

*Variable Universal Life  
Telephone and Electronic  
Transfer Authorization*

**General Information**

Policy/Certificate No.:	Issued by (the Company)
_____	
Insured's Name	
_____	
Owner's Name	
_____	
Owner's Address	
_____	
City, State, ZIP	
_____	
Daytime Telephone No.:	E-mail Address:
_____	_____

**Authorization and Signatures**

**Check All That Apply:**

I/We authorize "the Company" to accept the following requests from the *Registered Representative(s)* listed below to execute:

- Telephone transfer instructions
- Internet transfer instructions (not available on policies beginning with "23" or the letter "F")

**Print Registered Representative's Name Here:**

\_\_\_\_\_

I/We authorize "the Company" to accept the following requests from the *policy owner(s)* to execute:

- Telephone transfer instructions
- Internet transfer instructions (not available on policies beginning with "23" or the letter "F")

*Two officer's signatures are required for corporate-owned or corporate-assigned policies/certificates.*

I/We acknowledge that neither "the Company" nor any person authorized by "the Company" will be responsible for any claim, loss or expense in connection with either a telephone or internet transfer if "the Company" or such other person acted upon either a telephone or an electronic transfer instruction in good faith in reliance on this authorization.

*\* Required for a corporation, partnership, or trust.*

Owner's Signature	Title*
_____	_____
Owner's Name	Date
_____	_____
Owner's Signature	Title*
_____	_____
Owner's Name	Date
_____	_____

***This request will be valid until revoked in writing by the policy/certificate owner.***