



Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Use this form to request periodic exchanges from one investment option to one or more investment options. Dollar Cost Averaging is subject to the provisions of your Contract and the current Prospectus. Complete the entire form. Please type or print.

1. Provide General Account Information

Account Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

Name of Joint Owner _____
First MI Last

Social Security Number/Tax I.D. Number _____

2. Set Up Dollar Cost Averaging

Please complete each sub-section.

A. Effective Date _____
Date (mm/dd/yyyy – must be between 1st and 28th of the month)

If no date is indicated, or date indicated is prior to the date of receipt, the first transfer will occur on the date the request is received in proper form.

B. Frequency (check one):

- Monthly Quarterly
- Annually Semi-Annually

C. Option (check one):

- \$ _____ per transfer.
- _____ shares per transfer.
- Fixed percent over _____ months/years.
- Declining Balance _____ % over _____ months/years.
- Only Dividends over _____ months/years.

Please Continue ➡

