



DEGREE of HONOR
A Division of Catholic Financial Life

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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
