



PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814
(800) 367-5354 • clientrelations@pacificguardian.com

Certificate of Trust

The Certificate of Trust is needed to:

- Establish the initial trust insurance and annuity policy/contract ownership with Pacific Guardian Life
- When the level of authority granted to the trustee(s) changes
- When a trustee is added or removed
- To activate a successor trustee
- If you are completing this Certificate of Trust on behalf of a business entity, a current corporate resolution is required, if not already on file.

Section 1: Trust Information

Owner - First name Middle name Last name

State of:
 What state was your trust created in?

Is the trust revocable or irrevocable? Revocable Irrevocable (attached a signed IRS Form W-9)
 Select one: Establish New Trust Replace/Update Existing Trust Change the Taxpayer ID (attach a signed IRS Form W-9)

Section 2: Grantor Information (Revocable Trusts and Irrevocable Trusts using an SSN)

How many grantor(s) will be named? 1 2 3 4 5 More than 5

* If there are more than 5 grantors, please complete additional grantor pages of this form and submit as one packet.

Grantor/Taxpayer First Name Middle Last Name Tax Identification Number

Is this grantor also a Trustee? Yes No
 Is this grantor incapacitated or deceased? Yes No

Grantor/Taxpayer First Name Middle Last Name

Is this grantor also a Trustee? Yes No
 Is this grantor incapacitated or deceased? Yes No

Grantor/Taxpayer First Name Middle Last Name

Is this grantor also a Trustee? Yes No
 Is this grantor incapacitated or deceased? Yes No

Grantor/Taxpayer First Name Middle Last Name

Is this grantor also a Trustee? Yes No
 Is this grantor incapacitated or deceased? Yes No

Grantor/Taxpayer First Name Middle Last Name

Is this grantor also a Trustee? Yes No
 Is this grantor incapacitated or deceased? Yes No

Section 3: Trustee InformationHow many **current** trustee(s) (don't name successors) 1 2 3 4 5 More than 5*** If there are more than 5 grantors, please complete additional grantor pages of this form and submit as one packet.**

Trustee #1 First Name	Middle	Last Name	Tax Identification Number
Citizenship (Select One): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien			
Country of Citizenship (Required if Resident Alien or Non-Resident Alien)			
Date of Birth (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address (must not be a PO Box):			
City	State	Zip code	
Phone Number	Email Address		

Trustee #2 First Name	Middle	Last Name	Tax Identification Number
Citizenship (Select One): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien			
Country of Citizenship (Required if Resident Alien or Non-Resident Alien)			
Date of Birth (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address (must not be a PO Box):			
City	State	Zip code	
Phone Number	Email Address		

Trustee #3 First Name	Middle	Last Name	Tax Identification Number
------------------------------	---------------	------------------	----------------------------------

Citizenship (Select One): U.S. Citizen Resident Alien

Country of Citizenship (Required if Resident Alien or Non-Resident Alien)

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Street Address (must not be a PO Box):

City	State	Zip code
-------------	--------------	-----------------

Phone Number	Email Address
---------------------	----------------------

Trustee #4 First Name	Middle	Last Name	Tax Identification Number
------------------------------	---------------	------------------	----------------------------------

Citizenship (Select One): U.S. Citizen Resident Alien

Country of Citizenship (Required if Resident Alien or Non-Resident Alien)

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Street Address (must not be a PO Box):

City	State	Zip code
-------------	--------------	-----------------

Phone Number	Email Address
---------------------	----------------------

Trustee #5 First Name	Middle	Last Name	Tax Identification Number
------------------------------	---------------	------------------	----------------------------------

Citizenship (Select One): U.S. Citizen Resident Alien

Country of Citizenship (Required if Resident Alien or Non-Resident Alien)

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Street Address (must not be a PO Box):

City	State	Zip code
-------------	--------------	-----------------

Phone Number	Email Address
---------------------	----------------------

Section 4: Grantor(s) Authorizations and Acknowledgements (Revocable trusts only)

- Each grantor must sign for revocable trusts and each signature must be notarized, if applicable.
- In the event the grantor(s) is not able to sign, attach the evidence supporting that the grantor's signature is missing. (Proof of incapacitation in the form of a doctor's or hospital's letter on their letterhead or a death certificate.)
- For irrevocable trusts, a grantor's signature is not required.

The undersigned on their own behalf and on behalf of their heirs, executors, administrators, assigns or beneficiaries, agree to indemnify and hold harmless Pacific Guardian Life and its affiliated or associated companies and agents harmless from any and all liability, losses, damages and claims of any kind whatsoever, which may arise out of or in connection with Pacific Guardian Life's agreement to accept this certificate.

That you have each received and reviewed a copy of this certification and that you agree to be bound by its terms. You further represent and warrant that you have received, read, understand and agree to be bound by all terms of the agreements with Pacific Guardian Life Insurance Co. Ltd. and its subsidiaries as it relates to specific products purchased, including the requirement in any specific agreement that disputes must be resolved through arbitration.

The undersigned grantors, individually and on behalf of the trust, its beneficiaries, heirs, successors and assigns (collectively, "you"), hereby certify, represent and warrant that the trust agreement to which this certification applies is in full force and effect and that the above information is true and complete.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Grantor X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Grantor X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Grantor X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary	Date (mm/dd/yyyy)
----------------------------	--------------------------

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Grantor X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Grantor X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

Section 5: Trustee(s) Authorizations and Acknowledgements

- If a trustee does not sign the Certificate of Trust at the time this form is submitted, a signature specimen for that trustee may be required prior to any written transaction.
- In part 3, if you answered no to “can all trustee(s) can act independently?”, all named trustees’ signatures are required.
- Each trustee’s signature must be notarized, if applicable.
- Pacific Guardian Life is concerned with your privacy and will only collect and use your personal information to meet the requirements of federal law and within the provisions of the Pacific Guardian Life Privacy Statement, which can be found at pacificguardian.com. As required by federal law, Pacific Guardian Life may use the information above to verify your identity.
- The undersigned on their own behalf and on behalf of their heirs, executors, administrators, assigns or beneficiaries, agree to indemnify and hold harmless Pacific Guardian Life and its affiliated or associated companies and agents harmless from any and all liability, losses, damages and claims of any kind, whatsoever, which may arise out of or in connection with Pacific Guardian Life’s agreement to accept this certificate.
- The undersigned trustee(s) individually and on behalf of the trust, its beneficiaries, heirs, successors and assigns (collectively, “you”), hereby certify, represent and warrant that the trust agreement to which this certification applies is in full force and effect and that the above information is true and complete.
- A true and correct copy of the trust, along with any and all amendments, if any, is attached hereto, or has been previously submitted and accepted by Pacific Guardian Life, and is incorporated herein by this reference. In lieu of a full copy of the trust with all amendment(s), Pacific Guardian Life may, within its discretion, accept and rely upon a copy of the most recently executed short-form of the trust, which indicates the current trustee(s) of the trust and the powers of the trustee(s) under the trust. If providing the most recently executed short-form trust, I certify that such short-form trust accurately depicts the trustee(s) of the trust, as well as the trustee(s)’ powers under the trust, and that the underlying trust is in full force and effect.
- I agree that I will provide Pacific Guardian Life with any and all documents that it may request relating to my appointment as trustee, including but not limited to probate Court pleadings, etc.
- The grantor(s) validly executed the trust while competent to do so and was not acting under duress or undue influence.
- I do not have any knowledge of the termination of the trust, whether by revocation or otherwise, nor do I have any knowledge of any amendment or modification of the trust other than as disclosed herein.
- If I am a current trustee taking over for a prior trustee(s), the prior trustee(s) is no longer able or willing to serve.
- I am presenting this Certificate of Trust to Pacific Guardian Life to induce Pacific Guardian Life to permit me to undertake transactions authorized by the trust.
- I agree that I will notify Pacific Guardian Life of the grantor’s death, and of any termination/revocation/modification of the trust.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Trustee X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____
a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Trustee X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Trustee X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary	Date (mm/dd/yyyy)
----------------------------	-------------------

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Trustee X	Date (mm/dd/yyyy)	
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Signature of Trustee		Date (mm/dd/yyyy)
X		
Print - First name	Middle name	Last name

Notarization

State of: _____ County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me _____
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ Date (mm/dd/yyyy) _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

How to submit this form

Mail:

Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:

clientrelations@pacificguardian.com

Fax:

800.946.1295

Pacific Guardian Life is here to help

You can reach us at 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.