

Name _____
(Annuitant, policy owner, or beneficiary)

Payment Election for Policy # _____ as follows:

Is this a full or partial settlement? Full Partial of \$ _____

Preferred Start Date of Contract - _____*

***NOTICE:** If a future date is requested, the contract cannot be valued until interest rates for that period are declared. Interest rates are declared monthly. Therefore valuing and issuing contracts with future dates will be delayed.

1. Next month-a-versary date will be used for Fixed Annuities if no other date is specified.
2. Date form is received in Home Office will be used for Variable Annuities if no other date is specified.

PAYMENT OPTION ELECTION

Instructions: Select option by circling letter and completing section accordingly. Choose only ONE option.

A(1) INTEREST ONLY (Proceeds Left at Interest): Your policy proceeds can be left on deposit at interest with the right to withdraw all or part of the funds at any time. Refer to the original policy for any applicable surrender charges.

Interest is to be payable Monthly Quarterly Semi-annually
 Annually Left to accumulate

***NOTE:** Interest payment occurs at the end of mode (i.e. Annually—first payment made 1 year from start date of contract)

B(2) FIXED PERIOD (Payment for a Designated Number of Years): Payments can be made to you for a definite period of time (for example, 5 or 10 years). Payments will be determined by the amount of proceeds, interest, and the length of time that payments are to be made. Installment payments for the fixed number of years cannot extend beyond the life expectancy of the Primary Payee, or the joint life expectancy of the Primary Payee and his/her designated beneficiary.

Pay for _____ years in _____ (annual, semi-annual, quarterly or monthly) installments.

C(3) LIFE INCOME WITH PERIOD CERTAIN (Payment of Life Income): You can receive an income for your life with payments guaranteed for a definite number of years (for example, 10 or 15). If you die before the end of that period, your beneficiary will receive the payments for the balance of the guaranteed period. The number of years in the guaranteed period cannot extend beyond the life expectancy of the Primary Payee, or the joint life expectancy of the Primary Payee and his/her designated beneficiary.

If an Inflation Option percentage other than 0% is chosen below, payments will increase each year on the contract anniversary by the percentage inflation option you elect below. The annual percentage increase is guaranteed for the life of the contract and cannot be changed once elected.

Pay in _____ (annual, semi-annual, quarterly or monthly) installments with

_____ Period Certain. (Fill in # of years for guaranteed period certain. If none chosen, Life Income will be

Insured: _____

Policy # : _____

D(4) FIXED AMOUNT (Payment of a Designated Amount): You may receive equal installment payments until the entire proceeds and interest are exhausted. The length of time payments are to be made will be determined by the amount of proceeds, interest, and the designated payment amount. The guaranteed period may not extend beyond the life expectancy of the Primary Payee, or the joint life expectancy of the Primary Payee and his/her designated beneficiary.

Pay in equal _____ (annual, semi-annual, quarterly or monthly) installments of \$ _____ each until the proceeds and interest are exhausted.

E(5) LIFE INCOME WITH CASH REFUND (Payment of Life Income): Income payments are guaranteed to you for your lifetime. If you die before the total income payments you receive is at least equal to the payment option purchase amount, we will pay the remaining balance in one lump sum to your designated beneficiary.

Pay in _____ (annual, semi-annual, quarterly or monthly) installments.

F(6) JOINT AND 100% TO SURVIVOR LIFE INCOME: Monthly installment payments may be paid to you and your designated beneficiary ("joint payee") as long as either one of you is still living. All payments cease upon the death of the last payee. The amount of the installments will be determined by the policy proceeds and the age of you and the age of your joint payee.

To select this option, we need the following information about your joint payee:

Name: _____ Address: _____

Birth Date: _____ Social Security Number: _____ Relationship: _____