UTG, INC.

P.O. Box 13080; Springfield, Illinois 62791-3080; (800) 323-0050

INDEMNIFICATION AGREEMENT - DECEASED BENEFICIARY

DEFINITIONS

Term	Defined As
The Company	☐ Universal Guaranty Life Insurance Company ☐ UG/Genworth Life & Annuity ☐ IdeaLife Insurance Company ☐ Independent Order of Vikings
The Deceased Owner	_____ First Middle Last
New Owner	Name: _____ First Middle Last Address: _____ Street City State Zip Code Phone: _____ Social Security No. _____
The Policy	# _____

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
_____	_____	_____
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: _____