

**INFORMATION**

Execute every line. If not applicable, so indicate.

In consideration of the Insurance Company initiating and/or maintaining one or more Agreements (e.g. Producer, Selling) for the Entity named below, I/We the undersigned, Authorized Persons, certify as follows:

\_\_\_\_\_

The full title or name of the Entity

Type of Entity:  Corporation  Partnership  Limited Liability Company

If Partnership:  General  Limited  Qualified Retirement Plan  Charitable Organization

\_\_\_\_\_

The date Entity was established

\_\_\_\_\_

State where Entity was established

\_\_\_\_\_

Date of last Amendment to Entity Governing Documents

\_\_\_\_\_

The Tax Identification Number for the Entity

The Authorized persons may act:  Singly  Jointly

**AUTHORIZED PERSONS**

There are no Authorized Person(s) for the Entity other than the undersigned.

I/We agree to inform the Insurance Company in writing, of any amendment to the Entity's Governing Documents, any change in the composition of the Authorized Person(s), or any other event which could materially alter the Certifications made.

The Insurance Company reserves the right to request a copy of the Entity's Governing Documents (e.g. articles of incorporation, bylaws, partnership agreements, operating agreements) and other documents in addition to this executed form when deemed necessary.

The Insurance Company is authorized to accept instruction from those individuals listed below, on behalf of the aforementioned entity.

I/We hereby certify under penalty of perjury that the undersigned are all the Authorized Person(s). (All Authorized Person(s) must sign. Attach extra page if necessary.)

Should only one person execute this agreement, it shall constitute a representation that the signatory is the sole person authorized to act for the entity.

\_\_\_\_\_

Authorized Person

\_\_\_\_\_

Authorized Person

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Authorized Person Signature

\_\_\_\_\_

Authorized Person Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Date