

Premium Administration, LLC

Service Contract

The **TRUSTEE** needs to initial each paragraph. If you have any questions on the service contract please call Premium Administration, LLC.

Trustee and Premium Administration, LLC, (hereinafter referred to as PA) hereby agree to the following:

In consideration and acceptance of the fee schedule as published and subject to change, Trustee hires PA **as agent** to perform solely those services listed in this service contract and fee schedule. initial: _____

Trustee understands and agrees that neither PA, nor its officers, agents, or employees, accept any fiduciary duties of the Trustee. initial: _____

Trustee hereby indemnifies and agrees to hold harmless PA from any fiduciary responsibilities including but not limited to choice of insurance carrier, insurance contract type, amount, and terms, and insurance policy investment returns. PA is specifically excluded from any duties relating to financial, tax, or estate planning on behalf of Trustee, insured, or trust beneficiaries. initial: _____

PA serves solely as an agent of Trustee, and derives all duties from decisions and instructions of the Trustee. initial: _____

In the event of death of an insured, Trustee is responsible for collecting policy proceeds. PA's duties end upon and concurrent with the death of the insured(s). initial: _____

PA does not provide any express or implied warranty or guarantee on behalf of the trustor(s), trustee, beneficiaries, insurance or other products. initial: _____

In the event of service dispute, all parties agree to binding arbitration proceedings. initial: _____

PA will hold premium notices for 14 calendar days. If no monies for payment of premiums are received by PA within the 14 day period, PA may forward premium notices and cancellation notice to trustee of PA services to the address of record. initial: _____

In the event of non-payment of fees to PA, PA may immediately relinquish all duties and documents to Trustee. initial: _____

This agreement may be voluntarily terminated by either party with 30 days written notification to the address below. initial: _____

It is trustee's duty to keep PA notified of all changes of address. PA will have satisfactorily performed notice requirements if sent to the address of record, unless specifically notified of change by trustee. initial: _____

PA may access insurance information over the internet. Information used to establish this access such as password or other verification information will be made available to all trustor(s) and trustees upon request. PA will limit internet access to only those insurance policies owned by trusts under administration. It is understood that any email associated with the insurance internet account will be monitored by PA. initial: _____

Signed:

Trustee Date

Of the _____ Trust, UAD _____

Premium Administration, LLC Date

Premium Administration, LLC

Trustor Affirmations

The **TRUSTOR(S)** needs to initial each paragraph. If you have any questions please call Premium Administration LLC (hereafter referred to as "PA").

I/we understand that PA accepts no fiduciary responsibility or duties with respect to the administration of this trust including, but not limited to, the assets owned by the trust, assets added to the trust, gifts to the trust, or decisions made by the trustee. initial: _____

I/we understand that PA is not aware of, nor responsible for, any estate, financial, or tax planning or reporting duties aside from those duties directly related to the administration of this trust. initial: _____

I/we indemnify and hold harmless PA for any fiduciary responsibility including, but not limited to, choice of insurance carrier, type or terms of insurance contract, investment of trust assets, or the amount of insurance held. initial: _____

I/we acknowledge that PA serves as an agent for the trustee of this trust, at the pleasure of the trustee. initial: _____

I/we acknowledge that PA does not provide any express or implied warranty or guarantee on behalf of the trustor, trustee, beneficiaries, insurance or other products, legal or tax counsel. initial: _____

I/we acknowledge that, in the event of death of the insured, PA duties cease immediately. Collection, administration and investment of policy proceeds is the responsibility of the acting trustee. initial: _____

I/we acknowledge that PA is not responsible for any information not included in this form. initial: _____

I/we acknowledge that, in the event of a service or contract dispute, all parties agree to binding arbitration proceedings. initial: _____

I/we acknowledge that, in the event of non payment of fees to PA or no gift action by trustor within 14 days following receipt of premium notices, PA may resign immediately by sending all information to trustee to their current address on file. initial: _____

I/we acknowledge that this agreement may be voluntarily terminated by either party with 30 days written notice to the other party. initial: _____

I/we acknowledge that PA may create internet access accounts to more effectively monitor and administer insurance policies held by the irrevocable trust under PA administration. initial: _____

Signed:

Trustor

Date

Trustor

Date

Of the _____ Trust, UAD _____