



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

What Would You Like to Do?
Please take a moment to look at the "What Would You Like to Do?" table at the top of the next page. It will assist you in determining which sections of the form you should complete in order to submit your request.

Sections 1 - 5
Sections 1 through 5 of the form address the following types of transactions and options that can be requested. After referring to the "What Would You Like to Do?" table, complete the section(s) that pertain to your request.
1. Specific Investment Option Allocations
2. Asset Allocation Options
3. Asset Rebalancing
4. Dollar Cost Averaging
5. Loan Repayment

Section 6 (Required for ALL Requests)
Signature requirements are based on the owner designation of the policy/contract. Examples are:
• **Individual:** Print and sign your full name as it appears on the policy/contract.
• **Multiple Owners:** All owners must sign.
• **Partnership:** All partners must sign (unless a form authorizing one partner to sign is on file with us).
• **Corporation:** Titled officer must sign. The officer's title must also be indicated.
NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.
• **Trust:** The current trustee(s) must sign.
All forms must be dated in order to process your request.

Contact Information	US Mail PO Box 22012 Albany, NY 12201-2012	Shipping/Overnight 15 Tech Valley Drive Suite 201 East Greenbush, NY 12061-4142	Phone (800) 541-0171
			Fax (321)400-6316



Policy Number	Full Name of Insured (Please Print)	Enclosed Check Amount (if applicable)
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What Would You Like to Do? The options below describe the authorizations that can be effected with this form. The table at right indicates whether completion of Sections 1 through 6 are Required, Optional or Not Applicable (N/A) for any given section below.

	Complete Section #(s) as Indicated Below					
	Section 1: Specific Investment Options	Section 2: Asset Allocation Options	Section 3: Asset Rebalancing	Section 4: Dollar Cost Averaging	Section 5: Loan Repayment	Section 6: Signatures
Specific Investment Option Allocations	Required	N/A	Optional	Optional	N/A	Required
Asset Allocation Option: Morningstar Allocation Series	N/A	Required	Automatic	Optional	N/A	Required
Asset Allocation Option: Franklin Templeton Founding Investment Strategy	N/A	Required	Automatic	Optional	N/A	Required
Asset Rebalancing	Optional	Optional	Required	See restrictions in Section 4	N/A	Required
Dollar Cost Averaging	Optional	Optional	See restrictions in Section 3	Required	N/A	Required
Loan Repayment	Optional	N/A	N/A	N/A	Required	Required

Section 1 - Investment Option Allocations

Allocations indicated in the **TO column** below apply to (check all that apply): Dollar Cost Averaging (also requires completion of **Section 4**)
 enclosed payment full account balance partial account balance (also requires completion of **FROM column** below) future deposits
NOTE: If no selection is made, allocations will apply to the enclosed payment ONLY; or if no payment is enclosed, allocations will apply to the full current account balance ONLY.

Figures below represent: Dollars Percentages (Do not use fractional percentages; must total 100%.)

FROM TO	FROM TO
____ (229) Calvert VP S&P MidCap 400 Index Portfolio	____ (202) PIMCO VIT CommodityRealReturn®Strategy Portfolio
____ (167) DWS Equity 500 Index VIP	____ (203) PIMCO VIT Real Return Portfolio
____ (228) DWS Small Cap Index VIP	____ (204) PIMCO VIT Total Return Portfolio
____ (125) Federated Hermes Fund for U.S. Government Securities II	____ (106) Templeton Developing Markets VIP Fund
____ (235) Federated Hermes Government Money Fund II (Service Shares)	____ (111) Templeton Foreign VIP Fund
____ (126) Federated Hermes High Income Bond Fund II	____ (107) Templeton Growth VIP Fund
____ (150) Fidelity® VIP Contrafund® Portfolio	____ (215) TVST Touchstone Balanced Fund
____ (149) Fidelity® VIP Growth Opportunities Portfolio	____ (216) TVST Touchstone Bond Fund
____ (151) Fidelity® VIP Growth Portfolio	____ (217) TVST Touchstone Common Stock Fund
____ (206) Fidelity® VIP Investment Grade Bond Portfolio	____ (219) TVST Touchstone Small Company Fund
____ (196) Franklin Income VIP Fund	____ (105) Virtus Duff & Phelps Real Estate Securities Series (A Shares)
____ (121) Franklin Mutual Shares VIP Fund	____ (101) Virtus KAR Capital Growth Series (A Shares)
____ (199) Invesco Oppenheimer V.I. Capital Appreciation Fund	____ (119) Virtus KAR Enhanced Core Equity Series (A Shares)
____ (200) Invesco Oppenheimer V.I. Global Fund	____ (181) Virtus KAR Small-Cap Growth Series (A Shares)
____ (201) Invesco Oppenheimer V.I. Main Street Small Cap Fund	____ (154) Virtus KAR Small-Cap Value Series (A Shares)
____ (247) Invesco V.I. American Franchise Fund	____ (102) Virtus Newfleet Multi-Sector Intermediate Bond Series (A Shares)
____ (205) Invesco V.I. Equity and Income Fund	____ (104) Virtus SGA International Growth Series (A Shares)
____ (187) Lord Abbett Bond-Debenture Portfolio	____ (103) Virtus Strategic Allocation Series (A Shares)
____ (188) Lord Abbett Growth and Income Portfolio	____ (109) Wanger International
____ (189) Lord Abbett Mid Cap Stock Portfolio	____ (122) Wanger Select
____ (245) Morningstar Aggressive Growth ETF Asset Allocation Portfolio (Class II)	____ (108) Wanger USA
____ (238) Morningstar Balanced ETF Asset Allocation Portfolio (Class II)	____ (GIA) Guaranteed Interest Account*
____ (239) Morningstar Growth ETF Asset Allocation Portfolio (Class II)	____ (LTGIA) Long Term Guaranteed Interest Account
____ (237) Morningstar Income and Growth ETF Asset Allocation Portfolio (Class II)	____ Other: _____
____ (248) Neuberger Berman AMT Mid Cap Growth Portfolio, Class S	
____ (251) Neuberger Berman AMT Sustainable Equity Portfolio, Class S	

*You may make only one transfer per contract year from the GIA or LTGIA. The amount that may be transferred from the GIA at any one time cannot exceed the greater of \$1,000 or 25% of the contract value in the GIA. The amount that may be transferred from the LTGIA at any one time cannot exceed the greater of \$1,000, 10% of the value in the LTGIA or the amount transferred from the LTGIA in the prior policy year.

Section 2 - Asset Allocation and Options (check ONE only; 100% of deposits and account balance will be allocated as indicated.)

Morningstar Allocation Series** **Franklin Templeton Founding Investment Strategy* (Moderate)**

Morningstar Income and Growth ETF Asset Allocation Portfolio
 Morningstar Balanced ETF Asset Allocation Portfolio
 Morningstar Growth ETF Asset Allocation Portfolio
 Morningstar Aggressive Growth ETF Asset Allocation Portfolio

*Automatic Rebalance occurs monthly
**Not available with Phoenix Joint Edge VUL

Asset Allocation Option Terms:

- A. The initial premium will be allocated based on the option selection indicated above.
- B. Only one option selection can be in effect, per policy, at one time.
- C. Subsequent premiums will be allocated according to the option selection indicated above, unless the Company is otherwise instructed.
- D. Notify your financial advisor or agent if your risk profile changes.

Section 3 - Asset Rebalancing (Not available for money in GIA or MVA. Cannot be in effect at the same time as standard DCA unless fully invested in a valid Asset Allocation Option.)

Asset Rebalancing shall apply as follows (check ONE only):

Full account balance Partial account balance (requires completion of the **FROM column of Section 1** also)

NOTE: If no selection is made above, asset rebalancing will apply to the full current account balance.

I elect to rebalance the variable accounts according to the following instructions:

Frequency: Monthly Quarterly Semi-Annually Annually
Start Date: Receipt Date Calendar (3/31, 6/30, 9/30, 12/31) After DCA completed
 Other: _____

- If you have elected a valid Asset Allocation Option, completing this section will activate asset rebalancing according to the Strategic Model selected.
- If you have NOT elected a valid Asset Allocation Option, your policy will be rebalanced according to the investment option allocation currently on file for your policy **OR** according to the new allocation(s) indicated in the TO column of Section 1.

Section 4 - Dollar Cost Averaging (DCA) (Standard DCA cannot be in effect at the same time as Asset Rebalancing unless fully invested in a valid Asset Allocation Option.)

Allocations indicated in the **TO column of Section 1** apply to (check all that apply):

enclosed payment full account balance partial account balance (also complete the **FROM column in Section 1**) future deposits

NOTE: If no selection is made above, DCA option will apply to the enclosed payment. If no payment is enclosed, allocations will apply to the full current account balance.

Option: I elect DCA from the _____ investment option (list only one investment option) to transfer a total amount of \$ _____ over a period of _____ months. (\$2,000 minimum balance for sending investment option) at a frequency of:

Monthly Quarterly Semi-Annually Annually

- **Receiving investment option allocation must be indicated in Section 1**
- Transfers from Long Term Guaranteed Interest Account (LTGIA) not permitted.
- Under the DCA program, the minimum initial and subsequent transfer amounts are \$25 monthly, \$75 quarterly, \$150 semi-annually, or \$300 annually. A Policy Owner must have an initial value of \$2,000 in the GIA or the investment option that fund transferred from. Under the DCA Program, you may transfer approximately equal amounts of premium payments from the GIA over a minimum 6-month period. Unless we make other programs available, amounts transferred into the GIA are not eligible for the DCA Program. (See GIA footnote in Section 1 for additional transferring guidelines.)

Section 5 - Loan Repayment

Apply the enclosed check as a Loan Repayment. If no repayment allocation is specified in Section 1, the Loan Repayment will be applied on a pro rata basis to the investment options currently in use.

NY RESIDENTS ONLY

Please check one of the following boxes (If none checked we will assume the transaction related to this request was not based on a recommendation).

- The transaction related to this request was not based on a recommendation by my insurance producer.
- The transaction related to this request was based on a recommendation by my insurance producer. I have been informed of the relevant features of this transaction and the potential consequences of this request, both favorable and unfavorable.

Section 6 - Signatures

Owner Name (please print) _____	Owner Signature _____	Date _____
Owner Name (please print) _____	Owner Signature _____	Date _____

If the owner and/or assignee is a corporation or bank, the complete name(s) must appear above their signature line and this form must be signed by an officer of said corporation with the officer's corporate title indicated. If the owner is a Trust, the complete name of the Trust must appear above the signature line and the Trustee must sign with that role indicated in writing.