



PILLAR LIFE INSURANCE COMPANY

NURSING HOME CONFINEMENT BENEFIT WAIVER OF SURRENDER CHARGE CERTIFICATION

This form, when properly completed and submitted, allows you to notify Pillar Life Insurance of confinement to a nursing home for purposes surrender of charge certification. Please complete part 1 and have the nursing home complete part 2.

Be sure to complete the relevant sections

1. Policy Owner / Annuitant Information.

Annuity Contract Number:
Contract Owner (or trust name if a trust):
Contract co-Owner (if applicable)
Annuitant:

2. Facility Information:

To be completed by a director or manager of the nursing home. Please print or type information below:

I, _____, am a director and/or manager of:

Name of Facility (a): _____

Address of Facility: _____

Phone Number of Facility: __ (____) _____

License Number: _____

By signing below, I acknowledge and certify the following:

- That the facility information provided above is true, correct and complete;
- That the facility named above
 - Has as its main function providing skilled, intermediate or custodial care;
 - Is operated and licensed as a skilled nursing home or intermediate care facility according to the laws of the state in which it is doing business;
 - Provides 24-hour per day nursing care to at least three persons by, or supervised by, a nurse (b) on duty or on-call at all times;
 - Is supervised by a physician (c); and

- Keeps an ongoing medical record of each patient in accordance with generally accepted professional standards and practices, and
- That _____, (the Contract Owner, co-Owner, or, in the case of a trust-owned policy the Annuitant) is currently confined in the above named nursing home facility and has been continuously confined in such facility since _____.
Date

Director and or Manager's Signature: _____ Date: _____

3. Return Instructions

Please return this form to

Pillar Life Insurance Company
711 SW D Ave #100
Lawton, OK 73501

- (a) State the facility name as it appears on the operating license.
- (b) Nurse means (i) a registered nurse (RN), (ii) licensed practical nurse (LPN), or (iii) licensed vocational nurse (LVN); licensed in the state in which the nursing home is doing business.
- (c) Physician means a licensed M.D. or D.O. acting within the scope of the license. Physician does not include (i) the Contract Owner or the Contract Owner's spouse or (ii) the brother, sister, parent or child of the Contract Owner or of the Contract Owner's spouse.