



# EQUITABLE

Equitable Advisors, LLC  
(Equitable Financial Advisors  
in MI & TN)  
Equitable Distributors, LLC  
For Assistance Call (800)-789-7771

## Equitable Annuity Series Certification of Trust

**For Accumulator/  
Retirement  
Cornerstone/Structured  
Capital  
Strategies/Investment Edge  
contracts**  
**Express Mail:**  
Equitable Financial Life  
Insurance Company  
Retirement Service Solutions  
8501 IBM Dr, Suite 150-IR  
Charlotte NC 28262-4333  
**Regular Mail:**  
Equitable Financial Life  
Insurance Company  
Retirement Service Solutions  
P.O. Box 1424  
Charlotte, NC 28201-1424  
**Fax Number:**  
(816) 701-8039

**For EQUI-VEST contracts**  
**Express Mail:**  
Equitable  
EQUI-VEST® Processing Office  
8501 IBM Dr., Suite 150-GR  
Charlotte, NC 28262-4333  
**Regular Mail:**  
Equitable  
EQUI-VEST® Processing Office  
PO Box 1430  
Charlotte, NC 28201-1430  
**Fax Number for  
EQUI-VEST:**  
(816) 701-4967

### 1. Trust Information *(Please print)*

Contract Number \_\_\_\_\_ Name of Trust \_\_\_\_\_ Trust Taxpayer Identification Number (TIN) \_\_\_\_\_

Date of Trust \_\_\_\_\_ Dates of Any Amendments to the Trust \_\_\_\_\_

Name of Grantor(s) (Skip this section if this is not a Grantor Trust) \_\_\_\_\_

• Is this a Grantor Trust?  Yes  No If yes, please provide the names of the grantors for \_\_\_\_\_  
tax purposes and provide the TIN Equitable \_\_\_\_\_  
should use to report to the IRS. \_\_\_\_\_

Name of Trustee(s) \_\_\_\_\_ Trustee(s) Social Security Number(s) \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_ Trustee(s) Date of Birth \_\_\_\_\_

Government Issued ID, Type & Number \_\_\_\_\_

Beneficiary(ies) of Trust \_\_\_\_\_

### 2. Terms and Conditions

**Applicable Trustee(s) must sign and have the signature(s) notarized. Make copies of this page and the next as needed. By signing on the next page, you certify as Trustee that:**

- Where there are multiple Trustees:  
 All of the currently acting Trustees are required to sign in order to exercise the powers of the Trustees.  
 Only the following Trustee(s) are/is required to sign in order to exercise the powers of the Trustees (please list as applicable):  
\_\_\_\_\_  
\_\_\_\_\_

- The Trust has not been revoked, modified, or amended in any manner that would cause the statements contained in this Trust Certification to be incorrect.
- The Trust exists under applicable state laws, and is in full force and effect.
- I/We have the authority under the Trust (acting alone or with other Trustees as noted in Section 1) and applicable law to enter into transactions, issue instructions on this account for, and at the risk of the Trust, and agree that all transactions and instructions will be in full compliance with the Trust.

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## 2. Terms and Conditions (continued)

- Each Trustee is a U.S. person (including a non-citizen who is a U.S. resident alien).
- I/We (jointly and severally) agree to indemnify Equitable from and hold us harmless for any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from our effecting any transaction or acting upon any instruction given by me/us or any third party I/we authorize on my/our account, or from my/our action or inaction, whether intentional or not, including losses resulting from the action or inaction of any authorized agent, advisor, or any other third party I/we authorize on my/our account. I/We further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Equitable may have under any other agreement with me/us.
- I/We will inform us in writing of any changes to these certifications (such as a change of Trustees).

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## 3. Signatures

**\*The information and statements contained in this Certification of Trust are true and correct.**

**\*IRS Form W-9 is attached and must be completed.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Corporate Trustee:

\_\_\_\_\_  
(Name of Corporate Trustee)

By: \_\_\_\_\_  
(Officer's Signature)

Individual Trustee(s):

\_\_\_\_\_  
(Name of Trustee)

\_\_\_\_\_  
(Trustees Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature and Seal of Notary Public:

My commission expires: \_\_\_\_\_

(If more than one individual Trustee, all should sign. If Corporate and Individual Co-Trustees, both should sign)