



**Section 2: Asset Rebalancing**

I would like my Asset Rebalancing to occur:

- Monthly       Quarterly       Semi-Annually       Annually

Circle the month to begin the transfer: Jan Feb March Apr May June July Aug Sept Oct Nov Dec, Year 20\_\_\_\_\_

Indicate the day of the month for the transfer to occur (section 1-31)\_\_\_\_\_ if

you do not indicate a start date, the first asset rebalance will occur on the date this form is received. You may notify us at any time if you would like to discontinue Asset Rebalancing.

Please refer to contract provisions on available accounts for the Asset Rebalancing program.

Asset Rebalance as follows:

Investment Option	Percentage (%)
<b>Total 100%</b>	

**Section 3: Signatures**

Name of Owner/Trustee (please print)	Owner/Trustee Signature	Date
Name of Joint Owner (please print)	Joint Owner Signature	Date
Name of Participant (if other than the owner)	Participant Signature	Date
Name of Plan Administrator (if any)	Plan Administrator Signature (if any)	Date