



# Trustee Affidavit

For questions or help with this form, call us at **877-253-2323**.

Throughout this form, Delaware Life Insurance Company is referred to as “the Company”<sup>1</sup>.

## 1 Contract and Trustee Information (please print clearly)

Contract Number(s) (if available)

Trust Name

Trustee Name

Trustee Name

Trustee Address

Trustee Address

Date of Trust

Trust Tax I.D.

Daytime Phone

In case we need to contact you about this request.

If the trust has more than one trustee, select one ☐ Trustees must act together ☐ Trustees may act independently

If there are more than two trustees, please attach additional sheet with trustee names, addresses and signatures. If neither box is checked, the Company is authorized to accept the instructions of any one trustee as binding upon the trust.

## 2 Tax Disclosure

- According to Internal Revenue Code Section 72(u), if any annuity contract is held by a “non-natural person” such as a trust, and that trust is not holding the contract as an “agent for a natural person,” then:
  - the contract is not treated as an annuity contract for income tax purposes, and
  - income on the contract for each tax year is treated as ordinary income received or accrued by the owner during that tax year.
- The Company will not issue any trust tax returns. Instead it will issue IRS form 1099-R to the trust, reflecting only withdrawals that occurred in the previous tax year.
- Any amounts shown on the 1099-R may not reflect the amount that is considered “income on the contract” for tax purposes. The data that can be used to calculate this income is available on the annual contract statement.
- When an annuitant or co-annuitant named on the contract passes away or is removed from the contract, full distribution of the contract may be required under relevant provisions of the Internal Revenue Code Section 72(s).



<sup>1</sup> Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC (“Group1001”).

### 3 Certification

As trustee(s) for the trust named in Section 1, I/we certify that:

- The trust is valid under applicable state law and is currently in full force and effect.
- I/we currently have the authority to make this certification and otherwise act on behalf of the trust. My/our instructions to the Company will be binding on the trust
- I/we will promptly notify the Company in the event of trust termination or amendment, a change in the identity of the trustee(s), or any other event affecting the validity of the representations made in this form while the contract is in force.
- I/we understand that the Company will assume no responsibilities to the trust other than its contractual obligations as issuer of the annuity contract.
- The Company is authorized to accept the instructions of the trustee(s) identified on this form unless and until the Company receives notice of a change of trustee(s) in a form acceptable to the Company.
- If this affidavit is being submitted as part of an application for an annuity contract, I/we understand that the contract is a long-term investment vehicle designed for retirement planning and is not suitable for short-term investing, speculation or pooled or collective investing. I/we represent and warrant that the purchase of the contract is not intended for any such unsuitable purpose.

### 4 Signature(s)

The undersigned, individually and on behalf of the trust, agree(s) to fully indemnify and hold the Company and its affiliates harmless from any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) that the Company may incur as a result of its continuing reliance on the representations made above. Trustees or others signing this form will be jointly and severally liable. This indemnification will survive termination of the trust and the contract, and will be binding on all successors and assignees.

Signature X	Date (mm/dd/yyyy)	Signature X	Date (mm/dd/yyyy)
Please Print Name Below		Please Print Name Below	

**In Michigan only**, the settlor or the attorney for the settlor/trust may sign this form, however only the trustee(s) may authorize contract transactions. If you are not the trustee, please indicate your signing capacity.

☐ Settlor ☐ Attorney

☐ Settlor ☐ Attorney

### 5 Notary Signature and Stamp

The person(s) whose signature(s) appear in Section 4 above have appeared before me, have been sworn and have attested that the information contained in this affidavit is true.

Notary Signature X	Date (mm/dd/yyyy)
Notary Seal	
My Commission Expires: _____	

Notarization is only a requirement for the state of Michigan.

## Contact Us

### By mail

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### By express mail

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### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT