

Certification of Business Signing Authority



Please complete using information from the Business Entity documentation when the owner, payor or assignee is a business. A Corporate Resolution may also be provided as an alternative to this form.

Any incomplete forms will be returned unprocessed. If your request is not in good order, how would you like us to notify you?

Call me at _____ or Email me at _____

1. Contract Information

Policy/Contract No(s): *Please state pending if this form is being submitted with a new application.

Owner's Name (first, middle initial, last):

Joint Owner's Name (first, middle initial, last):

Name of Insured(s):

2. Corporation/Business Information

Name of Corporation/Business Entity:

Address of Corporation/Business Entity:

Federal Tax ID of the Corporation/Business Entity:

3. Officers of Corporation/Business Entity

Title:	Name:	Check if authorized to sign on behalf of the business:
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

4. Additional Authorized Signers of Corporation/Business Entity

Title:	Name:



O-2927

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5. Authorized Payor

If a business will be paying the premium on the policy, please list the individuals authorized on such business account below.

****REQUIRED FOR PROCESSING IF PREMIUM ARE BEING PAID BY THE BUSINESS****

Title:	Name:

6. Fraud statement

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

7. Acknowledgement

Please be advised that the Insured reserves the right to request and receive copy of the Corporate Resolution or other legal documentation evidencing the individuals with authority to bind/contract on behalf of the Corporation or Business Entity if it determines that it is necessary to do so. Before the Insurer pays death benefit proceeds, it may also require a current Corporate Resolution or other legal documentation evidencing the individuals with authority to act on behalf of the Corporation or Business entity.

The Officer(s), states and agrees that if the Corporation or Business Entity is named as Policy/Contract owner, it is authorized to purchase and hold insurance/annuity; that if the Corporation or Business Entity is named as beneficiary of the Policy(s)/Contract(s) it is authorized to receive insurance proceeds. The Corporation or Business Entity represents that they have determined that the Policy/Contract is suitable for the financial needs and objectives of the Corporation or Business Entity.

The Officer(s), agrees that the Insurer's sole obligation is to perform under the terms of the Policy(s)/Contract(s). The Officer(s) also agrees that the Insurer may rely on the signature(s) of the Officer(s) on behalf of the Corporation or Business Entity in the same regard as if they were the actual owner or beneficiary of the Policy(s)/Contract(s).

The Insurer may rely solely on this Certification Agreement as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced Policy/Contract and to determine the Corporation or Business Entity exists and the information provided is accurate; the Insurer has no obligation to investigate the status of the Corporation or Business Entity or the authority of the Officer(s) and will not be accountable for knowledge about the Corporation of Business Entity existence or status beyond this Certification.

The Officer(s) declares they have had an opportunity to consult with their own independent legal and tax advisors concerning the appropriateness of the Policy(s)/Contract(s) for the Corporation or Business Entity and they have the authority to execute this Certification Agreement and bind the Corporation or Business Entity to the terms therein. As Officer(s), and on behalf of the Corporation or Business Entity, I/we agree and hold the Insurer and its agents, employees, and other representatives harmless from any action the Insurer takes at the direction of the Officer(s), unless such hold harmless is not permitted by applicable law.

The Officer(s) declares, solely in its capacity as Officer and not individually and on behalf of the Corporation or Business Entity, that each and every Officer is bound by this declaration. It is further understood that the Insurer may rely upon the direction of the named Officer(s) until the Insurer receives written notification at its Administrative Office, of a change of Officer(s) holding authority to act on behalf of and bind the Corporation or Business Entity. The Officer(s) agrees to notify the Insurer within a reasonable time after such change occurs.

The Officer(s) further acknowledges and agrees that:

- Neither the Insurer nor any of its agents, employees or representatives are authorized to give tax or legal advice;
- The Officer(s) has not relied upon any representation or advice of any of the Insurer's agents, employees or representatives with respect to the utilization of the Corporation or Business Entity as the owner and/or beneficiary of this Policy/Contract; and

IN WITNESS WHEREOF, the undersigned has executed this Certification Agreement.

8. Signatures

One officer signature is required, two officer signatures are recommended.

Signed:
Printed Name:
Title:
Date (mm/dd/yyyy):

Signed:
Printed Name:
Title:
Date (mm/dd/yyyy):