
3. Conditions

- Requested changes will be effective upon receipt of this form, in good order, at the administrative office of this company, prior to market close. Changes received after market close will be effective the following business day. Improperly completed forms will be returned.
- If you wish to change **both** the allocation of future premium and the existing total account value you must complete both sections of the form.
- Please refer to your policy for details on how many fund transfers are allowed in a policy year.
- Please refer to the prospectus before any allocation changes are made.
- Transfers are not allowed to and from the same sub-accounts.

4. Agreement and Signatures

By signing below, I/we certify that I agree to the changes shown above and confirm that I have received current prospectuses/disclosure booklets and that I have read the conditions above. I also certify that I have reviewed the information I provided and it correctly reflects my intended changes.

**Complete if a corporation, partnership, or trust.*

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

Owner's Signature _____ Title*

Owner's Name _____ Date

Owner's Signature _____ Title*

Owner's Name _____ Date

This request is subject to the provisions and conditions of the policy. The Company may require additional information or requirements.