



CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	TELEPHONE NO.
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5. **CHANGE OF BENEFICIARY:** If more than one primary/contingent beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving primary/contingent beneficiary(ies).

I (We) hereby request that all previous beneficiary designations and directions for settlement of this policy be cancelled and that the proceeds of said policy upon the death of the Insured be paid, in one sum, unless otherwise provided herein or in said policy, as follows:

**PRIMARY BENEFICIARY:** If there are no surviving primary beneficiary(ies), then the proceeds will be paid to the contingent beneficiary(ies).

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

**CONTINGENT BENEFICIARY:** If there are no surviving contingent beneficiary(ies), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

\_\_\_\_\_ DAY COMMON DISASTER CLAUSE IS REQUESTED (Maximum of 30 days): If any beneficiary shall die simultaneously with the Insured or not be living on the \_\_\_\_\_ day following the death of the Insured, payment shall be made to the beneficiary(ies) as if such beneficiary so dying had not survived the Insured.

SIGN HERE FOR THE ABOVE REQUEST(S)

The company agrees that, if the policy requires endorsement or amendment for the above requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.

Designation Information: Corporate, Partnership, Trust Owned. Please sign as shown below:

Trust Owned – Signatures, followed by the word “Trustee”, of all required Trustees.

Corporate/Partnership Owned – Signature and title of one authorized officer (other than insured).

Limited Liability Company (LLC) – Signature and title of one authorized individual (other than insured).

Proprietorship Owned – Signature of Owner, followed by the title “Sole Owner”.

\_\_\_\_\_  
*Owner*    *Date*    *Witness*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Irrevocable Beneficiary*    *Date*    *Witness*

\_\_\_\_\_  
*Address*

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner’s spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*

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6. LOST POLICY: I we certify that the above numbered Contract/Policy has been lost or destroyed. If the Contract/Policy is found later, I agree to surrender it to the Company without claim.

7. REQUEST FOR A POLICY LOAN: I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
 I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
 Issue a check for the maximum amount. *(For Variable Life Policies, 90% of Policy Surrender Value; 75% in state of TX.)*  
 Issue a check for \$\_\_\_\_\_. *(For Variable Life Policies, this amount could change due to market fluctuation.)*  
 The Policy is hereby assigned to the Company as security for the loan and interest thereon.

8. REQUEST FOR PARTIAL WITHDRAWAL: At any time after the first Policy Year, an Owner may make a withdrawal of Surrender Value. *(For Variable Life Policies, minimum amount is \$500.)*  
 I (We) hereby elect a partial withdrawal of this Policy in the amount of \$\_\_\_\_\_.  
 If LEVEL DEATH BENEFIT OPTION is in effect for this Policy, the Company reserves the right to reduce the face amount by the withdrawn amount (exclusive of withdrawal charge) unless evidence of insurability completed by the Insured is submitted with the request. The Company may reject a withdrawal request if the withdrawal would reduce the face amount below the **minimum amount for which the Policy would be issued under the Company's then-current rules**, or if the withdrawal would cause the Policy to fail to qualify as a life insurance contract under applicable tax laws, as interpreted by the Company.  
*The Company will deduct a \$25 administrative charge upon a withdrawal. For Variable Life Policies, the charge is the lesser of 2% of the amount withdrawn or \$25. Please refer to the prospectus for more information.*

9. REQUEST FOR FULL SURRENDER: I (We) hereby elect to surrender this policy for its cash surrender value, if any. The date **used for calculation of policy values shall be the policy's monthly anniversary following the Company's receipt of the cancellation request.** For Variable policies the calculation will be as of the date this form is received in the Home Office. I (We) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. My policy is enclosed or the Lost Policy Statement is completed.

10.\* ELECTRONIC FUNDS TRANSFER: If you wish to have your disbursement sent via Electronic Funds Transfer (EFT), please **enclose a voided check with this form request; otherwise a check will be sent to the address of record for this "one-time" disbursement.** We do not accept checking/savings deposit slips. We can only transfer to the **policy owner's account or the bank account on record.**

PLEASE ATTACH VOIDED CHECK

\_\_\_\_\_ (Routing Number) \_\_\_\_\_ (Bank Account Number)

FOR QUESTIONS 7 THROUGH 9, COMPLETE THE FOLLOWING:

I (We) hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I (we) am (are) of legal age, am (are) not under guardianship or other legal disability and that said Policy is not assigned or pledged to any other person or corporation other than the assignee signed below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder. (Unless we are directed otherwise, the check will be made payable to the Owner.)

\*MAKE CHECK PAYABLE TO: \_\_\_\_\_

Please Note: We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding the transaction.

**Federal and State Tax Withholding**

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most W-8 situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the next section of this form.

In general, the Company is required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an IRS form 1099-R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below **Do not withhold** if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

PLEASE SEE NEXT PAGE FOR **ADDITIONAL TAX INFORMATION AND SIGNATURE REQUIREMENTS**

CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	DAYTIME PHONE NO.
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**Federal and State Tax Withholding *continued*.....**

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below. You may change at any time the choices that you make below. Your choices will remain in effect until you notify us that you want to change them.

- |  |   |
|--|---|
| <p>a. Federal income taxes</p> <p><input type="checkbox"/> Withhold 10%</p> <p><input type="checkbox"/> Withhold \$ _____ or _____ %</p> <p><input type="checkbox"/> Do not withhold</p> | <p>b. State income taxes</p> <p><input type="checkbox"/> Withhold \$ _____ or _____ %</p> <p><input type="checkbox"/> Do not withhold</p> |
|--|---|

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) \_\_\_\_\_. If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN \_\_\_\_\_.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- ☞ I am a U.S. Citizen or a U.S. resident alien.
- ☞ (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

<p>Your federal tax classification (if you are not an individual):</p> <p><input type="checkbox"/> Single-member LLC</p> <p><input type="checkbox"/> C Corporation or S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> LLC classified as a C Corporation or a S Corporation</p> <p><input type="checkbox"/> LLC classified as Partnership</p> <p><input type="checkbox"/> Other (explain) _____</p>	<p><b>FATCA</b> code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explains these codes. If you are an individual, then you should not fill-in any codes below:</p> <p>Exempt Payee Code: _____</p> <p>Exemption from FATCA Reporting Code (if any): _____</p>
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Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at [www.irs.gov/forms-instructions](http://www.irs.gov/forms-instructions).

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS' regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

Owner	Date	Witness
Assignee/Irrevocable Beneficiary	Date	Witness

**NOTARY:**

For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payees. If your request does not include a notarization, we will process your request as a check to the address of record.

Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_ NOTARY PUBLIC SEAL STAMP HERE:

Title \_\_\_\_\_

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*

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11. TRANSFER AUTHORIZATION:

- I authorize the Company to honor my verbal and electronic instructions regarding allocations to the Investment Options.
- I authorize the Company to honor **my agent's** instructions regarding allocation to the Investment Options.

*The Company will not be held liable for any loss, liability, cost or expense for acting on verbal or electronic instructions.*

12. PORTFOLIO REBALANCING: Rebalancing to begin on \_\_\_\_\_ (day 1-28 only). (Default will be the monthly anniversary date.)

Portfolio Rebalancing will be according to your current fund allocations.

Rebalancing should occur:  Annually  Semi-Annually  Quarterly

13. ALLOCATION CHANGES, TRANSFERS AND PAYMENTS:

Changing the allocation will not affect funds currently held in the Sub-Account(s) and/or Fixed Account.

*Indicate whole percentages for a total of 100%. You may also select the allocation(s) for your monthly charges. (Minimum transfer: \$100 or entire Fund value, if less.)*

DOLLAR COST AVERAGING: *Minimum \$100 monthly/quarterly.*

*(A minimum account balance of \$5,000 is required to begin Dollar Cost Averaging.)*

- I (We) want to begin Dollar Cost Averaging from the Fixed Account or \_\_\_\_\_ Fund.
- I (We) want to suspend the Dollar Cost Averaging Program.  Change DCA to \_\_\_\_\_

FUND FAMILIES	Allocations or Contributions		Transfers	
	Fund % or \$	DCA %	Fund % or \$	DCA %
<b>AMERICAN FUNDS® IS</b>				
(296) American Funds® IS Asset Allocation Fund <sup>12</sup>	_____	_____	_____	_____
(297) American Funds® IS Washington Mutual Investors Fund <sup>12</sup>	_____	_____	_____	_____
(298) American Funds® IS Global Growth Fund <sup>12</sup>	_____	_____	_____	_____
(301) American Funds® IS Global Small Cap Fund <sup>12</sup>	_____	_____	_____	_____
(299) American Funds® IS Growth Fund <sup>12</sup>	_____	_____	_____	_____
(302) American Funds® IS International Fund <sup>12</sup>	_____	_____	_____	_____
(300) American Funds® IS New World Fund <sup>12</sup>	_____	_____	_____	_____
(321) American Funds® IS Asset Allocation <sup>1 14</sup>	_____	_____	_____	_____
(322) American Funds® IS Global Growth <sup>1 14</sup>	_____	_____	_____	_____
(323) American Funds® IS Growth <sup>1 14</sup>	_____	_____	_____	_____
(324) American Funds® IS Growth-Income <sup>1 14</sup>	_____	_____	_____	_____
(325) American Funds® IS New World <sup>1 14</sup>	_____	_____	_____	_____
<b>DIMENSIONAL FUND ADVISORS <sup>14</sup></b>				
(350) DFA VA International Small Portfolio <sup>14</sup>	_____	_____	_____	_____
(351) DFA VA International Value Portfolio <sup>14</sup>	_____	_____	_____	_____
(352) DFA VA US Large Value <sup>14</sup>	_____	_____	_____	_____
(353) DFA VIT Inflation-Protected Secs Instl <sup>14</sup>	_____	_____	_____	_____
<b>FIDELITY INVESTMENTS</b>				
(234) Fidelity® VIP Contrafund Portfolio	_____	_____	_____	_____
(244) Fidelity VIP Equity Income <sup>1</sup>	_____	_____	_____	_____
(233) Fidelity VIP Growth <sup>1</sup>	_____	_____	_____	_____
(232) Fidelity® VIP Index 500 Portfolio	_____	_____	_____	_____
(245) Fidelity® VIP Investment Grade Bond Portfolio	_____	_____	_____	_____
(243) Fidelity® VIP Mid Cap Portfolio	_____	_____	_____	_____
(265) Fidelity VIP Freedom 2015 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(266) Fidelity VIP Freedom 2020 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(326) Fidelity® VIP Growth Opportunities Initial <sup>14</sup>	_____	_____	_____	_____
(327) Fidelity® VIP Index 500 Initial <sup>14</sup>	_____	_____	_____	_____
(328) Fidelity® VIP Investment Grade Bond Initial <sup>14</sup>	_____	_____	_____	_____
(329) Fidelity® VIP Mid Cap Initial <sup>14</sup>	_____	_____	_____	_____

FRANKLIN TEMPLETON INVESTMENTS

(247)	Franklin DynaTech VIP <sup>2</sup>				
(248)	Franklin Income VIP Fund <sup>2</sup>				
(253)	Franklin Mutual Shares VIP <sup>2</sup>				
(249)	Franklin Rising Dividends VIP <sup>2</sup>				
(267)	Franklin Small Cap Value VIP <sup>3</sup>				
(250)	Franklin Small-Mid Cap Growth VIP <sup>2</sup>				
(254)	Franklin U.S. Government Securities VIP <sup>2</sup>				
(293)	Templeton Developing Markets VIP <sup>9</sup>				
(251)	Templeton Foreign VIP <sup>2</sup>				
(255)	Templeton Global Bond VIP <sup>2</sup>				
(252)	Templeton Growth VIP <sup>2</sup>				
(269)	ClearBridge Variable Mid Cap <sup>3</sup>				
(270)	ClearBridge Variable Small Cap Growth <sup>3</sup>				
(279)	Royce Capital Fund - Micro-Cap <sup>3</sup>				
(280)	Royce Capital Fund - Small-Cap <sup>3</sup>				
(337)	ClearBridge Variable Small Cap Growth I <sup>14</sup>				
(338)	Royce Capital Small-Cap Inv <sup>14</sup>				
(330)	Franklin Growth & Income VIP 1 <sup>14</sup>				
(331)	Franklin Income VIP <sup>14</sup>				
(332)	Templeton Developing Markets VIP 1 <sup>14</sup>				

GOLDMAN SACHS

(295)	Goldman Sachs VIT Core Fixed Income <sup>12</sup>				
(268)	Goldman Sachs VIT Growth Opportunities <sup>3</sup>				
(258)	Goldman Sachs VIT International Equity Insights <sup>2,</sup>				
(257)	Goldman Sachs VIT Large Cap Value <sup>7</sup>				
(283)	Goldman Sachs VIT Mid Cap Value <sup>4</sup>				
(259)	Goldman Sachs VIT Small Cap Equity Insights <sup>1,2,5</sup>				
(256)	Goldman Sachs VIT Strategic Growth <sup>2,4</sup>				
(260)	Goldman Sachs VIT U.S. Equity Insights <sup>1,2,5</sup>				
(333)	Goldman Sachs VIT Core Fixed Income Instl <sup>14</sup>				
(334)	Goldman Sachs VIT Mid Cap Value Instl <sup>14</sup>				

INVESCO

(215)	Invesco V.I. Capital Appreciation Fund				
(354)	Invesco V.I. Discovery Mid Cap Growth II <sup>15</sup>				
(214)	Invesco V.I. Discovery Mid Cap Growth I <sup>16</sup>				
(221)	Invesco V.I. Global Fund				
(217)	Invesco V.I. Global Strategic Income Fund				
(206)	Invesco V.I. U.S. Government Money Fund				
(216)	Invesco V.I. Main Street				
(225)	Invesco V.I. American Franchise <sup>1</sup>				
(282)	Invesco V.I. American Value <sup>3</sup>				
(284)	Invesco V.I. Balanced Risk Allocation <sup>3,6</sup>				
(227)	Invesco V.I. Comstock				
(241)	Invesco V.I. Equity and Income				
(288)	Invesco V.I. Global Real Estate <sup>9</sup>				
(285)	Invesco V.I. Government Securities				
(228)	Invesco V.I. Growth and Income				
(286)	Invesco V.I. International Growth <sup>2,10</sup>				
(289)	Invesco V.I. Small Cap Equity <sup>9</sup>				
(335)	Invesco V.I. Global VA Non-Svc <sup>14</sup>				
(336)	Invesco V.I. Diversified Dividend I <sup>14</sup>				
(370)	Invesco V.I. S&P 500 Buffer Mar. Fund -Series I <sup>17</sup>				
(371)	Invesco V.I. S&P 500 Buffer Jun. Fund -Series I <sup>17</sup>				
(372)	Invesco V.I. S&P 500 Buffer Sep. Fund -Series I <sup>17</sup>				
(369)	Invesco V.I. S&P 500 Buffer Dec. Fund -Series I <sup>17</sup>				

LORD ABBETT					
(236)	Lord Abbett Series Bond-Debenture VC	_____	_____	_____	_____
(240)	Lord Abbett Series Calibrated Dividend Growth VC	_____	_____	_____	_____
(271)	Lord Abbett Series Fundamental Equity <sup>3</sup>	_____	_____	_____	_____
(235)	Lord Abbett Series Growth and Income <sup>8</sup>	_____	_____	_____	_____
(239)	Lord Abbett Series Growth Opportunities	_____	_____	_____	_____
(237)	Lord Abbett Series Mid Cap Stock	_____	_____	_____	_____
MFS					
(290)	MFS® Emerging Markets Equity <sup>9,11</sup>	_____	_____	_____	_____
(210)	MFS® Growth <sup>11</sup>	_____	_____	_____	_____
(291)	MFS® International Value <sup>9,11</sup>	_____	_____	_____	_____
(212)	MFS® Investors Trust <sup>11</sup>	_____	_____	_____	_____
(294)	MFS® MA Investors Growth Stock <sup>11</sup>	_____	_____	_____	_____
(219)	MFS® New Discovery <sup>11</sup>	_____	_____	_____	_____
(211)	MFS® Research <sup>11</sup>	_____	_____	_____	_____
(272)	MFS® Research Bond <sup>3,11</sup>	_____	_____	_____	_____
(213)	MFS® Total Return Bond <sup>11</sup>	_____	_____	_____	_____
(220)	MFS® Utilities <sup>11</sup>	_____	_____	_____	_____
(273)	MFS® Value <sup>3,11</sup>	_____	_____	_____	_____
MORGAN STANLEY					
(262)	Morgan Stanley V.I. Global Real Estate <sup>8</sup>	_____	_____	_____	_____
PIMCO					
(292)	PIMCO VIT All Asset <sup>9</sup>	_____	_____	_____	_____
(274)	PIMCO VIT Long-Term US Government <sup>3</sup>	_____	_____	_____	_____
(275)	PIMCO VIT Low Duration <sup>3</sup>	_____	_____	_____	_____
(276)	PIMCO VIT Real Return <sup>3</sup>	_____	_____	_____	_____
(277)	PIMCO VIT Short-Term <sup>3</sup>	_____	_____	_____	_____
(278)	PIMCO VIT Total Return <sup>3</sup>	_____	_____	_____	_____
(339)	PIMCO International Bond (USD-Hdg) Institutional <sup>14</sup>	_____	_____	_____	_____
(340)	PIMCO VIT Short-Term Institutional <sup>14</sup>	_____	_____	_____	_____
(341)	PIMCO VIT Total Return Institutional <sup>14</sup>	_____	_____	_____	_____
PUTNAM INVESTMENTS <sup>17</sup>					
(363)	Putnam VT Sustainable Leaders IA <sup>17</sup>	_____	_____	_____	_____
VALMARK ADVISERS <sup>13</sup>					
(320)	TOPS® Aggressive Growth ETF <sup>13</sup>	_____	_____	_____	_____
(317)	TOPS® Balanced ETF <sup>13</sup>	_____	_____	_____	_____
(316)	TOPS® Conservative ETF <sup>13</sup>	_____	_____	_____	_____
(319)	TOPS® Growth ETF <sup>13</sup>	_____	_____	_____	_____
(318)	TOPS® Moderate Growth ETF <sup>13</sup>	_____	_____	_____	_____
(342)	TOPS® Aggressive Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____
(343)	TOPS® Conservative ETF 1 <sup>14</sup>	_____	_____	_____	_____
(344)	TOPS® Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____
(345)	TOPS® Moderate Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____
VANGUARD <sup>14</sup>					
(346)	Vanguard VIF Capital Growth <sup>14</sup>	_____	_____	_____	_____
(347)	Vanguard VIF Equity Income <sup>14</sup>	_____	_____	_____	_____
(348)	Vanguard VIF International <sup>14</sup>	_____	_____	_____	_____
(311)	Vanguard VIF Real Estate Index <sup>14</sup>	_____	_____	_____	_____
(349)	Vanguard VIF Short Term Investment Grade <sup>14</sup>	_____	_____	_____	_____
Protective Life General Account					
(200)	Fixed Account	_____	_____	_____	_____
	Other: _____	_____	_____	_____	_____

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<sup>1</sup> Not available for policies with application sign date after 11/1/2009; <sup>2</sup> Not available for the Transitions or Survivor products; <sup>3</sup> Not available for Premiere I, Provider, Executive, Transitions or Survivor products; <sup>4</sup> Service Class available for policies with application sign date after 4/30/08. Institutional Class available for policies with application sign date less than 5/1/08; <sup>5</sup> Service Class available for policies with application sign date 4/30/08 to 11/1/09. Institutional Class available for policies with application sign date less than 5/1/08; <sup>6</sup> Not available for policies with application sign date after 04/30/11; <sup>7</sup> Not available for the Transitions or Survivor products. Service Class available for policies with application sign dates after 04/30/08. Institutional Class available for policies with application sign dates 04/30/08 to 04/30/12; <sup>8</sup> Not available for policies with application sign dates greater than 04/30/12; <sup>9</sup> Only available for Premiere III and Preserver II products; <sup>10</sup> Not available for policies with application sign dates after 11/1/09 for all products except Premiere III and Preserver II. Available for Premiere III and Preserver II products with application sign dates greater than 04/30/12. Not available for the Transitions or Survivor products. <sup>11</sup> Not available to applications with sign date on or after 5/1/15. <sup>12</sup> Only available for currently marketed products with application sign date on or after 7/1/15. <sup>13</sup> Only available to ICVUL, SOVUL and SPVUL products. <sup>14</sup> Only available to SOVUL II with application sign date on or after 11/4/19. <sup>15</sup> Only available for ICVUL and SOVUL I products. <sup>16</sup> Not available for ICVUL, SOVUL I and SOVUL II products. <sup>17</sup> Available for SOVULII products with application sign date 5/1/23 & after.

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SIGNATURES:

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Assignee/Irrevocable Beneficiary*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*



