

CERTIFICATION OF TRUST AGREEMENT



Sammons Retirement Solutions

Mail to: P.O. Box 758547, Topeka, KS 66675-8547

Overnight to: Mail Zone 547, 5801 SW 6th Ave., Topeka, KS 66636-1001

Phone 866-747-3421 | Fax 866-511-7038

LiveWell® Mutual Fund Series

Please complete using information from the trust document.

INSTRUCTIONS

Use this form:

- When assigning or changing a beneficiary to a Trust
- When submitting new Inherited IRA applications owned by a Trust.

1. Account Information

Account Number			
Account Holder's Name (first, middle initial, last)		SSN	
Street Address			Apartment/Suite Number
City	State	ZIP	Phone Number

Please provide all requested information.

2. Trust Information

Trust Name			
TIN	Established in the State of		Date of Establishment
Street Address			Apartment/Suite Number
City	State	ZIP	Phone Number

If the Testamentary Trust will be the Sole Primary Beneficiary, we will require a Contingent Beneficiary.

3. Grantor Information

Grantor/Settlor Name (first, middle initial, last)			
Grantor/Settlor Name (first, middle initial, last)			

4. Trustee Information

1. Trustee Name (first, middle initial, last)			
Mailing Address			Apartment/Suite Number
City	State	ZIP	Phone Number
2. Trustee Name (first, middle initial, last)			
Mailing Address			Apartment/Suite Number
City	State	ZIP	Phone Number

If more than two trustees, please attach another page with signatures and date.



5. Successor Trustee Information

If more than two successor trustees, please attach another page with signatures and date.

1. Successor Trustee Name (first, middle initial, last)			
Mailing Address			Apartment/Suite Number
City	State	ZIP	Phone Number
2. Successor Trustee Name (first, middle initial, last)			
Mailing Address			Apartment/Suite Number
City	State	ZIP	Phone Number

6. Trust Information

1. The above-referenced Trust Agreement (the "Trust") requires that:
 All trustees A majority of trustees Any trustee Trust only has one trustee
 Must sign document pertaining to the above-referenced Account(s) which require a signature.

2. The registered representative or any person affiliated with the registered representative is not a beneficiary of the above-referenced trust.
 Agree Disagree*
 *If marked Disagree, please attach an explanation of why your registered representative or person affiliated with your registered representative is named as a beneficiary of the Trust.
 Note: Under the laws of most states, a registered representative is restricted in, or prohibited from, having a beneficial interest in an account sold by that registered representative, unless that registered representative is a family member, or has a recognized insurable interest. Additionally, our company policy prohibits our registered representatives from serving in any capacity that may be construed as creating a direct or indirect conflict of interest with regard to an account or accounts for which they are or have been the registered representative(s) of record.

3. The relationship of the Trust Beneficiary(ies) to the Account Holder is:
 Spouse Child(ren) Grandchild(ren) Other _____

4. Was the Trust validly executed, and is it in full force and effect? Yes No

5. The Trustee acknowledges that this account is in no way required in conjunction with the establishment of a Trust and that any fees, costs and/or expenses associated with the establishment or maintenance of the Trust are independent of any premium paid for this account. Yes No

7. Declaration by Trustee(s) and Signatures

The Trustee(s) state(s) and agree(s) that the Trust, as beneficiary, is authorized.

The Trustee(s) state(s) and agree(s) that the Trust, as beneficiary of the Account(s), is authorized to receive the proceeds. The Trustee represents that they have determined the suitability of the Account for the Trust and its conformance to income distribution requirements of the Trust Agreement and to applicable Federal and State Law.

The Trustee(s) agree(s) that Sammons Retirement Solution's sole obligation is to perform under the terms of the Account(s). The Trustee(s) also agree(s) that Sammons Retirement Solutions may rely on the signature(s) of the Trustee(s) on behalf of the Trust in the same regard as if they were the actual account holder or beneficiary of the Account(s); Sammons Retirement Solutions may rely solely on this Certification as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced Account and to determine the Trust is in effect and the information provided is accurate; Sammons Retirement Solutions has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification; Sammons Retirement Solutions expressly denies responsibility regarding the use and applications of any payments to the Trustee(s).

The Trustee(s) declare(s) they have had an opportunity to consult and rely upon their own independent legal, tax and trust advisors concerning the appropriateness of the Account(s) for the Trust and they have the authority to execute this Agreement and bind the Trust to the terms therein. Furthermore, they will, as Trustee(s), and on behalf of the Trust, hold Sammons Retirement Solutions and its registered representatives, employees, and other representatives harmless from any action Sammons Retirement Solutions takes at the direction of the Trustee(s).

Section 7 continued on page 3 ►

7. Declaration by Trustee(s) and Signatures (Continued)

The Trustee(s) declare(s), solely in its capacity as trustee and not individually and on behalf of the Trust, that each and every Trustee and Successor Trustee is bound by this declaration. It is further understood that Sammons Retirement Solutions may rely upon the direction of the named Trustee(s) and any named Successor Trustee(s) until Sammons Retirement Solutions receives written notification of a change of Trustee(s). The Trustee(s) agree(s) to notify Sammons Retirement Solutions within a reasonable time after such a change occurs.

The Trustee further acknowledges and agrees that:

- (a) Neither Sammons Retirement Solutions nor its registered representatives are authorized by Sammons Retirement Solutions to recommend or sell trusts while acting in their capacity as registered representative for Sammons Retirement Solutions and that any trust recommendation should be provided by a qualified advisor;
- (b) Neither Sammons Retirement Solutions nor any of its employees, representatives, or registered representatives, or employees are authorized to give tax or legal advice;
- (c) The Trustee(s) has/have not relied upon any representation or advice of any of Sammons Retirement Solutions' registered representatives, employees or representatives with respect to the terms of validity of the Trust or the utilization of the Trust as the owner and/or beneficiary of this/these Account(s); and
- (d) The purchase of this/these Account(s) is not required in conjunction with the establishment of the Trust and that any fees, costs and/or expenses associated with the establishment of the Trust are independent of any contribution or deposit paid for the purchase of this/these Account(s).

Note: The number of trustees indicated in Question 1 of section 6 must sign below.

Trustee Signature ▶	Date
Trustee Signature ▶	Date
If more than two trustees, please attach another page with signatures and date.	
For Corporate Trustees:	
Title/Capacity of Signatory: _____	
Trustee Name (Please print or type): _____	
Trustee Signature ▶	Date

If your request is not in good order, how would you like us to notify you?		
<input type="checkbox"/> Call me at ____ - ____ - ____	<input type="checkbox"/> Mail a letter to my address of record	<input type="checkbox"/> Contact my Registered Representative