

Trust Certification Affidavit

Account Number: _____

Name of Trust: _____

Daytime Phone Number: _____ Evening Phone Number: _____

IMPORTANT INFORMATION: This form verifies that the attached Trust document is still valid.

1 | TRUST CERTIFICATION INFORMATION

I/We, the undersigned trustee(s), certify that the trust named above is valid and has not been revoked, modified, or altered.

Trustee's Printed Name: _____ Date: _____

Trustee's Signature: _____ Phone Number: () _____

Trustee's Printed Name: _____ Date: _____

Trustee's Signature: _____ Phone Number: () _____

2 | NOTARY PUBLIC INFORMATION

State of _____

County of _____

Before me the undersigned, a Notary Public for _____ County, State of, _____

personally appeared _____ and he / she being first duly sworn upon his / her oath, says that the

facts alleged in the foregoing document are true.

Signed and sealed this the _____ day of, _____.

Notary Public _____ My commission expires _____



Once completed, mail the form to the appropriate address listed for processing.

Please send to:

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445