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DISCLOSURE AND CONSENT FORM FOR PRENEED LIFE INSURANCE OR ANNUITY PURCHASED BY PRENEED TRUST

ALABAMA LAW REQUIRES THAT CERTAIN PORTIONS OF THE PRICE PAID FOR A PRENEED CONTRACT BE PLACED IN TRUST IF THE CONTRACT IS TRUST FUNDED. THE PRENEED CONTRACT BENEFICIARY MUST CONSENT IF THE TRUST INTENDS TO INVEST SOME OR ALL TRUSTED FUNDS IN LIFE INSURANCE OR ANNUITIES ON THE LIFE OF THE PRENEED CONTRACT BENEFICIARY.

IF YOU HAVE QUESTIONS THAT ARE NOT ANSWERED BY THIS FORM, YOU SHOULD CONTACT THE INSURANCE COMPANY BEFORE COMPLETING THIS FORM.

NAME OF PRENEED BENEFICIARY:	
ADDRESS OF PRENEED BENEFICIARY:	
DATE OF BIRTH OF PRENEED BENEFICIARY:	SOCIAL SECURITY NUMBER OF PRENEED BENEFICIARY:
PRENEED PROVIDER (NAME OF FUNERAL HOME OR CEMETERY):	
ADDRESS OF PRENEED PROVIDER:	
PRENEED CONTRACT NUMBER:	PURCHASE PRICE OF PRENEED CONTRACT:
NAME OF TRUSTEE:	
ADDRESS OF TRUSTEE:	
NAME OF INSURANCE COMPANY:	
ADDRESS OF INSURANCE COMPANY:	
AMOUNT OF INSURANCE OR ANNUITY TO BE PURCHASED:	AMOUNT THAT WILL REMAIN IN TRUST (IF ANY) AFTER INSURANCE PURCHASE:
CURRENT AMOUNT IN TRUST:	PREMIUM REQUIRED TO PURCHASE INSURANCE OR ANNUITY:
I UNDERSTAND THAT IF I CONSENT:	
<ol style="list-style-type: none">1. A LIFE INSURANCE POLICY, LIFE ISURANCE CERTIFICATE, OR ANNUITY (THE "POLICY") WILL BE ISSUED ON MY LIFE BY THE ABOVE-NAMED INSURANCE COMPANY. IF I PAY FOR MY PRENEED CONTRACT IN INSTALLMENTS, SEVERAL POLICIES MAY BE ISSUED.2. THE POLICY WILL BE ISSUES TO THE ABOVE-NAMED TRUST.3. THE MAXIMUM FACE AMOUNT OF THE POLICY WILL NOT EXCEED \$_____ AT THE TIME THE POLICY IS ISSUED. IF SEVERAL POLICIES ARE ISSUED, THE TOTAL FACE AMOUNTS OF ALL POLICIES WILL NOT EXCEED \$_____.4. THE POLICY WILL NEVER EXCEED THE LESSER OF \$20,000.00 OR 100% OF MY PRENEED CONTRACT'S PURCHASE PRICE.	

(continued on next page)

5. THE TRUST WILL BUY THE POLICY USING FUNDS THAT HAVE BEEN DEPOSITED IN THE TRUST BY THE PRENEED PROVIDER ON ACCOUNT OF MY PRENEED CONTRACT. I WILL NOT PAY PREMIUMS FOR THE POLICY.
6. THE TRUST WILL BE THE BENEFICIARY OF THE POLICY.
7. THE TRUST WILL APPLY FOR, OWN, AND CONTROL THE POLICY IN EVERY RESPECT. THE TRUST OR ITS SUCCESSORS WILL CONTINUE TO BE THE OWNER AND BENEFICIARY OF THE POLICY INDEFINITELY.
8. NEITHER I NOR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS HAVE ANY RIGHTS IN THE POLICY OR ANY POLICY PROCEEDS.
9. NO PORTION OF THE POLICY PROCEEDS WILL BE PAID TO ME, MY ESTATE, OR MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS. ALL POLICY PROCEEDS WILL BE PAID TO THE TRUST, WHICH WILL PAY THEM TO THE PRENEED PROVIDER UPON PERFORMANCE OF THE PRENEED CONTRACT.
10. THE AMOUNT OF THE POLICY PROCEEDS PAID, EITHER ITSELF OR IN COMBINATION WITH PAYMENT OF ASSETS REMAINING IN THE TRUST AND GROWTH ON THOSE ASSETS (IF ANY), MAY EXCEED THE PURCHASE PRICE OF MY PRENEED CONTRACT.
11. I UNDERSTAND THAT UPON MY REQUEST, AT NO EXPENSE TO ME, I AM ENTITLED TO A COPY OF ANY LIFE INSURANCE CONTRACT OR ANNUITY ISSUED TO A TRUST ON MY LIFE.
12. MY CONSENT IS IRREVOCABLE AND WILL BE RELIED ON BY THE INSURANCE COMPANY TO ISSUE THE POLICY.

I UNDERSTANT THAT IF I DO NOT CONSENT, ASSETS HELD IN THE TRUST ON ACCOUN OF MY PRENEED CONTRACT WILL NOT BE INVESTED IN A LIFE INSURANCE POLICY, CERTIFICATE, OR ANNUITY ON MY LIFE.

INITIAL THE FOLLOWING STATEMENTS THAT APPLY:

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE INFORMATION. _____ Yes _____ No

I CONSENT TO THE TRUST BUYING A LIFE INSURANCE POLICY OR ANNUITY FROM THE INSURANCE COMPANY NAMED IN THIS APPLICATION INSURING MY LIFE AS EXPLAINED ABOVE. I REQUEST THAT A COPY OF THE LIFE INSURANCE POLICY OR ANNUITY POLICY (INCLUDING THE APPLICATION THEREFOR) BE SENT TO ME WHEN ISSUED WITHOUT COST TO ME. _____ Yes _____ No

I DO NOT CONSENT TO THE TRUST BUYING A LIFE INSURANCE POLICY OR ANNUITY FROM THE INSURANCE COMPANY NAMED IN THIS APPLICATION. _____ Yes _____ No

NAME OF INSURED:

SIGNATURE OF INSURED:

DATE SIGNED:

NAME OF WITNESS:

SIGNATURE OF WITNESS:

DATE SIGNED:

A COMPLETED/FULLY SIGNED COPY OF THIS FORM MUST BE FURNISHED TO THE PROPOSED INSURED AT THE TIME OF SIGNING.