

<p>Insured/Annuitant:</p>	<p>Policy #:</p>
<p>1. CHANGE ADDRESS</p>	<p>5. LOAN REQUEST / REPAYMENT (Life Only)</p>
<p><input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Beneficiary</p> <p>New Address _____ _____ _____</p> <p>City _____ State _____ Zip _____</p> <p><small>(If address is to be changed on other policies, please list numbers or family names in "Other Instructions," page 2, #15. Only those listed will be changed.)</small></p>	<p><input type="checkbox"/> Maximum amount <input type="checkbox"/> Specified amount \$ _____ <input type="checkbox"/> Pay current premium due on Policy # _____ <input type="checkbox"/> Increase EFT by \$ _____ to apply to loan <input type="checkbox"/> Apply annual dividends to loan</p>
<p>2. CHANGE LAST NAME OF (Use Form 433-64 to change beneficiary) (Change Payor in Section 3; Ownership in Section 4)</p>	<p>6. CHANGE MY PREMIUM PAYMENTS</p>
<p><input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Beneficiary</p> <p>From _____ To _____</p>	<p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> _____ If EFT, complete form 433-190. For flexible premium policies, indicate new billing amount: \$ _____</p>
<p>3. PAYOR CHANGE</p>	<p>7. DIVIDEND WITHDRAWAL</p>
<p>New Payor _____ Address _____ _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Pay in cash <input type="checkbox"/> Pay _____ months premium on Policy # _____ <input type="checkbox"/> Apply to policy loan on Policy # _____ <input type="checkbox"/> Apply to pay first premium on attached application dated _____ on _____ <input type="checkbox"/> Other (explain in "Other Instructions," page 2, #15)</p>
<p>4. TRANSFER OF OWNERSHIP</p>	<p>8. CHANGE FUTURE DIVIDEND OPTION</p>
<p>To change ownership, indicate new ownership information below. NOTE: Any ownership change will remove all existing owners and contingent owners. If you wish to keep an existing owner or contingent owner, you will need to re-affirm them, below. Unless otherwise indicated below, the Insured shall become the Owner at the death of the Owner and Contingent Owner (if any).</p> <p>Multiple owners will be deemed to be joint tenants with full rights of survivorship unless otherwise specified.</p> <p>If the new Owner is a trust, corporation or other entity, please provide the full title under "Other Instructions," page 2, #15 and also attach form number 433-042 or 433-043, as appropriate.</p> <p>TRANSFER POLICY OWNERSHIP TO: <i>(New owner must sign this form)</i></p> <p>New Owner _____ Address _____ _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>SS/Tax ID # _____ Date of Birth _____</p> <p>Relationship to Insured _____</p> <p>Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> _____</p> <p>CONTINGENT OWNER (Not applicable to annuities) - Upon death of the Owner, ownership shall transfer to:</p> <p>New Owner _____ Address _____ _____ _____</p> <p>City _____ State _____ Zip _____</p> <p>SS/Tax ID # _____ Date of Birth _____</p> <p>Relationship to Insured _____</p> <p>Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Pay in cash <input type="checkbox"/> Premium reduction (except monthly); remainder, if any, to: <input type="checkbox"/> Pay in cash <input type="checkbox"/> Accumulate at interest <input type="checkbox"/> Buy Paid-up Additions <input type="checkbox"/> Accumulate at interest <input type="checkbox"/> Buy Paid-up Additions</p>
<p>9. CHANGE TO PAID-UP OR EXTENDED TERM</p>	<p>9. CHANGE TO PAID-UP OR EXTENDED TERM</p>
<p>10. POLICY CHANGES</p>	<p>9. CHANGE TO PAID-UP OR EXTENDED TERM</p>
<p><input type="checkbox"/> Paid-Up I elect to make my policy fully paid-up; however, if there is not enough value to make it fully paid-up, endorse it as reduced paid-up. Remaining dividends (if any) should be: <input type="checkbox"/> Pay in cash <input type="checkbox"/> Remain with the policy Future dividends to: <input type="checkbox"/> Accumulate at interest <input type="checkbox"/> Pay in cash <input type="checkbox"/> Buy Paid-up Additions <input type="checkbox"/> Extended Term Insurance</p>	<p><input type="checkbox"/> Decrease specified / face amount to \$ _____ <input type="checkbox"/> Change (UL/VUL) Death Benefit Option to B (level) Include cash value <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change Endowment or Retirement Date to _____ <input type="checkbox"/> Delete Rider _____</p>
<p>11. LOST POLICY</p>	<p>11. LOST POLICY</p>
<p><input type="checkbox"/> Policy is lost. Please issue a certificate of insurance (charge of \$25). Payment of \$25 is enclosed with this form. I hereby agree that any certificate issued shall create no liability on the part of the Company other than set out in the original policy, and if at any time the original policy is found, such certificate will be null and void and returned to the Company. <input type="checkbox"/> Send copy of latest Annual Statement at no charge.</p>	

OWNER MUST SIGN ON OTHER SIDE

Insured: _____

Policy #: _____

<p>12. SURRENDER POLICY</p> <p><input type="checkbox"/> Partial surrender for \$ _____ (Annuity/UL/VUL)</p> <p><input type="checkbox"/> Full surrender</p> <p>This surrender shall not take effect until this form and policy, if required, are received by the Company, but when so received, the Company's liability under the policy, except for payment of the net cash value, shall cease and terminate. In consideration of the payment of the net cash value, I acknowledge that all rights, claims, benefits and demands under the policy are fully settled and satisfied and the Company is hereby released from any and all liability.</p>	<p>14. REQUIRED MINIMUM DISTRIBUTION - ANNUITIES</p> <p><input type="checkbox"/> Required Minimum Distribution</p> <p>Is spouse sole primary beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide the following:</p> <p>Spouse Name _____</p> <p>Spouse Date of Birth _____</p>
<p>13. FEDERAL / STATE INCOME TAX WITHHOLDING</p> <p><input type="checkbox"/> Yes, I want withholding</p> <p><input type="checkbox"/> No, I do not want withholding (If not checked, the Company is required to withhold.)</p> <p>If I elect no withholding from my distribution, or if I do not have enough federal income tax withheld from this payment, I may be responsible for payment of estimated tax. I may incur penalties under estimated tax rules if my withholding and estimated tax payments are not sufficient.</p> <p>I understand that I am subject to mandatory federal withholding of 20% on any funds eligible for rollover on any Keogh/Qualified or Tax Sheltered Annuity.</p>	<p>15. OTHER INSTRUCTIONS - BE SPECIFIC</p>
<p>16. HOME OFFICE CORRECTIONS AND ENDORSEMENTS</p> 	
<p>The person signing this form, as Owner, declares that he or she has the legal right to assign, transfer or surrender the subject policy. Such person also declares that no bankruptcy proceedings are in process against the Insured, any owner or assignee. Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The Owner and/or Insured signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction. For any loan request, the subject policy is assigned to the Company as sole security for the loan. Such assignment conforms to the Policy Loan provisions of the policy, which by reference, are made a part of this Agreement. The Owner, in making such assignment, declares the policy values or benefits are not pledged or assigned to any other person, except as shown in "Other Instructions". The changes requested on this form will not take effect until recorded by the Company at its Home Office. When recorded by the Company, the effective date of the change will be the date of this request without prejudice to the Company. The person signing this form hereby requests that any policy provision which requires submitting the policy for endorsement of the requested change be waived.</p>	
<p>ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY.</p>	
<p>CERTIFICATION</p>	
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.</p>	
<p>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</p>	
<p>Current Owner's Signature _____ Date _____</p> <p>Current Owner's SS# or Tax ID# _____ Daytime Phone # _____</p> <p>Other Required Signature _____ Date _____</p> <p style="text-align: center;">(Assignee, Co-Owners, Irrevocable Beneficiary, etc.)</p> <p>New Owner's Signature _____ Date _____ Phone# _____</p>	
<p>Agent/Reg. Rep _____ Agent # _____ Send to: <input type="checkbox"/> Agent <input type="checkbox"/> Owner</p>	
<p>THIS SPACE FOR HOME OFFICE USE</p>	
<p>Recorded at the Home Office</p> <p>Date _____</p> <p style="text-align: right;">(Registrar or Assistant Secretary)</p>	