UNITED TRUST GROUP, INC.

5250 South Sixth Street; P.O. Box 5147; Springfield, Illinois 62705; (800) 323-0050

INDEMNIFICATION AGREEMENT - DECEASED

DEFINITIONS				
Term	Defined As			
The Company	Abraham Lincoln Insurance Company Appalachian Life Insurance Company Universal Guaranty Life Insurance Company Universal Guaranty Administrators/GE Independent Order of Vikings Other	Life & Annuity		
The Deceased				
The Beneficiary				
The Policy	#			
The Amount	\$			

Know all men by these presents, that, The Beneficiary being the surviving heir of, The Deceased, hereby agree to indemnify and hold harmless The Company in the event that it shall incur any expense of any nature whatsoever as a result of claims of any nature whatsoever arising under The Policy issued by The Company and insuring the life of The Deceased, in pursuance of this agreement, I hereby bind myself and each of my heirs, executors and administrators, jointly and severally, to the terms of this agreement.

In consideration of this agreement, The Company has agreed to pay The Amount of the life insurance proceeds available under The Policy as a result of the death of The Deceased to The Beneficiary in order to avoid the expense of an administration upon the estate of The Deceased.

This agreement is executed for the purpose of protecting The Company against any and all outstanding claims that may otherwise be filed against The Company by creditors or other claimants of the estate of The Deceased.

We, our heirs, executors or administrators or assigns shall at all times save harmless and keep indemnified The Company, its successors and assigns, against all suits, actions, debts, damages, costs, charges and expenses and against all loss and damages including court costs and attorneys' fees that shall or may at any time happen or result to The Company by reason of the aforesaid payment.

In witness whereof I have hereunto set my hand as follows, on the stated date.

BENEFICIARY (typed name)	SIGNATURE	DATE
BENEFICIARY (typed name)	SIGNATURE	DATE
WITNESS (typed name)	SIGNATURE	DATE
WITNESS (typed name)	SIGNATURE	DATE
State of		
County of		
The foregoing was subscribed and s aforesaid by		•
Notary Public		
My Commission Expires:		