

First Investors Life Insurance Company

ISP CHOICE REALLOCATION/TRANSFER FORM

**PREMIUM ALLOCATION CHANGE**

Please change the allocation of premiums on the above referenced policy to the following (must be whole percentages and total 100%):

<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>
Cash Management	_____	High Yield	_____	Discovery	_____
Investment Grade	_____	International Securities	_____	Growth & Income	_____
Value Fund	_____	Government	_____	<b>Fixed Account</b>	
Select Growth	_____			(maximum 50%)	_____

Please note that if the Automated Subaccount Reallocation Option is elected or is already in effect for your policy, the above allocation will become effective on the first Business Day of the Policy Quarter that next follows the date on which we receive this request.

**TRANSFER OF ACCUMULATION VALUE**

If you wish to make a dollar amount transfer or to reallocate your Accumulation Value among the Subaccounts/Fixed Account, choose one of the options below and fill in the appropriate information. A transfer or reallocation of Accumulation Value made while the Automated Subaccount Reallocation Option is in effect will automatically terminate the Automated Subaccount Reallocation Option. You are limited to 6 Transfers of Accumulation Value per Policy Year. After 4 Transfers, a fee of \$10 will be assessed for transfers 5 and 6.

- Please reallocate my Accumulation Value according to my premium percentage allocation listed above.
- Please reallocate my Accumulation Value to the percentages shown in column (2) for the Subaccounts shown in column (1) (whole percentages).
- Please make the dollar amount transfers shown in column (3) from the Subaccounts shown in column (1) to the Subaccounts shown in column (4) (minimum transfer amount to any one account is \$100 in whole dollar amounts only).

(1)	(2)	(3)	(4)
<u>Subaccount Series</u>	<u>Allocation %</u>	<u>Transfer Amount (From)</u>	<u>Transfer Amount (To)</u>
Cash Management	_____	_____	_____
Discovery	_____	_____	_____
Government	_____	_____	_____
Growth & Income	_____	_____	_____
High Yield	_____	_____	_____
International Securities	_____	_____	_____
Investment Grade	_____	_____	_____
Select Growth	_____	_____	_____
Value	_____	_____	_____
<b>Fixed Account</b> (one per Policy year) *	_____	_____	_____

*\*Transfers to the Fixed Account must not cause the ratio of the Fixed Account to the Accumulation Value to exceed 50%. Transfers from the Fixed Account are limited to the greater of \$1,000 or 25% of the Fixed Account. There is a limit of one transfer to or from the Fixed Account in any 12-month period.*

Signature of Owner: \_\_\_\_\_  
 Mail this completed form to:  
**Inforce Services Department**  
**First Investors Life Insurance Company**  
**P.O. Box 7836**  
**Raritan Plaza I**  
**Edison, NJ 08818-7836**

**Date:** \_\_\_\_\_  
 Any Questions? Call 1-800-832-7783 (9am-6pm EST)  
**Policy Number:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Insured:** \_\_\_\_\_