INDEMNIFICATION AGREEMENT – DECEASED OWNER

Administrative Office:
PO Box 13080
Springfield, IL 62791-3080

Universal Guaranty Life Insurance	(800) 323-0050
UG/Genworth Life & Annuity	(866) 662-2344
IdeaLife Insurance Company	(866) 579-9432
The Independent Order of Vikings	(877) 241-6006

DEFINITIONS

Terms	Defined As	
THE COMPANY (Check one)	❑ Universal Guaranty Life Insurance Company	❑ IdeaLife Insurance Company
	❑ UG/Genworth Life & Annuity	❑ The Independent Order of Vikings
The Deceased Owner		
The Policy		
The Insured		
New Owner		

Know all men by these presents, that, _____, being the surviving heir of The Deceased Owner, hereby agree to indemnify and hold harmless THE COMPANY in the event that it shall incur any expense of any nature whatsoever as a result of claims of any nature whatsoever arising under The Policy issued by THE COMPANY and insuring the life of The Insured in pursuance of this agreement, I hereby bind myself and each of my heirs, executors and administrators, jointly and severally, to the terms of this agreement.

This agreement is executed for the purpose of protecting THE COMPANY against any and all outstanding claims that may otherwise be filed against THE COMPANY by creditors or other claimants of the estate of The Deceased Owner.

We, our heirs, executors or administrators or assigns shall at all times save harmless and keep indemnified THE COMPANY, its successors and assigns, against all suits, actions, debts, damages, costs, charges and expenses and against all loss and damages including court costs and attorneys' fees that shall or may at any time happen or result to THE COMPANY by reason of the aforesaid payment.

In witness whereof I have hereunto set my hand as follows, on the stated date:

_____	_____	_____
Surviving Heir (Print Name)	Surviving Heir Signature	Date
_____	_____	_____
Surviving Heir (Print Name)	Surviving Heir Signature	Date
_____	_____	_____
Witness (Print Name)	Witness Signature	Date

State of_____ County of_____

The foregoing was subscribed and sworn to before me, a Notary Public in and for the jurisdiction aforesaid by

_____ this _____ day of _____, 20_____

_____	_____
Notary Public Signature	My Commission Expires