



Guardian's Certification Form

This form is to be completed and signed by any **court-appointed** Guardian requesting a transaction. **In addition to this form, specific court approval allowing the requested transaction must accompany this form.** A copy of the court paperwork appointing the Guardian is also required if not previously submitted to the Catholic Financial Life Home Office.

Name of Insured _____ Name of Owner, if different _____

Certificate Number(s) _____

I, the undersigned, certify to Catholic Financial Life that:

1. On the _____ day of _____, _____, I was appointed by the _____ Court of _____ County, State of _____, as the **guardian of the estate of** _____, and I am now serving in that position.

2. Each copy of a court document that I have submitted or will submit to Catholic Financial Life is a true and accurate copy of the original document, and the original document remains in effect.

3. I acknowledge and accept liability for any losses that Catholic Financial Life may incur relying on this certification.

Guardian Name _____ Phone Number _____

Guardian Address _____

Signature of Guardian Date _____