



Henry Montag CFP, CLTC  
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## **UNSKILLED TRUSTEE ADMINISTRATION SUPPORT SERVICES**

An unskilled non-professional ‘Accommodation’ Trustee of an Irrevocable Life Insurance (ILIT) or a SNT, has a fiduciary duty to provide prudent annual trust administration and credible Trust-Owned Life Insurance (TOLI) policy risk management evaluation.

However, most unskilled trustees are not aware that it is their fiduciary responsibility to evaluate the policies they’re responsible for, nor do they have the requisite expertise to provide the expected trust administration and risk management services.

Often, they rely on the grantor’s legal and tax professional advisors for administration tasks, but overlook their policy risk management duties and responsibilities, such as carrier and product suitability determinations, and policy performance monitoring. The TOLI Center East offers ILT administration support services specifically designed for unskilled ILIT trustees and their professional advisors.

I look forward to helping you determine whether you have a life policy that will accomplish your objectives, or a problem, and how best to fix it.

Sincerely,

Henry

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## THE TOLI CENTER EAST ENGAGEMENT LETTER

This letter will acknowledge that the undersigned has retained the services of;  
The TOLI Center East (TCE) to perform various policy evaluation services for You.

The TCE acknowledges that all data provided by the client & Insurer is confidential

The TCE assumes that all data provided by the client & Insurer is accurate.

The TCE acknowledges that it will exercise its fiduciary responsibility & will remain Impartial,  
has no financial interest in the outcome of this engagement. Should those services involve  
generating a commission, they can be used to offset fees owed to TCE.

The TCE acknowledges that no party may bring an action against TCE unless it arises from an  
act of intentional negligence, fraud or bad faith on the part of TCE.

The TCE will charge a fee of \$175 an hour & will provide a bill upon completion of work.

### Acknowledged and agreed to by;

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signed In \_\_\_\_\_

The TOLI Center East \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Kindly return this and Insurer engage forms to:

**Fax Number 631 549- 2786 or**

**Email to [Henryv@thetolicentereast.com](mailto:Henryv@thetolicentereast.com)**

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