

DECLARATION APPOINTING TRUSTEE

Please complete if Beneficiary is under the age of majority:

I do hereby appoint _____ as Trustee to receive any amount due to any beneficiary under 19 years of age and declare the receipt of such Trustee shall be a good discharge to the insurance company for the amount so paid.

And I do hereby authorize such Trustee, at his/her discretion, to expend all or any portion of such amount and/or the income therefrom for the maintenance or education of such beneficiary.

Dated at _____ this _____ day of _____ in the year _____.

(Signature of Witness)

(Signature of Insured)

(Printed Name of Witness)

(Printed Name of Insured)