

In order to clarify the request for the ownership and/or beneficiary of an annuity or life insurance contract to be a trust, please provide the following information. All questions must be answered fully. Attach additional sheets as needed.

National Western Life Insurance Company (the Company) will continuously rely on information provided in this form. It is the responsibility of the Trustee(s) to notify the Company immediately of any changes to the Trust and/or Beneficiaries designated in the Trust.

NWL[®] Policy/Contract # _____ (if policy is new, leave blank)

Trust Information

Formal Name of Trust _____

Date Trust Executed _____ Trust Tax ID# _____

Trust Type (select one) ☐ Revocable ☐ Irrevocable

Name of Grantor(s)/Settlor(s) _____

Trustee Information

Name of Trustee(s)	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Co-Trustees (if applicable) (select one) ☐ May act independently ☐ Must act together

Do the Trustees have power, without limitation, over insurance transactions (including the purchase of a life insurance or annuity contract)?

☐ Yes ☐ No If no, please explain: _____

Contingent Trustee(s) (if applicable) _____

Beneficiary Information

Name of the Trust Beneficiary (ies) and Relationship to Proposed Insured/Annuitant:

By signing below, the Trustee(s) certifies that the terms of the insurance product(s) being applied for conforms to the income distribution requirements, if any, of the Trust. The Company has the right to request additional information about the Trust if deemed necessary for reviewing or issuing a new or existing policy. The Company may rely on information provided on this form and has no further obligation to investigate the terms of the Trust or the authority of the Trustee(s).

Trustee Signature

Date

Co-Trustee Signature

Date

Co-Trustee Signature

Date