



Charitable Remainder Trust Waiver

You can submit this form via:

Email (fastest):

AnnuityForms@DelawareLife.com

Fax:

800-883-9165

Mail:

Delaware Life
P.O. Box 80428
Indianapolis, IN 46280-0428

Overnight Mail:

Delaware Life
10555 Group 1001 Way
Zionsville, IN 46077

For questions or help with this form, call us at **800-374-3714**.
Throughout this form, "the Company" refers to the issuing company.¹

1 Waiver Information

Please be sure to check CRT in the Plan Selection section of the application.

As authorized signer for the

Name of Charitable Remainder Trust

I acknowledge that the Trust is aware that the Company tax reporting is limited to form 1099R when applicable and that the Company will not issue any Trust returns.

I am also aware that the Company will at no time assume any responsibilities other than the contractual obligations as the issuer of a deferred annuity contract, and, should the current trustee resign at any time, it will be the responsibility of the Trust to find a new trustee.

I do not hold the Company responsible for any tax consequences of the purchase of this annuity and Confirm that I have received independent tax advice as to the tax requirements of this investment.

Trustee's Signature

X

Signature Date (mm/dd/yyyy)

Print Trustee Name Below

Contact Us

Online
delawarelife.com

By Phone:
Customer Service **800-374-3714**
M-F 8:30 a.m.-6:00 p.m., ET

By Email (Clients):
Customer.Relations@delawarelife.com

By Email (Agents):
AgentSupport@delawarelife.com



¹ Delaware Life Insurance Company (Zionsville, IN) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group 1001. www.delawarelife.com

© 2026 Delaware Life Insurance Company. All rights reserved.