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### Verification of Existing Trust

Complete this form if designating an existing (living) trust as beneficiary.

Name of Insured \_\_\_\_\_ Name of Owner, if different \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_

Certificate Number(s) \_\_\_\_\_

Full Name of Trust \_\_\_\_\_

Date of Trust \_\_\_\_\_ Trust Tax ID, if established \_\_\_\_\_

Trust is: (Check one)  Revocable  Irrevocable

Grantor(s) Creating Trust \_\_\_\_\_

Trustee(s) Signing Trust \_\_\_\_\_

#### This Trust is being held by:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

#### I the undersigned hereby attest and certify that:

1. The Trust is currently in existence;
2. I am a legal representative of the Trust as (Check one):  Trustee  Attorney at Law, who was instrumental in creating the Trust;
3. The Trust is the same trust as the trust which is named as the Beneficiary of the above contracts; and
4. The foregoing information is true to the best of my knowledge.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*Signature of Trustee or Attorney*

\_\_\_\_\_  
*Date*