

Trustmark Insurance Company
400 Field Drive
Lake Forest, Illinois 60045-2581
(800) 918-8877



TRUST BENEFICIARY DESIGNATION FORM

To designate a trust as the beneficiary of your Trustmark Universal Life insurance policy, please complete the form below and submit this document using one of the methods below:

Mail:
Trustmark Insurance Company
P.O. Box 7937
Lake Forest, IL 60045-7937

Fax: 847.615.4943
Email: customercare@trustmarksolutions.com

Insured's Name (Annuitant, if applicable):	Policy/Certificate Number(s):
Owner of Policy:	Social Security Number:

1. All beneficiary designation on the policy made prior to this date are revoked.
2. The beneficiary or beneficiaries of the policy from this date shall be as follows:

Beneficiary Designation

_____, Trustee or its successors in trust, under Trust Agreement dated _____ known as The _____ Trust; or if such Trust is terminated to the Insured's Estate. The Company assumes no responsibility for carrying out the terms of the trust and payment to the Trustees (or the insured's estate, where applicable) shall discharge the company from any obligations.

3. Any policy provision which requires endorsement of a beneficiary change on the policy form is deleted by mutual agreement of the Owner and Trustmark Insurance Company ("the Company"). The beneficiary may be changed at any time during the Insured's lifetime by written request satisfactory to the Company. Such change will be binding on the Company only when received at its home office, but when received shall take effect as of the date it was signed by the Owner, subject to any action taken or payment made by the Company before receipt and regardless of whether or not the Insured is living on the date of receipt.

This designation is made subject to all other terms and conditions of the policy and any assignments on record with the Company.

Signature of owner: _____ Date: _____

Signature of Spouse: _____ Date: _____

(Required for Community Property States: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

FOR HOME OFFICE USE ONLY

Received and original retained at home office.

TRUSTMARK INSURANCE COMPANY

Date: _____ By: _____