

## BENEFITS RIDER ELECTION FORM SPOUSAL CONTINUANCE

										POLICY NUMBER	
	•									Benefits Rider on the annuity policy. ble for withdrawal each contract year.	
The rider describing this benefit and the Schedule Pages providing additional information including the cost were included in the original policy issued to the deceased. You may also consult your agent with any further questions on the provisions of the rider on this policy.											
Please review the information in the policy and complete one of the areas below.											
	Yes, please continue the Benefits Rider upon processing the Spousal Continuance for the above listed policy. I have reviewed the provisions of the rider in the policy and am aware of the charges and benefits associated with the rider.										
	□ No, I do not want to continue the Benefits Rider on the above listed policy.										
	se com pleted f								soon a	as possible. A delay receiving the	
Sigr	ature o	f Spou	sal Be	neficia	ary (Ne	ew Ow	ner)			-	
Date	Signed	d t	/_		/						
						_				onsult an independent tax advisor We urge you to seek professional	

assistance before acting on statements made in this summary.

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