

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	<input type="checkbox"/> Abraham Lincoln Insurance Company <input type="checkbox"/> Appalachian Life Insurance Company <input type="checkbox"/> Universal Guaranty Life Insurance Company <input type="checkbox"/> Universal Guaranty Administrators/GE Life & Annuity <input type="checkbox"/> Independent Order of Vikings <input type="checkbox"/> Other _____
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 sworn to before me, a notary public in and for the jurisdiction aforesaid by _____ this day of _____, 20 _____

Notary Public

My Commission Expires: _____