TAXPAYER IDENTIFICATION NUMBER FOR TRUST

NAMES AND ADDRESSES OF ALL CURRENT TRUSTEES

TRUSTEE'S NAME	DATE OF BIRTH
TRUSTEE'S ADDRESS	
TRUSTEE'S NAME	DATE OF BIRTH
TRUSTEE'S ADDRESS	
TRUSTEE'S NAME	DATE OF BIRTH
TRUSTEE'S ADDRESS	
TRUSTEE'S NAME	DATE OF BIRTH
TRUSTEE'S ADDRESS	

TRUSTEE SIGNATURE REQUIREMENTS

The terms of the trust require authorization of action on behalf of the trust from (check one):

- All of the Trustees acting together
- Any of the Trustees, acting alone
- Other (explain) _____

INSURANCE PRODUCER AFFILIATION DISCLOSURE

Is the insurance producer who sold the policy, or anyone affiliated with that insurance producer, a beneficiary of the trust?

Yes No

If yes, please submit a statement explaining the producer’s interest in the trust. *Laws in most states restrict or prohibit a producer from having a beneficial interest in a policy sold by that producer, except in cases where the producer has an insurable interest.*

TRUSTEE CERTIFICATION AND INDEMNIFICATION AGREEMENT

Each of the undersigned Trustees represents, warrants and agrees that:

- All of the information provided above is true and complete, and the trust is currently in full force and effect.
- The undersigned are all of the current Trustees of the trust.
- Oxford Life Insurance Company (“Oxford Life[®]”) is authorized to rely solely on this Certification of Trustee Powers to administer the policy and has no obligation to investigate the terms of the trust or the authority of any Trustee.
- Trustees have determined that the Oxford Life policy is appropriate for the trust’s purpose and the terms of the policy conforms to the distribution requirements and other terms of the trust. Trustees have relied on independent advice from a source other than Oxford Life to determine the legal and tax consequences of the trust owning and/or being designated the beneficiary the Oxford Life annuity or life insurance policy (including ownership, beneficiary and annuitant designations specified by Trustees).
- The trust, if named as owner, is authorized by the trust terms to purchase and/or hold life insurance and annuities, an annuities will be held by the trust as agent for a natural person within the meaning of Internal Revenue Code §72(u)(1).
- Trustees agree to notify Oxford Life (using a replacement Certification of Trustee Powers or other form required by Oxford Life) of any change of Trustee or any change to the trust that conflicts with any information provided above. Trustees have delivered to Oxford Life a true and complete copy of the trust agreement, including all amendments.
- For new policies and for existing policies in states that require insurable interest on ownership or beneficiary changes to issued policies, Trustees agree that only persons who have an insurable interest in the life of the insured or annuitant are now, can or will be beneficiaries of the trust.
- The undersigned Trustees each agree jointly and severally to indemnify, defend and hold harmless Oxford Life, its affiliates and their respective officers, directors, agents, employees and shareholders for, from and against any and all loss, cost, damage and expense (including reasonable attorneys’ fees and court costs) arising out of: (a) a breach of any representation, warranty or agreement contained in this Certification of Trustee Powers, or (b) Oxford Life’s treatment of an annuity policy owned by the trust as a tax-deferred annuity for federal tax purposes.

Note: All of the current Trustees identified on page 1 must sign this form. Attach photocopies of this form if additional signature blocks are needed.

_____	_____	_____	_____
Trustee Signature	Date	Trustee Signature	Date
_____	_____	_____	_____
Trustee Signature	Date	Trustee Signature	Date

INSTRUCTIONS

Use this form to provide information about a trust named as owner or beneficiary of a life insurance policy or annuity.

Oxford Life[®] Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com