INSURER NAME__________________________________________________ NAIC #__________

Pursuant to Utah Code Annotated (U.C.A.) §31A-22-501, group marketing is limited to the stated group types in U.C.A. §31A-22-501.1 through §31A-22-509. If the group being submitted qualifies under U.C.A. §31A-22-501.1 through §31A-22-508, then complete this form. If the group is other than those specified in U.C.A. §31A-22-501.1 through §31A-22-508, it is considered a discretionary group under U.C.A. §31A-22-509 and the Discretionary Group Authorization Questionnaire must be completed instead of this form.

_____

EMPLOYER:
Do the groups meet all requirements of U.A.C. §31A-22-501.1? Yes ____ No____
If filing is for a single policyholder, provide name: ______________________________________________
Is a trust involved? Yes__ No__ Trust name:_____________________________________________________
Date formed ____/____/____ By whom ____________________________ Domicile__________________

EMPLOYER-EMPLOYEE:
Do the groups meet all requirements of U.A.C. §31A-22-502? Yes _____ No____
If the filing is for a single policyholder, provide name: ______________________________________________
What is the purpose of the insurance? __________________________________________________________
Is a trust involved? Yes__ No__ Trust name:_____________________________________________________
Date formed ____/____/____ By whom ____________________________ Domicile__________________

LABOR UNION:
Does the group meet all requirements of U.A.C. §31A-22-503? Yes ____ No _____

TRUSTEE:
Does the group meet all requirements of U.A.C. §31A-22-504? Yes _____ No____
Describe the group_________________________________________________________________________
If the filing is for a single policyholder, provide name: ______________________________________________
What is the purpose of the group?________________________________________________________________
What is the purpose of the insurance?________________________________________________________________
Trust name:_____________________________________________________
Date trust formed ____/____/____ By whom_______________________ Domicile__________________
Trustee name _____________________________________________________________________________
Trust administrator name ______________________________________________________________________
Function of the trust ________________________________________________________________________

ASSOCIATION:
Does the group meet all requirements of U.A.C. §31A-22-505? Yes ____ No____
Association name ________________________________Policyholder name ___________________________
Purpose of the association ___________________________________________________________________
Date formed ____/____/____ State ______________________________ By whom_______________________
Qualifications and benefits for membership_________________________________________________________________
Is a trust involved? Yes___ No____ Date formed ____/____/____ By whom_______________________
Trustee Name _____________________________________________________________________________
Administrator name _________________________________________________________________________

CREDITOR.
Does the group meet all requirements of U.A.C. §31A-22-506? Yes ____ No ____

CREDIT UNION:
Does the group meet all requirements of U.A.C. §31A-22-507? Yes ____ No ____

NATIONAL GUARD:
Does the group meet all requirements of U.A.C. §31A-22-508? Yes ____ No ____

MARKETING AND ADMINISTRATION:
Will the certificates be marketed directly to an individual? Yes ____ No ____
UTAH LIFE, ANNUITY, and CREDIT INSURANCE GROUP QUESTIONNAIRE

Describe the beneficiary: _________________________  Who designates the beneficiary? ______________________

Are premiums handled through the group, the policyholder, or the insurer? ____________________________________

Are premiums contributory or non-contributory? _______________________

ANNUITY CONTRACTS:
Are the funds allocated or unallocated? _____________________ Explain:__________________________________

Who owns the funds _________________________________________________________________________________

Are premiums tax-qualified?  Yes____ No ____ Identify the applicable Internal Revenue Tax Code(s) _____________

I HEREBY CERTIFY that I have reviewed the above. My responses are correct and in compliance with all applicable provisions of the Utah laws and rules.

Print Name          Signature           Date

Contact the Life Insurance Section at (801) 538-3066 or life.uid@utah.gov if you have any questions.