



PHOENIX®

Phoenix Life Insurance Company
PHL Variable Insurance Company
PO Box 8027
Boston MA 02266-8027

**Certification and Acknowledgement
of Trust Agreement
for Death Claim Settlement**

Policy Number:	Name of Insured:
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Name of Trust:	Date of Trust:
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Name of Grantor/Settlor:

Name of Trustee(s)	Preferred Phone #: () -
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Mailing Address of Trust:

Length and nature of relationship between the Trustee and Grantor/Settlor:

Trust Tax Identification Number:

Situs (State Governing law) of Trust:

Relationship between Grantor and Situs of Trust

1. Has the Situs been changed by the Trustee and/or Trust Beneficiaries Since the Date of Trust? ☐ Yes ☐ No

2. Does the Trust contain a Spendthrift Provision (provision that prohibits a beneficiary or creditor of a beneficiary from anticipating or attaching an interest in the trust)? ☐ Yes ☐ No

If No, please explain strategy for leaving this provision out.

3. Please identify all Trust Beneficiaries and any and all persons or entities with any right, title, or interest in the beneficial interest of the Trust and describe the relationship between the Insured and any person or entity named:

If any trust is identified, please identify the name of the trust, its trustee, its grantor/settlor, and beneficiaries.

4. Please identify all persons or entities that will receive disbursements or payments from the Trust as a result of the payment of Policy proceeds to the Trust.

5. Has there been any change in Trust Beneficiaries since the Date of Trust? ☐ Yes ☐ No

If Yes, please identify the changes.

6. Has any Trust Beneficiary sold, assigned, or otherwise transferred his/her interest in the Trust to anyone? . . ☐ Yes ☐ No

If Yes, please identify the date of sale and the person or entity to which the interest was transferred.

7. Is any Trust Beneficiary granted a Power of Appointment (ability to appoint property during life or after death)? . . ☐ Yes ☐ No

If Yes, is the Power of Appointment limited to persons who (a) are related to the Insured by blood or law, (b) have a substantial interest in the Insured engendered by love and affection, or (c) hold a lawful and substantial economic interest in the continued life of the Insured? ☐ Yes ☐ No

8. Has any Trust Beneficiary exercised a Power of Appointment? ☐ Yes ☐ No

If Yes, please list every individual or entity that has been appointed property.

9. Are you aware of any other trusts to which the Insured was the Grantor/Settlor? ☐ Yes ☐ No

If Yes, please identify the name of the trust, its trustee and its beneficiaries.

If any trust is identified, please identify all beneficiaries of that trust.

10. Can the Trust be merged or consolidated with another trust? ☐ Yes ☐ No

If Yes, has the Trust been merged or consolidated with another trust? ☐ Yes ☐ No

If Yes, please identify the name of the trust, its trustee, and its beneficiaries.

11. Does the Trust allow for the creation of subsidiary trusts? ☐ Yes ☐ No

If Yes, have any subsidiary trusts been created? ☐ Yes ☐ No

If Yes, please identify the name of the trust, its trustee, and its beneficiaries.

12. Did any party other than the Insured fund any contribution to the Trust's capital/principal? ☐ Yes ☐ No

If Yes, please identify the source of all capital/principal contributions to the Trust.

13. Did any party other than the Trust fund the payment of any Policy premiums? ☐ Yes ☐ No

If Yes, please identify the source of the funds.

14. Are you aware of any loans, notes, or financing agreements that in any way relate to the payment of Policy premiums or capital/principal contributions to the Trust? ☐ Yes ☐ No

If Yes, please identify the parties to the agreement, the terms of the agreement, and the total amount of principal, interest, and fees that are currently outstanding.

15. Are you aware of any option agreements (including without limitation a put or call agreement) involving the Trust, any subsidiary trust, any trust with which the Trust has been merged, any other trust identified above, or any other party having any interest in any of the trusts identified above, the Policy or the Policy proceeds? ☐ Yes ☐ No

If Yes, please identify the parties to the agreement, the terms of the agreement, and whether or not the option has been exercised.

16. Have any beneficial interests under the Trust, any subsidiary trust, any trust with which the Trust has been merged, or any other trust identified above been established for persons who (a) are not related to the Insured by blood or law, (b) do not have a substantial interest in the Insured engendered by love and affection, or (c) do not hold a lawful and substantial economic interest in the continued life of the Insured? ☐ Yes ☐ No

The undersigned trustee(s) hereby represents, declares, and acknowledges that:

- The trust is ____ revocable and in full force and effect.
____ irrevocable and in full force and effect.
- Pursuant to the terms of the agreement, the trustee(s) has the right to purchase insurance and securities.
- The Insurer is not responsible for inquiring into the terms of the Trust and shall not be charged with knowledge of its provisions.
- The Insurer may rely on the signatures of the trustee(s) in the exercise of any Policy rights hereunder and is fully discharged from any liability as the result of such reliance.
- All statements contained herein are true, correct and complete to the best of the Trustee's knowledge.
- In checking this box ☐ the trustees certify that Phoenix may recognize the signing authority of "any trustee" for the Phoenix Concierge Account.

Please provide a copy of (a) Trust agreement and (b) any documents relating to "Yes" answers indicated above.

Generation Skipping Transfer Tax Information

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment. **(Check one)**

- ☐ The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
- ☐ The GST tax does not apply because the GST tax exemption will offset the GST tax.
- ☐ The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
- ☐ The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply).
- ☐ The GST tax may apply. As a result, the death benefit payment **IS** subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Dated _____ at _____

Witness

Trustee

Witness

Trustee