Farm Bureau Life Insurance Company
5400 University Avenue
West Des Moines, Iowa
50266-5997

FARM BUREAU FINANCIAL SERVICES

GUARDIANSHIP CERTIFICATION

Policy #_____ **Insured**_____

On this _____ day of _____, 20___, A.D., I _____, ("Guardian"), certify that the Letters of Guardianship dated _____, 20___, attached hereto (the "Guardianship") is in full force and effect, the person referenced in the Guardianship is still alive, and the Guardianship is a true and correct copy.

_____
Guardian