



**Value+ Protector II**

	<b>Premium Allocation (%)</b>	<b>DCA Allocation (%)</b>
Cap Rate Account <i>(1-Year, No. II, utilizing S&amp;P 500® Index)</i>	_____	_____
Participation Rate Account <i>(1-Year, utilizing S&amp;P 500® Index)</i>	_____	_____
Declared Interest Account	_____	N/A
	<b>100%</b>	<b>100%</b>

**Other**

(Use for products not listed above unless otherwise instructed.)

Product Name: \_\_\_\_\_

**Directions:** Please complete the section below for the product being applied for.

If you have not chosen to use DCA, please indicate how each premium received should be allocated in the "Premium Allocation (%)" column.

If you have chosen to use DCA:

For Option A, please only complete the "DCA Allocation (%)" column. The "Premium Allocation (%)" column should remain blank.

For Option B, please complete the "Premium Allocation (%)" for premium not being deposited into the DCA Account and the "DCA Allocation (%)" column for all Lump Sum premium and 1035 exchange premium. Lump Sum premium and 1035 exchange premium cannot be allocated to the Declared Interest Account.

**Total allocations in each column must equal 100%. Use whole percentages only.**

	<b>Premium Allocation</b>	<b>DCA Allocation</b>
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

**Agreement:** I acknowledge that I have read this supplemental application or that it has been read to me. The completed supplemental application is true and complete to the best of my knowledge and belief. I agree that this supplemental application shall form a part of my application for insurance.

AGENT INSTRUCTIONS: Submit this form with the policy application packet.

**Owner Signature**

X

Owner signed on (date) \_\_\_\_\_

