

**AGREEMENT TO  
INDEMNIFY TRUST  
REVIEW FORM**

**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

**Name of Insured:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

- Universal Guaranty Life Insurance Company
- UG/Genworth Life & Annuity
- IdeaLife Insurance Company
- The Independent Order of Vikings

(Check one; hereinafter referred to as THE INSURER)

As the Owner of the insurance policy referenced above, issued by THE INSURER, I wish to establish or change the ownership and/or beneficiary(ies) of the aforementioned insurance policy to the following trust:

\_\_\_\_\_, (hereinafter 'Trust'). The Trust was created by  
(Name of Trust)

\_\_\_\_\_ As Trustor on \_\_\_\_/\_\_\_\_/\_\_\_\_ and said Trust is, as of the date of  
Date of Creation

this agreement, in full force and effect.

In consideration for THE INSURER making the changes in ownership and/or beneficiary which I am requesting, the undersigned, on behalf of myself, my descendants, dependents, heirs, executors, administrators and assigns, do hereby fully release and discharge THE INSURER from any and all liability of any kind or nature, after payment of the death proceeds under the policies as provided herein.

If THE INSURER is sued as a result of its payment of death proceeds as a result of making the requested ownership / beneficiary change(s), or any claim or demand is made as a result thereof, the undersigned is authorized to agree, and hereby agrees, that the above-described Trust will indemnify THE INSURER and pay any and all costs, expenses, judgments, or settlements incurred by THE INSURER as a result of each such suit, claim or demand, including the payment of reasonable attorneys' fees incurred by THE INSURER in the defense of each such suit, claim or demand.

**Signature of Policy Owner:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_

The undersigned are the currently acting Trustee(s) of the Trust. We are the only Trustee(s) qualified to act on behalf of the Trust, and we represent that we have the power to bind the Trust for purposes of this Agreement.

The undersigned Trustee(s) agree to the change in policy ownership and/or beneficiary being proposed by the Policy Owner, and further agree to be bound by the terms of the indemnification of THE INSURER as set forth above in this document.

**Signature of First Trustee:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Second Trustee:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Signature of Notary Public** \_\_\_\_\_