

4. PARTY AUTHORIZED

Select all applicable authorizations in Section 3.

- Registered Representative/Agent
 Third Party (Not a Registered Representative/Agent)

Authorized Party - required where Third Party is not a Registered Representative/Agent SSN / TIN / ID Number Date of Birth



Authorized Party Signature - required if Third Party is not a Registered Representative/Agent Date

Firm or Company Name

Mailing Address City, State, Zip

Telephone Number E-mail Address

5. THIRD PARTY TERMINIATION

Note: This does not remove Agent of Record.

Authorized Party Name (Party) SSN / TIN / ID Number Date of Birth



Authorized Party Signature Date

Advisory Fee Payee Name (Advisor)

Firm or Company Name

6. REQUIRED ACKNOWLEDGEMENTS & SIGNATURES

The Policy Owner(s) acknowledge that the Company is in no way responsible for determining if the instructions it receives from the Advisor are in compliance with such advisory services agreement.

The Policy Owner(s) agree to indemnify and hold harmless the Company from and against any and all claims, losses, liabilities, damages, costs, or expenses in connection with any action undertaken pursuant to the authorizations given in this form except to the extent caused by the willful misconduct of the Company or its employees in the processing of exchanges or withdrawals at the Advisor's request.



Policy Owner Signature Date

Social Security Number (SSN)/Taxpayer Identification Number (TIN) Telephone Number



Joint Owner Signature (if applicable) Date

Social Security Number (SSN) Telephone Number