

**SERVICE FORM
FLEXIBLE PREMIUM
VARIABLE LIFE INSURANCE**

Side A

Owner's Name _____

Policy No. _____
(No more than one policy number should appear.)

A. PAYMENT ENCLOSED INSTRUCTIONS DC 68

INDICATE TYPE OF PAYMENT AND ALLOCATION INSTRUCTIONS

Amount enclosed \$ _____

TYPE OF PAYMENT

Apply as premium Apply as policy loan repayment

ALLOCATION INSTRUCTIONS

Apply this payment according to current premium allocation instructions **unless specified below.** (Use **whole** percentages, not less than 1%.)

_____ % Core Bond
 _____ % Diversified Income
 _____ % Vanguard VIF Money Market
 _____ % Large Cap Value
 _____ % Interest Bearing Account
 _____ % Large Cap Growth
 _____ % T. Rowe Price International Stock
 _____ % Mid Cap
 _____ % Other _____

Total - 100%

B. CHANGE AMOUNT OF PREMIUM REMINDER DC 65

In the future, please send a premium reminder for \$ _____ (\$25.00 minimum).

Annually Semiannually Quarterly

C. CHANGE ALLOCATION OF FUTURE MONTHLY DEDUCTIONS DC 33

Effective on the next monthly day after this request is recorded by the Company, change the percentage allocation of funds withdrawn for the subaccounts and Interest Bearing Account as monthly deductions to: (Use whole percentages, not less than 1%.)

_____ % Core Bond
 _____ % Diversified Income
 _____ % Vanguard VIF Money Market
 _____ % Large Cap Value
 _____ % Interest Bearing Account
 _____ % Large Cap Growth
 _____ % T. Rowe Price International Stock
 _____ % Strategic Income
 _____ % Mid Cap
 _____ % Other _____

Total - 100%

D. CHANGE ALLOCATION OF FUTURE NET PREMIUMS DC 33

Effective with the first payment received after this request is recorded by the Company, begin allocating future premiums as follows: (Use **whole** percentages, not less than 1%.)

_____ % Core Bond
 _____ % Diversified Income
 _____ % Vanguard VIF Money Market
 _____ % Large Cap Value
 _____ % Interest Bearing Account
 _____ % Large Cap Growth
 _____ % T. Rowe Price International Stock
 _____ % Mid Cap
 _____ % Other _____

Total - 100%

E. CHANGE OF AUTOMATIC CHECK PLAN DC 65

Effective on the date this request is recorded by the Company, change the future monthly automatic check amount for this policy to \$ _____ (\$25.00 minimum).

Effective on the date this request is recorded by the Company, change the future monthly automatic check withdrawal date for my plan to:

(check one) 1 5 10 15 20 25

F. TRANSFER FUNDS DC 33

Effective on the day this request is received at the home office of the Company, transfer the following funds among the subaccounts and/or Interest Bearing Account. Indicate the dollar amount or percentage to be transferred.

FROM: ALL

\$/ % _____ Core Bond
 \$/ % _____ Diversified Income
 \$/ % _____ Vanguard VIF Money Market
 \$/ % _____ Large Cap Value
 \$/ % _____ Interest Bearing Account
 \$/ % _____ Large Cap Growth
 \$/ % _____ T. Rowe Price International Stock
 \$/ % _____ Strategic Income
 \$/ % _____ Mid Cap
 \$/ % _____ Other _____

TO: \$/ % _____ Core Bond
 \$/ % _____ Diversified Income
 \$/ % _____ Vanguard VIF Money Market
 \$/ % _____ Large Cap Value
 \$/ % _____ Interest Bearing Account
 \$/ % _____ Large Cap Growth
 \$/ % _____ T. Rowe Price International Stock
 \$/ % _____ Mid Cap
 \$/ % _____ Other _____

**SERVICE FORM
FLEXIBLE PREMIUM
VARIABLE LIFE INSURANCE
Side B**

Policy No. _____
(No more than one policy number should appear.)

Owner's Name _____

G. POLICY LOAN ALSO COMPLETE SECTION K. DC 38

EFT (Electronic Funds Transfer) \$ _____ **Complete Section J.**

By Check \$ _____

Allocate the funds withdrawn from the subaccounts and/or Interest Bearing Account using the monthly deduction allocation percentages **unless otherwise specified below.**

Use the following percentages. (Use **whole** percentages.)

_____ % Core Bond
 _____ % Diversified Income
 _____ % Vanguard VIF Money Market
 _____ % Large Cap Value
 _____ % Interest Bearing Account
 _____ % Large Cap Growth
 _____ % T. Rowe Price International Stock
 _____ % Strategic Income
 _____ % Mid Cap
 _____ % Other _____

Total - 100%

(If any subaccount or Interest Bearing Account has insufficient value to follow instructions, funds will be withdrawn on a pro rata basis from all subaccounts or Interest Bearing Account.)

To set up a formal loan repayment plan, complete one of the lines below.

Begin charging my checking account \$ _____ per month using the automatic check plan.

Add \$ _____ to my existing loan repayment per month using the automatic check plan.

H. PARTIAL WITHDRAWAL OF CASH VALUE DC 49

ALSO COMPLETE SECTION K.

EFT (Electronic Funds Transfer) \$ _____ **Complete Section J.**

By Check \$ _____

The partial withdrawal is to be effective the date this form reaches the home office of the Company. Allocate the withdrawal of funds from subaccounts or Interest Bearing Account using the monthly deduction allocation **percentages unless otherwise specified below.**

Use the following percentages. (Use **whole** percentages.)

_____ % Core Bond
 _____ % Diversified Income
 _____ % Vanguard VIF Money Market
 _____ % Large Cap Value
 _____ % Interest Bearing Account
 _____ % Large Cap Growth
 _____ % T. Rowe Price International Stock
 _____ % Strategic Income
 _____ % Mid Cap
 _____ % Other _____

Total - 100%

(If any subaccount or Interest Bearing Account has insufficient value to follow instructions, funds will be withdrawn on a pro rata basis from all subaccounts or Interest Bearing Account.)

I. SURRENDER AND/OR CANCEL POLICY
ALSO COMPLETE SECTION K.

EFT Electronic Funds Transfer - **Complete Section J.**

Surrender the above policy and send the cash surrender value by check. The undersigned hereby agrees that the policy and all coverage thereunder shall terminate on the date this agreement is received in the Company's home office in Waverly, Iowa, and all other rights and claims under the policy are hereby surrendered effective immediately.

In consideration, therefore, the Company shall waive receipt of the policy if otherwise required and pay to the owner the current cash surrender value. Surrenders will only be processed with an original form signed by the policyowner.

J. EFT (ELECTRONIC FUNDS TRANSFER) INSTRUCTIONS

Name of Financial Institution _____

City/State _____

Account Owner _____

Routing # _____

Account # _____

Checking/Share Draft Savings/Share Account

For your convenience, we will retain your account information provided above, to automatically credit your account, approximately two business days after the withdrawal date. Please attach a voided check so we may obtain the correct account numbers.

K. NOTICE: If no election is made, withholding rules will apply.

Notice of Withholding. This distribution you are requesting is **subject to mandatory federal income tax withholding (and state withholding in some states) unless you elect not to have withholding apply.** Withholding only applies to the taxable portion of your distribution. If the taxable portion is unknown, withholding will apply to the gross amount of the payment. This may result in excess withholding on the payment. If an election is not made, the applicable federal income tax (and state income tax if required by your state) will be withheld. If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

Election: Check the appropriate box below.

I do not want to have federal or state income tax withheld from this distribution.

Withhold the amount as provided in the income tax withholding guidelines. Withholding will only apply to the taxable portion of the distribution or withdrawal. If an additional amount of withholding is needed, please note in special instructions.

