



Transamerica Life Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499

December 15, 2015

Great Southwest Events Inc  
3301 E Randol Mill Rd  
Arlington, TX 76011-6839

Policy Number: 43118525  
Insured(s): James T Mosley

Dear Policy Owner:

Thank you for your recent request for  
≠ a full surrender.

Before we can continue, we will need the following:

- ≠ A request signed by the Owner, Great Southwest Events Inc
- ≠ A corporate resolution for Great Southwest Events Inc is required to support any officer signature provided. The resolution must be on company letterhead and provide the names and titles of all persons authorized to sign on behalf of the company.

We appreciate your business and this opportunity to be of service to you. If you have any questions or need additional assistance, please contact the Customer Service Department at 1-800-852-4678.

Thank you for choosing Transamerica!

Customer Service Department  
Fax 1-866-622-5051  
tii.customerservice@transamerica.com

cc: Wicker, Larry D 1030411  
Crump Life/axa 14673

Enclosure(s): Entity Form Enclosure  
Return Envelope

Contract/Policy No. \_\_\_\_\_  
(Home Office Use Only)

## Entity Certification of Authority for Life Insurance

Transamerica Life Insurance Company  
4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499P

### 1. POLICY INFORMATION

Great Southwest Events Inc

Contract Owner/Policyowner

43118525

Contract/Policy Number (if existing contract/policy)

### 2. INFORMATION ABOUT OWNER

Execute every line. If none named or not applicable so indicate.  
See reverse side for instructions before completing this form.

In consideration of Transamerica Life Insurance Company ("the Company") opening and/or maintaining one or more policies for the Entity named below, we the undersigned below, Authorized Persons, certify as follows:

The full title or name of the Entity

Type of Entity:

- Corporation     Partnership  
 Limited Liability Company

If partnership:

- General     Limited  
 Qualified Retirement Plan     Charitable Organization

The date Entity was established

State where Entity was established

The date of the latest Amendment to Entity  
Governing Documents

The Authorized persons may act:  Singly or  Jointly

The Tax Identification Number for the Entity

Is the Entity the agent for a natural person?  Yes

*It is important to note if the entity is not an agent for a non-natural entity the annuity will not have a tax deferred status. In addition, the beneficiary's distribution options will be limited.*

### 3. INVESTMENTS PERMITTED/SOURCE OF PREMIUMS

I/We certify that I/we have the power under the entity's governing documents and applicable law to enter into transactions, both purchases and sales, of the types specified below: (Check types of investments which are permitted)

Annuities     Life Insurance

Other \_\_\_\_\_

Source of Premiums \_\_\_\_\_

### 4. NOTE

I/We certify that the proposed transactions are within the powers of the Entity.

There are no Authorized Persons for the Entity other than the undersigned.

I/We agree to inform the Company in writing of any amendment to the Entity's governing documents, any change in the composition of the Authorized Persons, or any other event which could materially alter the Certifications made.

I/We, the Authorized Person(s), on behalf of the Entity jointly and severally indemnify the Company and hold the Company harmless from any liability for effecting transactions of the types specified, if the Company act pursuant to instruction given by any of the Authorized Persons listed below. It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Authorized Persons and the payment of the proceeds to any Authorized Person(s) shall fully and finally discharge the Company from all liability under the Policy.

The Company reserves the right to request a copy of the Entity's Governing Documents and other documents in addition to this executed form when deemed necessary.

### 5. AUTHORIZED PERSONS

The Company is authorized to accept instruction from those individuals or entities listed below, including contract changes and distribution privileges.

I/We have received and understand the terms of this document and have not relied on any representation or advice by the Insurance Company or its representatives regarding the legal or tax effects of this Certification.

I/We hereby certify under penalty of perjury that the undersigned are all the Authorized Persons. (All Authorized Persons must sign. Attach extra page if necessary.) **Attached are copies of authorization paperwork.**

Authorized Person (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Authorized Person (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\* Should only one person execute this agreement, it shall constitute a representation that the signatory is the sole person authorized to act for the entity.

Where applicable, plural references in this certification shall be deemed singular.

**Please Read the following information before completing the front side of this form.**

**Policy Information**

Indicate the name of the policyowner and the policy numbers.

**Information from your Entity's Governing Documents**

This section is asking for specific information that must be obtained from your governing documents (e.g., articles of incorporation, by laws, partnership agreements, operating agreements). Please refer to the definitions below to help you determine the information we are requesting:

**Definitions**

*Authorized Person:* The individual (is) or Entity(ies) who have been authorized by the Entity to act on behalf of the entity according to the terms as outlined in the governing document.

*Governing Document:* The document(s) that established the Entity and govern its operations, including but not limited to, articles of incorporation, by laws, partnership agreements, operating agreements, and entity resolutions.

*Qualified Retirement Plan:* A retirement plan or trust meeting the requirements of section 401 of the Internal Revenue Code.

**Investments Permitted**

Please indicate the type of investments permitted within the powers of the Entity.

**Authorized Persons**

Please indicate names and signatures of the persons authorized to give instructions for the Entity.

**Note**

We recommend you seek the advice of your legal counsel with any questions you may have concerning your Entity.