

## NON-INDIVIDUAL OWNERSHIP FOR NON-QUALIFIED ANNUITIES

New Contract # : \_\_\_\_\_  Existing Contract # : \_\_\_\_\_

- Please use this form when applying for a nonqualified contract with a Trust as the owner. Also use this form in addition to the Request for Service form when you are changing ownership to a Trust. A non-individual includes a trust or entity.
- Contracts with a non-individual owner will not be able to change the annuitant once established.

### Non-Individual Owner Information:

- Please complete Sections A and/or B depending on owner type. (Use only one form per application or contract.)
- This information must always be completed for the non-individual owner.

Owner Name (Full Name of Trust): \_\_\_\_\_

Tax Identification Number (if one obtained) or Social Security Number of Trust Grantor: \_\_\_\_\_

Date trust or entity established: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Trusts:

- (Check only one)  Irrevocable Trust – Complete Sections A and B  
 Revocable Trust (grantor trusts) – Complete Section B

#### A.) Irrevocable or other Non-Grantor Trusts

An irrevocable or non-grantor trust may qualify for tax deferral under IRC Section 72(u) if the trust will be holding the contract "as an agent for" an individual. The trust's legal, or tax advisor, or professional (trust company) trustee for the trust must determine if the trust will be holding the contract "as an agent for" an individual. For The National Slovak Society of the USA (NSS Life) to characterize the annuity contract as tax deferred, the legal, tax advisor, or professional trustee for the trust must provide their contact information and sign the certification below.

I have reviewed the \_\_\_\_\_ (Name of Trust) and in my opinion the NSS Life annuity contract should receive tax deferral since the trust is acting as an agent for an individual under IRC Section 72(u).

Name of legal, tax advisor, or professional trustee's firm or company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
 Name of legal, tax advisor, or professional trustee (print)      Signature      Date

**B.) Authorized signer for trust (For Revocable and Irrevocable trusts):**

1. The undersigned person(s) is/are the duly authorized trustee(s) of the trust identified as the owner above, is/are authorized and legally capable of purchasing the annuity, and no additional signatures are necessary to purchase the annuity.
2. The trustee(s) has/have sought advice from their own tax advisor regarding any tax questions about the ownership of a deferred annuity contract by a trust and hereby agree to release and hold harmless NSS Life, its officers, employees and agents from and against all claims, liabilities, costs and expenses which may arise or result from the tax liability of the annuity contract being owned by the above referenced trust.
3. The trust will be holding the annuity contract as agent for the beneficiary(ies) of the trust, all of whom are natural persons.
4. I (we) understand that the contract will terminate upon the death of the annuitant.
5. If this is a testamentary trust, I (we) certify that the trust currently exists and has been through the probate process.
6. I (we) certify that I (we) have reviewed all provisions of the trust, the annuity contract, and any riders purchased in association with the annuity contract, and that there are no provisions which will interfere with the operation of the trust or of the annuity and its riders.
7. I (we) acknowledge that NSS Life will have no responsibility regarding the interpretation of any trust or trust-related documents, that NSS will issue this annuity contract solely on the basis of this form, and that any consequence of any inaccuracy in this form will be borne solely by the undersigned.
8. I (we) certify that the trust is not a Welfare Benefit Trust or a trust (such as a Rabbi trust) set up as part of a Nonqualified Deferred Compensation Plan. Any trust is subject to NSS Life approval.
9. I (we) certify that all information provided on this form and/or in conjunction with this form is accurate.

**Request submitted by authorized signer(s) for trust:**

\_\_\_\_\_  
Trustee Name (print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature \_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Co-Trustee Name (print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature \_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Successor Trustee Name (print) (if applicable)

If any additional authorized representative signatures are required, please attach additional pages.

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In addition to the trustee signoff, we also require the trust's legal, or tax advisor, or professional (trust company) trustee to sign below. I have reviewed all provisions of the trust, the annuity contract, and any riders purchased in association with the annuity contract and certify that there are no provisions which will interfere with the operation of the trust or of the annuity and its riders.

Name of legal, tax advisor, or professional trustee's firm or company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Name of legal, tax advisor, or professional trustee (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date