



LIFE INSURANCE COMPANY

P.O. Box 5420, Cincinnati, Ohio 45201-5420

FLEXIBLE PREMIUM DEFERRED ANNUITY WITH MULTIPLE INTEREST CREDITING STRATEGIES - REQUEST FORM

1. OWNER

Primary Owner

Name Sex M F SSN Address Telephone City State Zip Birth date

Joint Owner (if applicable)

Name Sex M F SSN Address Telephone City State Zip Birth date

2. ANNUITANT (if other than Owner)

(If joint annuitant, please specify all information in Special Requests under Section 4 of this request form.)

Name Sex M F SSN Address Telephone City State Zip Birth date

3. BENEFICIARY

If more than one primary or contingent beneficiary, attach a separate page signed by the owner and dated the same date as this request form. If more than one beneficiary in a class (i.e. two or more Primary Beneficiaries), the Company will assume equal shares unless designated otherwise. If the beneficiary is a trust, please list the name of the trust, the name(s) of the current trustee(s), and the trust agreement date AND provide copies of the first and signature pages of the trust.

Primary Beneficiary

Name Relationship SSN Address City State Zip

Contingent Beneficiary

Name Relationship SSN Address City State Zip

4. CONTRACT INFORMATION

- A. Contract Name:
B. Purchase Payment: Amount \$
C. Tax Qualification:
D. Source of Tax Qualified Contributions:
E. Replacement: Will this Contract replace or use cash values of any existing life insurance or annuity with this Company or any other company?
F. Special Requests:

5. INITIAL STRATEGY SELECTION (Please select in whole percentages only.)

From the Interest Crediting Strategies listed below, indicate the percentage of your Purchase Payment Account Value that you want applied to each. Your selections must be in whole percentages only and total 100%.

Initial Interest Strategy(ies)	Percentage of Purchase Payment Account Value
Declared Rate Strategy	_____ %
Monthly Averaging with Spread and No Cap Indexed Strategy	_____ %
Daily Averaging with No Spread and No Cap Indexed Strategy	_____ %
Total (must equal 100%): _____ %	

6. FRAUD NOTICES: (Please review the notice that applies in your state.)

Arkansas and New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties.

District of Columbia Residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Maine, Tennessee, Virginia and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Ohio and Oklahoma Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading

7. AGREEMENT

I understand that the annuity for which I am applying is a flexible premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by the change in an external index. I understand that the annuity does not directly participate in equity or debt investments. I understand that the values, other than the guaranteed minimum surrender value, are not guarantees, promises, or warranties. I

have read this request form, and I understand each of the statements and answers on this form. To the best of my knowledge and belief, the information above is true and correct.

Signed at _____ State _____ Date _____

Owner's Signature _____

Joint Owner's /Plan Administrator's Signature (if applicable) _____

8. AGENT'S STATEMENT

To the best of your knowledge, will this Contract replace any existing life insurance or annuity with this or any other company? Yes No If the annuity applied for is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

First Agent's Name (please print) _____

Agent's Signature _____ Date _____

Agent Code # _____ Commission Split % _____

Second Agent's Name (please print) _____

Agent's Signature _____ Date _____

Agent Code # _____ Commission Split % _____

9. FOR AGENT USE ONLY

NT T1 T2