



REALLOCATION AND TRANSFER OF FUNDS - UNIVERSAL LIFE

1. Reallocation

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Policy Number

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name of insured (First, Last)

I request that:

- only this premium of \$ _____ be allocated as follows: **OR**
 this premium of \$ _____ **and** all future premiums be allocated as follows:

Note: Minimum investment required for a Guaranteed Deposit Account is \$500.00

Direction 2000

- % or \$ _____ to the Daily Interest Account
 % or \$ _____ to the Guaranteed Deposit Account - Monthly for a Term of _____ months (i.e. 12 - 60 or 120)
 % or \$ _____ to the Guaranteed Deposit Account - Annual for a Term of _____ months (i.e. 12 - 60 or 120)
 % or \$ _____ to the Accumulative Income Fund
 % or \$ _____ to the Common Stock Fund

Direction 2000 Plus and Equation®

- % or \$ _____ to the Daily Interest Account
 % or \$ _____ to the Guaranteed Deposit Account - Compound for a Term of _____ months (i.e. 12, 24, 36, 48 or 60)
 % or \$ _____ to the Money Market Fund
 % or \$ _____ to the Active Canadian Bond Fund
 % or \$ _____ to the Asset Allocation Fund
 % or \$ _____ to the Canadian Stock Fund
 % or \$ _____ to the Canadian Equity Index Interest Option
 % or \$ _____ to the Performance Fund Interest Option - Global
 % or \$ _____ to the Performance Fund Interest Option - Domestic
 % or \$ _____ to the American Equity Index Interest Option
 % or \$ _____ to the U.S. Technologies Index Interest Option
 % or \$ _____ to the European Index Interest Option

- Change my tax exempt transfer account to _____
(Money Market is default, if no fund specified).
- When room becomes available in the exempt portion, automatically transfer from my non-exempt fund to _____
 _____ exempt account. (Daily Interest Account is default, if no account specified).

Automatic Investment Options

- When sufficient funds accumulate in the Daily Interest Account, they will automatically be transferred to a Guaranteed Deposit Account for _____ months / years. The transfer will occur at the earlier of the next policy anniversary or at the time a premium is paid.
- At the end of the term of a Guaranteed Deposit Account I request the following:
- automatically reinvest in a new Guaranteed Deposit Account for the same term **OR**
 - automatically invest in a new Guaranteed Deposit Account for _____ months / years **OR**
 - automatically invest in the Daily Interest Account



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1. CONTINUED – Equation Generation® II - Premium Allocation

| | Shuttle Account | Charges Allocation |
|--|-----------------|--------------------|
| \$ or % _____ to the Daily Interest Account | \$ or % _____ | % _____ |
| \$ or % _____ to the Guaranteed Deposit Account for a term of _____ years (1, 5, 10) | \$ or % _____ | % _____ |
| \$ or % _____ to the American Equity Index Interest Option | \$ or % _____ | % _____ |
| \$ or % _____ to the European Index Interest Option | \$ or % _____ | % _____ |
| \$ or % _____ to the U.S. Technologies Index Interest Option | \$ or % _____ | % _____ |
| \$ or % _____ to the U.S. Blue Chip Index Interest Option | \$ or % _____ | % _____ |
| \$ or % _____ to the Canadian Equity Index Interest Option | \$ or % _____ | % _____ |
| \$ or % _____ to the Performance Fund Interest Option - Global | \$ or % _____ | % _____ |
| \$ or % _____ to the Performance Fund Interest Option - Canadian | \$ or % _____ | % _____ |

Equation Generation® III / Equation Generation® IV (Shuttle account restricted to Daily Interest Account for policy applications received after October 7, 2016)/ EquiLife® - Premium Allocation

| | Shuttle Account | Charges Allocation |
|---|-----------------|--------------------|
| % _____ to the Daily Interest Account | % _____ | % _____ |
| % _____ to the Guaranteed Deposit Account for a term of _____ years (1, 5, 10) | % _____ | % _____ |
| % _____ to the American Equity Index Interest Option | % _____ | % _____ |
| % _____ to the European Index Interest Option | % _____ | % _____ |
| % _____ to the U.S. Technologies Index Interest Option | % _____ | % _____ |
| % _____ to the U.S. Blue Chip Index Interest Option | % _____ | % _____ |
| % _____ to the Canadian Equity Index Interest Option | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Global | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Canadian | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Canadian Bond | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Canadian Value Stock | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Large Cap Canadian Equity | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Global Fixed Income | % _____ | % _____ |
| % _____ to the Performance Fund Interest Option - Global Balanced | % _____ | % _____ |
| % _____ to the Franklin Quotential Diversified Income Portfolio Interest Option | % _____ | % _____ |
| % _____ to the Franklin Quotential Balanced Income Portfolio Interest Option | % _____ | % _____ |
| % _____ to the Franklin Quotential Balanced Growth Portfolio Interest Option | % _____ | % _____ |
| % _____ to the Franklin Quotential Growth Portfolio Interest Option | % _____ | % _____ |
| % _____ to the Franklin Quotential Diversified Equity Portfolio Interest Option | % _____ | % _____ |

MONTHLY CHARGES

- Deduct monthly charges pro rata from the Investment Interest Accounts selected for my Premium Allocation.
- Deduct monthly charges as indicated under Charges Allocation (above) from the Accounts specified for Premium Allocation (must total 100%).

2. TRANSFERS - I request the following transfers: An Outstanding Policy Loan May Restrict GDA or DIA transfers

\$ _____ from the _____ to _____
 \$ _____ from the _____ to _____
 \$ _____ from the _____ to _____

Select a term if transfer is to a GDA
 for _____ months / years
 for _____ months / years
 for _____ months / years

I request the following transfers for the Equation Generation® within the shuttle account:

\$ _____ from the _____ to _____ for _____ years (if applicable)
 \$ _____ from the _____ to _____ for _____ years (if applicable)
 \$ _____ from the _____ to _____ for _____ years (if applicable)

I acknowledge that there may be market value adjustments and surrender charges as per the terms of my contract in respect of the amounts transferred.

Agreement

All premium allocations, transfers or automatic investment options are subject to the minimums stated in your policy contract. Premium allocations and automatic investment options selected will remain in effect until receipt by the Company of a written request for change from the Policyowner.

Signature of Policyowner _____ Date _____
 Signature of Policyowner _____ Date _____