



Charitable Remainder Trust Waiver

For questions or help with this form, call us at **877-253-2323**.
Throughout this form, “the Company” refers to the issuing company.¹

1 Waiver Information

Please be sure to check CRT in the Plan Selection section of the application.

As authorized signer for the

Name of Charitable Remainder Trust

I acknowledge that the Trust is aware that the Company tax reporting is limited to form 1099R when applicable and that the Company will not issue any Trust returns.

I am also aware that the Company will at no time assume any responsibilities other than the contractual obligations as the issuer of a deferred annuity contract, and, should the current trustee resign at any time, it will be the responsibility of the Trust to find a new trustee.

I do not hold the Company responsible for any tax consequences of the purchase of this annuity and Confirm that I have received independent tax advice as to the tax requirements of this investment.

Trustee's Signature
X

Date (mm/dd/yyyy)

2 Mailing Information

First class mail	Overnight mailing address
Delaware Life	Delaware Life
P.O. Box 758581	Mail Zone 581
Topeka, KS 66775-8581	5801 SW 6th Avenue
	Topeka, KS 66636

Contact Us

By mail Delaware Life P.O. Box 758581 Topeka, KS 66675-8581	By express mail Delaware Life Mail Zone 581 5801 SW 6th Avenue Topeka, KS 66636	By fax 785-286-6118
Online delawarelife.com	By phone Customer Service 877-253-2323 M-F 7:30 a.m.-5:00 p.m., CT	