

Policy # _____ Insured _____

On this _____ day of _____, 20____, A.D, the undersigned trustee(s) certify as follows:

1. That _____ (insert **legal name and date of trust**) is in existence as a trust.
2. That the following are the names and addresses of **all** of the current trustees of said trust:

Name of Current Trustee(s)	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. That, pursuant to the terms of the trust document and applicable law, action to be taken on behalf of the trust: [check one]
 Must be taken by all trustees.
 May be taken by one trustee acting alone.
 Must be taken by _____ [i.e. "at least two trustees"].
4. That the Taxpayer Identification Number for the Trust is: _____
5. That the undersigned trustee(s), constituting all of the currently acting trustees of the trust, hereby certify that the information provided in the "Trust Information" section above is true and correct, and that the trust has not been revoked, modified, or amended in any manner which would cause the above representations to be incorrect.
6. That the undersigned trustee(s) hereby agree to personally indemnify and hold harmless Farm Bureau Life Insurance Company, EquiTrust Life Insurance Company and their affiliates from any and all liability, including attorneys' fees, they incur by acting upon instructions reasonably believed by any of them to be valid instructions originating from said trustee(s), and from any and all acts of said trustee(s) with respect to any policy, account, fund or similar instrument.

(Signature of Trustee)

(Signature of Trustee)

(Signature of Trustee)