

Value+ Protector III / QoL Value+ Protector III

	Premium Allocation (%)	DCA Allocation (%)
Blend Participation Rate Account <i>(1-Year, utilizing ML Strategic Balanced Index®)</i>	_____	_____
Global Blend Participation Rate Account <i>(1-Year, utilizing PIMCO Global Optima Index®)</i>	_____	_____
High Bonus Rate Account <i>(1-Year, No II, utilizing S&P 500® Index)</i>	_____	_____
Cap Rate Account <i>(1-Year, utilizing S&P 500® Index)</i>	_____	_____
Declared Interest Account	_____	N/A
	100%	100%

Other

(Use for products not listed above unless otherwise instructed.)

Product Name: _____

Directions: Please complete the section below for the product being applied for.

If you have not chosen to use DCA, please indicate how each premium received should be allocated in the "Premium Allocation (%)" column.

If you have chosen to use DCA:

For Option A, please only complete the "DCA Allocation (%)" column. The "Premium Allocation (%)" column should remain blank.

For Option B, please complete both "Premium Allocation (%)" and "DCA Allocation (%)" columns.

Total allocations in each column must equal 100%. Use whole percentages only.

	Premium Allocation %	DCA Allocation %
_____	_____	_____
_____	_____	_____
_____	_____	_____
	100%	100%

Agreement: I acknowledge that I have read this supplemental application or that it has been read to me. The completed supplemental application is true and complete to the best of my knowledge and belief. I agree that this supplemental application shall form a part of my application for insurance.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Owner Signature

Owner signed on (date) _____

AGENT INSTRUCTIONS: Submit this form with the policy application packet.

