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**Allocation Change Form**

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CONTRACT NUMBER \_\_\_\_\_ OWNER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE # ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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**ALLOCATION CHANGE** - The Owner(s) requests to change the allocation between the Indexed Value and Fixed Rate Option as shown below.

\_\_\_\_\_ % in the **Indexed Value**                      \_\_\_\_\_ % in the **Fixed Rate Option**  
(5% increments only)                                              (5% increments only)

**\*Combined Percentages must equal 100%**

Allocations must be made in 5 percent increments.

Any change requested will go into effect on the next policy anniversary date provided the Company receives the request at least 30 days prior to that date.

The allocation will remain in effect until the Owner requests a change to the allocation to be effective on the next policy anniversary.

### Community Property

If Owner currently resides or previously lived in a Community Property state (AZ, CA, ID, LA, PR, NV, NM, TX, WA, or WI), please complete the following:

- I am currently married.  
Signature of Spouse: \_\_\_\_\_ Dated: \_\_\_\_\_ 20 \_\_\_\_
- I have never been married.
- I am divorced. Attached is a copy of the Divorce Decree or Property Settlement Agreement which shows that I am the sole owner of the contract.

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### Signatures

By signing below, the Owner(s) certifies that the information provided in this request is complete and accurate, and understands that this request will be processed according to the information provided.

Signature of Owner: \_\_\_\_\_ Dated: \_\_\_\_\_ 20 \_\_\_\_

Signature of Joint Owner (if any): \_\_\_\_\_ Dated: \_\_\_\_\_ 20 \_\_\_\_

Signature of Irrevocable  
Beneficiary: \_\_\_\_\_ Dated: \_\_\_\_\_ 20 \_\_\_\_