



1 Contract Identification

POLICY NUMBER			
ANNUITANT NAME(S)		OWNER NAME(S)	
ADDRESS CHANGE <input type="checkbox"/> No <input type="checkbox"/> Yes		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Account Reallocation Direction

Index Interest Account: _____%	Fixed Interest Account: _____%	=	Total	100%
Note: If any funds are allocated to the Index Interest account, at least \$2,000 must be maintained in that account.				

3 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.	
_____	_____
OWNER SIGNATURE	DATE
_____	_____
OWNER SIGNATURE	DATE