

State of Execution Certification

Issuing Company: _____

It is necessary to document the reason the application for this life insurance policy or annuity contract was completed and executed in a state other than the insured, owner or applicant's state of residence.

State of execution: _____

Please check the correct box below indicating the reason the application was executed in a state other than the insured, owner or applicant's residence state:

Owner or Applicant is a Trust or Other Entity domiciled in the state of execution. Tax I.D. Number: _____

Insured, Owner, or Applicant's second residence is located in the state of execution.

Insured, Owner, or Applicant is employed or conducts business in state of execution. Work address: _____

Note: State laws and regulations prohibit a company (or agent for that company) from marketing products, soliciting insurance and annuity business, or taking applications in a state where they are not licensed. The business must not be written with the purpose to circumvent such laws and regulations. In addition, agents must be licensed in the state where the application is solicited and executed.

By signing below, you certify the above facts to be true and correct and to be the reason why the application was completed and executed in a state other than the insured, owner or applicant's state of residence.

Insured, Owner or Applicant's Signature:

Tax I.D. No.:

Date: (mm/dd/yyyy)

Agent's Signature:

Date: (mm/dd/yyyy)
