Release and Hold Harmless and Idemnification Agreement



To be completed when the combined amount of all policies is \$250,000 or greater.

| The undersigned Tru | ustee do | es hereby declare that to the best of his/her knowledge |
|------------------------|---|---|
| and belief that no ger | neration skipping transfer tax is due and pay | able as a result of the payment by North American |
| Company for Life and | d Health Insurance of insurance proceeds fro | om Policy Number(s) |
| on the life of | | to |
| Trust agreement date | ed | |
| | | plus interest, (less policy indebtedness, if any) to Trust dated, |
| | | y for Life and Health Insurance, Individually and as |
| Trustee(s) of the | | Trust, dated, |
| | | to indemnify North American Company for Life and |
| Health Insurance the | amount of any generation skipping transfer | tax that may become due at some subsequent date if |
| North American Com | npany for Life and Health Insurance is called | upon to make payment of a generation skipping transfer |
| tax resulting from pay | yment of the claim on Policy Number(s) | |
| I/We certify under pe | enalty of perjury, that the following is the Trus | t's correct Tax I.D. Number. |
| Executed this | day of | · |
| X | Signature(s) of Trustee(s) | _ |
| | Notary Public (seal) | _ |



O-2797