



FARMERS LIFE INSURANCE COMPANY

Annuity Application Certification and Indemnity Agreement (Corporation or Other Entity)

As the duly elected Secretary/Assistant Secretary of _____, Full name of Corporation/Other Entity, as shown on organizational documents a (check one) [] Corporation [] Limited Liability Company [] Other (specify) _____, organized and existing under the laws of the State of (enter state) _____, I, the undersigned, hereby certify and represent that the following are true and correct:

1. The following individuals are duly authorized to act on behalf of the Corporation/Other Entity named above:

Table with 3 columns: Name, Title, Signature. It contains four empty rows for listing authorized individuals.

- 2. The number of the foregoing signatures required to transact is _____.
3. The Corporation/Other Entity named above exists in good standing under all applicable laws as of the date this certification is signed and will exist and be in good standing under all applicable laws as of the date any one or more of the foregoing individuals directs or authorizes, on behalf of the Corporation/Other Entity, that Farmers Life Insurance Company (the "Company") take any action concerning said Corporation/Other Entity.
4. I make this certification pursuant to the powers granted to me in the governing documents of the Corporation/Other Entity for the purpose of inducing the Company to process, with the intent of issuing and thereafter administering, the individual annuity applied for by _____ under the accompanying application. Applicant full legal name
5. On behalf of the Corporation/Other Entity named above, I agree to completely release the Company and its agents, third-party administrators, directors, officers, employees, and other representative and hold them harmless from any claim, loss, or liability related to any action taken in reliance on or pursuant to this certification. Additionally, on behalf of the Corporation/Other Entity named above, I agree to indemnify the Company and its agents, third-party administrators, directors, officers, employees, and other representatives from any claim, loss, or liability that may arise from any action taken in reliance on or pursuant to this certification or at the direction of the undersigned or the authorized individual(s) named above.
6. The information contained in this certification was supplied by me, and I have not relied on any information supplied by the Company, its agents, third-party administrators, employees, or other representatives in executing this certification.

Signed this _____ day of _____ month/year

Secretary/Assistant Secretary signature