

Trustee Certification



**Zurich American Life
Insurance Company (ZALICO)**

Administrative Offices:
PO Box 64361
St. Paul MN 55164-0631
800/449-0523

The undersigned, Trustee(s) of the trust named below, hereby represent that the Annuity contract applied for will at all times be held by the Trustee(s) as agent for and for the benefit of _____, a natural person. The undersigned Trustee(s) acknowledge:

1. that if the contract is issued by Zurich American Life Insurance Company, it will be issued in reliance on the above representation, and
2. that the Contract may not otherwise be available for purchase if the facts were other than as stated above.

The undersigned Trustee(s) agree to indemnify and hold Zurich American Life Insurance Company harmless from any liability that may arise as a result of its reliance on the representations made herein or corrective action taken as a result of a misrepresentation hereunder.

Trust Name

Trustee Signature

Print Name

Date

Trustee Signature

Print Name

Date

Trustee Signature

Print Name

Date

This form must accompany a copy of the full trust agreement when submitting an application in the name of a trust and a trustee.