



Life Insurance Program from



Mail to: AARP Life Insurance Program
New York Life Insurance Company
P.O. Box 30712
Tampa, FL 33630-3712

Statement of Trust Form

>> Use this form, along with a Beneficiary Change Form, when naming a trust as the beneficiary for an active contract. Please complete the entire document in full, including all required signatures. New York Life reserves the right to request a copy of the trust.

Insured(s):

Certificate/Contract Number(s):

I/We affirm that the Trust Agreement created by
as Grantor(s)/Settlor(s)/Trustor(s) is in effect and contains the following information:

Trust Name:

Trust Date:

Date of Last Amendment, if any:

State where Trust was established:

Beneficiary(ies) of Trust:

Relationship of Trust Beneficiary(ies) to Insured(s):

Name of Trustee(s):

Note: If more than one Trustee, we require all Trustees to sign applicable forms, unless we receive a copy of the Trust stating that the Trustees can act independently.

Name(s) of Successor Trustee(s):

Relationship of Trustee(s):

Relationship of Trustee(s) to Insured(s):

I/We affirm that the beneficiary designation for each contract listed agrees with a Trust Agreement created by the Grantor and dated as shown on page one.

If, before the proceeds are paid, the Insurer(s) receives proof that the Trust as beneficiary is not in effect at the Insured's death, the proceeds shall be paid to the contingent beneficiary(ies), if any. Otherwise, the proceeds shall be paid in a single sum to the life insurance Owner, if the Owner is living at that time. If the Owner is not living at that time, the single sum shall be paid to the Owner's Estate.

Before the Insurer pays the proceeds at death, it may ask for proof that the Trust is in effect. The Owner possesses all rights of ownership of each contract including the right to change the beneficiary designation at any time even if there is a contrary provision in the Trust Agreement. This applies to revocable and irrevocable trusts; the Insurer will not have any liability after it pays the proceeds of each contract, as set forth in this Statement; the Interest of the Trust(s) in each of these contracts shall be subject to any assignment of that contract made before or after this Statement.

Date Grantor(s)/Settlor(s)/Trustor(s) signature Grantor(s)/Settlor(s)/Trustor(s) signature, if required

Date Trustee(s) signature Trustee(s) signature, if required

Date Trustee(s) signature, if required Trustee(s) signature, if required

