

# Certification of Trust agreement



**Mail to:** P.O. Box 9261, Des Moines, IA 50306-9261  
**Overnight:** 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
1-866-747-3421 | SecuritiesPI@sfgmembers.com

## Instructions

Use this form:

- When submitting new Inherited IRA applications owned by a Trust
- When submitting a claimant statement for death claim proceeds, if the beneficiary is a Trust

## 1. Account information

Account number

Account Holder's name (first, middle, last)			Social Security number
Street address			Apartment/Suite number
City	State	ZIP	Phone number

## 2. Trust information

Trust name	Preparer of Trust		
TIN	Established in the State of:	Date of establishment:	
Street address			Apartment/Suite number
City	State	ZIP	Phone number

## 3. Grantor information

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

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

## 4. Trustee information

Trustee name (first, middle initial, last)

Mailing address			Apartment/Suite number
City	State	ZIP	Phone number

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.*

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

## 5. Successor trustee information

Successor trustee name (first, middle initial, last)

Mailing address			Apartment/Suite number
City	State	ZIP	Phone number

Successor trustee name (first, middle initial, last)

Mailing address			Apartment/Suite number
City	State	ZIP	Phone number

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

## 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, Trustee, or Successor Trustee 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 Family Member(s)    Estate

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 it is the sole obligation of Sammons Institutional Group®, Inc. (SIG) to perform under the terms of the Account(s). The Trustee(s) also agree(s) that SIG 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); SIG 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; SIG has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be held accountable for knowledge about the terms of the Trust beyond this Certification; SIG 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 SIG and its registered representatives, employees, and other representatives harmless from any action SIG takes at the direction of the Trustee(s).

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 SIG may rely upon the direction of the named Trustee(s) and any named Successor Trustee(s) until SIG receives written notification of a change of Trustee(s). The Trustee(s) agree(s) to notify SIG within a reasonable time after such a change occurs.

**The Trustee further acknowledges and agrees that:**

- (a) Neither SIG nor its registered representatives are authorized by SIG to recommend or sell trusts while acting in their capacity as registered representatives for SIG and that any trust recommendation should be provided by a qualified advisor;
- (b) Neither SIG nor any of its employees, representatives, 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 SIG registered representatives, employees or other representatives with respect to the terms of validity of the Trust or the utilization of the Trust as the Account Holder 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 signed (mm/dd/yyyy)
Trustee signature	Date signed (mm/dd/yyyy)

**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?**

Call me at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    
  Mail a letter to my address of record    
  Contact my Registered Representative

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