

Entity Certification of Authority

Mailing Address: 4333 Edgewood Rd. NE, Cedar Rapids IA 52499

See page 2 for instructions before completing this form.

1. CONTRACT/POLICY INFORMATION

Contract/Policy Information - Indicate the name of the contract policyowner(s) and the contract policy number(s).

Contract Owner/Policyowner(s)

Contract/Policy Number(s) (If existing contract/policy)

2. INFORMATION ABOUT OWNER AND/OR BENEFICIARY

Execute every line. If none named or not applicable so indicate.

Entity is: ☐ Owner ☐ Beneficiary ☐ Both ☐ Assignee

In consideration of the Insurance Company opening and/or maintaining one or more contract(s) and/or policies for the Entity named below. I/We the undersigned below, 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

The date of the latest Amendment to Entity Governing Documents

The Authorized persons may act: ☐ Singly ☐ Jointly

The Tax Identification Number for the Entity

Is the Entity the agent for a natural person? ☐ Yes ☐ No (Not applicable to Life Insurance products)

It is important to note if the Entity is not an agent for a non-natural entity the annuity will not have a tax deferred status. In addition, the beneficiary's distribution options will be limited.

3. INVESTMENTS PERMITTED/Source of Premiums

I/We certify that I/We have power under the Entity's Governing documents and applicable law to enter into transactions, both purchases and sales, of the types specified below: *(Check types of investments which are permitted)*

☐ Annuities ☐ Life Insurance ☐ Other _____

Source of Premiums _____

4. NOTE

I/We certify that the proposed transactions are within the powers of the Entity.

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.

I/We, the Authorized Person(s), on behalf of the Entity jointly and severally indemnify the Insurance Company and hold the Insurance Company harmless from any liability for effecting transactions of the types specified, if the Insurance Company acts pursuant to instruction given by any of the Authorized Person(s) listed below. It is understood and agreed that the Insurance Company shall not be responsible for the application or disposition of the proceeds by the Authorized Person(s) and the payment of the proceeds to any Authorized Person(s) shall fully and finally discharge the Insurance Company from all liability under the Contract(s) and/or Policy(ies).

The Insurance Company reserves the right to request a copy of the Entity's Governing Documents and other documents in addition to this executed form when deemed necessary.

5. AUTHORIZED PERSON(S)

The Insurance Company is authorized to accept instruction from those individuals or entities listed below, including contract changes and distribution privileges.

I/We have received and understand the terms of this document and have not relied on any representation or advice by the Insurance Company or its representatives regarding the legal or tax effects of this Certification.

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.)

*Authorized Person (Please Print)

Address

Phone Number

Authorized Person Signature

Witness

Date

*Authorized Person (Please Print)

Address

Phone Number

Authorized Person Signature

Witness

Date

*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.

Where applicable, plural references in this certification shall be deemed singular.

The Company reserves the right to request a copy of the Entity's Governing Documents and other documents in addition to this executed form when deemed necessary.

6. ADDITIONAL INFORMATION

Please read the following information before completing page 1 of this form.

Policy Information

Indicate the name of the policyowner and policy number(s).

Information from your Entity's Governing Documents

This section is asking for specific information that must be obtained from your governing documents (e.g., articles of incorporation, by laws, partnership agreements, operating agreements). Please refer to the definitions below to help you determine the information we are requesting:

Definitions

Authorized Person(s): The individual or Entity(ies) who have been authorized by the Entity to act on behalf of the entity according to the terms as outlined in the governing document.

Governing Document: The documents(s) that establish the entity and govern its operations, including but not limited to, articles of incorporation, by laws, partnership agreements, operation agreements, and entity resolutions.

Qualified Retirement Plan: A retirement plan or trust meeting the requirements of section 401 of the Internal Revenue Code.

Investments Permitted: Please indicate the type of investments permitted with the powers of the Entity.

Authorized Person(s)

Please indicate name(s) and signature(s) of the person(s) authorized to give instructions for the Entity.

Insurance Company: This refers to the Insurance Company that is administering the Contract(s) and/or Policy(ies) listed on this form.

Note

We recommend you seek the advice of your legal counsel with any questions you may have concerning your Entity.