

Monumental Life Insurance Company
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Western Reserve Life Assurance Co. of Ohio

TRUSTEE CERTIFICATION OF TRUST DOCUMENT AND TRUSTEE POWERS

Service Office and Mailing Address:
4333 Edgewood Rd. NE, Cedar Rapids IA 52499
Fax: (877) 355-4385

1. POLICY INFORMATION

Policy Owner Name(s)

Policy Number (s)

2. INFORMATION FROM YOUR TRUST

Complete every line; if not applicable indicate with N/A.

In consideration of the Insurance Company opening and/or maintaining one or more policies for the Trust named below, we the undersigned below, Trustees, certify as follows:

This section is asking for specific information that must be obtained from your trust document. Please refer to the trust definitions in Section 5 to help you determine the information we are requesting.

Full Title or Name of the Trust (as filed with the IRS)

Date of the Trust

Date of the latest Trust Amendment

Tax Identification Number used for the Trust

The Trust is: Revocable

Irrevocable

The Trustees may act: Singly

Jointly

Complete the information below for the Income Beneficiary

Income Beneficiary: This is the individual(s) who receives any income, or benefit, from the trust while they are living. This is the person responsible for any taxes on the income received from the trust.

Beneficiary Name

Relationship to Current Policyowner

Date of Birth

Social Security Number/TIN

Are any of the following components of the trust a non-natural entity (i.e. corporation, charity): Trustor(s), Grantor(s), Settlor(s), or Beneficiary)?

Yes - If this box is not checked, we will assume these trust components are a natural person.

It is important to note if any component of the trust is a non-natural entity. If so, the annuity will not retain a tax deferred status. We recommend you seek the advice of your tax and/or legal council prior to requesting any ownership change.

3. INVESTMENTS PERMITTED

I/We certify that I/We have power under the Trust Agreement and applicable law to enter into transactions, both purchases and sales, of the types specified below: (Check types of investments which are permitted)

- Annuities
- Life Insurance
- Other: _____

4. TRUSTEES / REQUIRED SIGNATURES

The Insurance Company is authorized to accept instructions, including contract changes and distribution privileges, from those individuals or entities listed below.

- I/We certify that the proposed transactions are within the powers of the Trust Agreement, and that there are not Trustees of the Trust other than the undersigned.
- I/We agree to inform the Insurance Company in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Certifications made.
- We, the Trustees, jointly and severally indemnify the Insurance Company and hold the Insurance Company harmless from any liability for effecting transactions of the types specified, if the Insurance Company acts pursuant to instructions given by any of the Authorized Individuals listed below. It is understood and agreed that the Insurance Company shall not be responsible for the application or disposition of the proceeds by the Trustee and the payment of the proceeds to the Trustee shall fully and finally discharge the Insurance Company from all liability under the Policy.
- I/We have received and understand the terms of this document and have not relied on any representation or advice by the Insurance Company or its representatives regarding the legal or tax effects of this Certification.
- I/We hereby certify under penalty of perjury that the undersigned are all the Trustees. **(All Trustees must sign. Attach extra page if necessary.)**

Trustee Name (Please Print) *

Trustee Name (Please Print)

Trustee Signature	Date	Trustee Signature	Date
-------------------	------	-------------------	------

Witness	Date	Witness	Date
---------	------	---------	------

* Should only one person execute this agreement, it shall constitute a representation that the signatory is the sole Trustee.

Where applicable, plural references in this certification shall be deemed singular.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you is that when you open an account, the financial institution will ask for your name, address, date of birth, and other information that will allow them to identify you. This will assist them in ensuring that your information is secure.

We recommend you seek the advice of your tax and/or legal counsel with any questions you may have concerning your trust. The Insurance Company reserves the right to request, when deemed necessary, a copy of the Trust Document in addition to this executed form.

5. ADDITIONAL INFORMATION

Definitions

Trustee: The individual or institution named by the trustor/grantor/settlor to act on behalf of the trust according to the terms as outlined in the trust document.

Trustor/Grantor/Settlor: The individual who creates a trust and who gives (transfers) property to the trust.