

Terms

Purchase Payment Allocation Any Change will be effective within 7 days after the request is received.

Transfer of Fund Values A transfer charge may be imposed as provided in the contract. Transfers involving the Guaranteed Interest Account(s) are limited by contract provisions, and a market value adjustment may be imposed if a transfer of fund value(s) from the Guaranteed Interest Account(s) is requested

Please note: Unless otherwise expressly provided in this form, any request or election made on page 1 of this form will be made in accordance with provisions of the contract.

This service request, assuming it is properly completed, will be deemed received by us when it is received at the address indicated on page 1.

Signatures

I(we) have requested the above change(s), have read and understand the information contained on this page 2 of this form pertaining to my(our) change, and understand that a market value adjustment may be imposed if a transfer of Fund Value(s) from the Guaranteed Interest Account(s) is requested.

X _____
Rightsholder Signature Date

X _____
Other Rightsholder Signature Date

If a corporate signature is required, the title of the signing officer other than the insured or secretary, and the name of the corporation must be indicated.

Note: Two witnesses are required when signature is a mark or in foreign script

For Registered Representative Use Only

Registered Representative Signature / Date

Type of request Solicited Unsolicited

Print – Registered Representative Name

Date/Time Received by Authorized Registered Representative

Agency Number

Authorized Registered Principal Signature

If your client currently has auto-rebalancing, dollar cost averaging, or additional investment strategies, have you discussed the contract provisions with respect to these allocations as the requested transfers may have an effect on them?

Yes No

I verify and confirm that the transfers requested are in accord with the client's investment objectives, risk tolerance, time horizon, and overall asset allocation.

Yes No

When did the last sub-account transfer occur (date)? _____

Home Office Use Only

Customer Service Representative Name

Date/Time Transfer Entered