DocuSign Envelope ID: 110A527C-E06D-4DFA-BD45-F82354368807 rarmers ivew vvoria Life insurance company

Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005/1-800-238-9671 Mailing address: PO Box 248831, Oklahoma City, OK 73124 Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139/1-877-376-8008 Index UL Service Center: PO Box 725409, Atlanta, GA 31139/1-888-794-0608



New Business Change Request - Application Amendment

| Primary Proposed Insured: Eric Gustafson | | | Policy Number: 002937350 | | | | | | | | |
|--|--|--|---|---|--|--|--|--|--|--|--|
| | | \neg | | | | | | | | | |
| | Proposed Insured(s) Change(s) | | | | | | | | | | |
| 1. | Primary Proposed Insured ☐ Change Name to: | 4. | Additional Proposed Insured 4. □ Change Name to: | | | | | | | | |
| | Full Legal Name (First, Middle, Last, Suffix) | | Full Legal Name (First, Middle, Last, Suffix) | - | | | | | | | |
| 2. | ☐ Change DOB to: | 5. | 5. Change DOB to: | | | | | | | | |
| 3. | | | | | | | | | | | |
| Э. | ☐ Change US Driver's License # to: | | 6. □ Change US Driver's License # to: | | | | | | | | |
| | (Attach copy of Driver's License) | | (Attach copy of Driver's License) | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (I | General Change(s) | | See section C for other plan specific changes | | | | | | | | |
| 1. | ☐ Change Face Amount to: \$150,000 | | see section of other planspeame changes | | | | | | | | |
| 1. | (Increase in Face Amount may require additional medical requirements. Consult Minimum Underwriting Requirements chart.) | | | | | | | | | | |
| 2. | ☐ Change Rate Class to: | | | | | | | | | | |
| | Non-Nicotine FEUL/IUL/VT: Platinum Platinum Choice Plate FELVUL: Standard Preferred Premier ST/FESWL: Select (Special-WA) Select Plus FDT(MPP)/PWL: Non-Nicotine | atinu | inum Plus | | | | | | | | |
| 3. | ☐ Add ☐ Remove – Accelerated Benefit Rider – Terminal Illness (PA residents: Terminal Condition) | | | | | | | | | | |
| 4. | □ Add □ Remove □ Change Amount − Accidental Death Benefit \$ | | | | | | | | | | |
| 5. | □ Add □ Remove □ Change Amount - Children's Term Insurance Rider \$ | | | | | | | | | | |
| 6. | - | ☐ Add ☐ Remove ☐ Change Amount – Other/Additional Insured Insurance \$ | | | | | | | | | |
| | (Evidence of insurability may be required for adding any Additional Proposed Insur | ed(s) |).) | | | | | | | | |
| | Plan Specific Change(s) | | | | | | | | | | |
| | Variable or Universal Life Plans | | | | | | | | | | |
| 1. | Change to: Plan: with a D | Death | h Benefit Option of: | | | | | | | | |
| | • | able d | or IUL product; also complete appropriate Application Supplement) | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | 4. \square Add* \square Remove – Chronic Illness Rider (*Also complete Disclosure form) (Available only if ABR-TI is present.) | | | | | | | | | | |
| (No 5. | more than one of the following are available at a time) Add Remove – Waiver of Deduction | | | | | | | | | | |
| 6. | ☐ Add ☐ Remove — Owner Waiver of Deduction | | | | | | | | | | |
| υ. | □ Auu □ Remove - Owner walver of Deduction | | | | | | | | | | |

| ocuSign | | .527C-E06D-4DFA-BD45-F hange(s) (continued) | 82354368807 | |) | | | |
|----------------------|---------------------------------------|--|--------------------|---------------|------------------|-----------------------------------|--|-------------------------|
| | | | | | J | | | |
| | r m Plans Change to: Term I | Plan: | | in th | ne Lenath of | Years | | |
| – | change to. Term | Plan: (plan name or cod | de number) | | ic Length on | rears | | |
| 2. 🗆 | Change only to: Le | ength of Term:Y | ears/ | | | | | |
| 3. □. | Add 🗌 Remove | – Waiver of Premium | | | | | | |
| 4. \Box | Add* □ Remove | ☐ Change Amount – | | | | | (VT 20 & 30 ye lement) (CI-ABR not availa | |
| | nole Life Plans | T.C. DI | | | | | | |
| 1. ⊔ | Change to: Whole | £ Life Plan:(plan nam | ne or code number) |) | _ | | | |
| 2 . \square | Add 🗆 Remove | – Non-forfeiture Optio | | | □ Remove – | Waiver of Prer | nium | |
| | Automatic Prer | nium Loan | 5. | □Add | □ Remove – | Owner Waiver | of Premium/Payor Be | enefits |
| | Extended Term | | | | | | • | |
| | Reduced Paid-U | | | | | ☐ Change Amo | ount – | |
| | | Excess Credit Option | | | | ity Benefit <u>\$</u> | | |
| | Cash Paid-Up Additio | a.m.a | 7. | ∐ Add | ∐ Remove | ☐ Change Amo | ount – Single Premiun | n Rider <u>\$</u> |
| | Reduced Premi | | 8. | \square Add | □ Remove | ☐ Change Amo | ount – One-Year Term | Rider \$ |
| | | | | | ` | | | |
| (D) | Rated Policy | | | | | | | |
| I (We) a | ccept the policy i | ssued with: | | | | | | |
| | Table rating of: _ | | | İ | 3 . □ Ten | nporary Flat Extr | a Rate of: | |
| | | | | | | | | voars |
| 2. ⊔ | Permanent Flat E | extra Rate of: | per thousa | na. | | per tric | ousand for | years. |
| | | | | | | | | |
| (E) | Other Contract | ual Change Request | | | | | | |
| 1 □ | Other Contractua | al Change Request: | | | | | | |
| – | other contracta | ar change request. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | |) | | | |
| (F) | Acknowledgen | nent & Authorization Si | gnatures | | Comple | te this section f | or all cases | |
| I (We) u | nderstand that p | ortions or all of the data | collected to ci | reate this I | - | | | dment |
| (Amend | lment), including | my signature, may be to on by electronic means a | ransmitted by | electronic | means and | /or retained in e | lectronic format. By s | igning below, I |
| | | of the Policy Contract, if i | | | | | | |
| Compa | | | | | | | | |
| I (We) re | epresent that sind | ce the completion of the ave consulted with nor b | original appli | cation, the | health of al | l Proposed Insur | eds has remained und | changed and none o |
| | | any person to be insured | | | | | | |
| be signe | ed and the policy | cannot be delivered or p | olaced in force | <u>.</u> | | 3 3 | · | |
| | | pleted Amendment, or | | | | | ents and answers are t | rue and complete to |
| | | e and belief; and will be rson who knowingly pre | | | | | e may be quilty of a cr | iminal offense and |
| | to penalties unde | | Series a faise s | taterrierre | папаррііса | tion for insurance | c may be gainly or a ci | illilliai ollerise aria |
| Sign | DocuSigned | _{by:} ed Insured(s) | ent/Legal Gua | rdian if Pr | imary Insura | ed is a juvenile a | nd if other than Policy | Owner) |
| X | Enic Gus | ed Insured(s) – (or Pare Statson | 8/19/202 | 21 | X | .a io a javeime ai | ia ij otirer tilaliri olicy | owner, |
| | imary Insured | . 52478 | Date | | | onal Insured (if o | applicable) | Date |
| X | , | | | | | (y) · | •• | |
| Pa | rent/Legal Guard | | Date | | | | | |
| Sign X | lature of Propos | ed Policy Owner(s) – (<i>if</i> | otner than Pr | oposed In | sured(s)) X | | | |
| | olicy Owner (เร็สผู | nlicable) | Date | | | Co-Owner (if ap | pplicable) | Date |
| | nature of Insuran | · • | 2410 | | | · · · · · · · · · · · · · · · · · | ,/ | |
| X | EAGD1 | 7C52A5F42F | | | 1380s1 | 1 | 08/03/2021 | 8/3/2021 |
| | surance Produce | | | | Agen | t Code Number | | Date |