



Hereinafter referred to as Ameritas
PO Box 82550 / Lincoln, NE 68501-2550
800-745-1112 / Fax 402-467-7923

Allocation Change Form

Insured/Annuitant (name in full) _____ Date _____

Owner (name in full) _____ Policy Number _____

1. Change [] Current Allocations [] Future Allocations [] Current and Future Allocations
OR [] Unscheduled Premium Deposit \$ _____ as follows:

- Vanguard® VIF
___% Money Market
___% Balanced
___% Diversified Value
___% Equity Income
___% Equity Index
___% Growth
___% High Yield Bond
___% International
___% Mid-Cap Index
___% REIT Index
___% Small Company Growth
___% Total Bond Market Index
___% Total Stock Market Index

- American Century VP Class I
___% International
___% Mid Cap Value

- Calvert Variable Products
___% VP EAFE International Index
___% VP Natural Resources

- Calvert Variable Series
___% VP SRI Balanced
___% VP SRI Equity
___% VP SRI Strategic
DWS VS I Class A
___% Health Care VIP
DWS VS II Class A
___% Dreman Small Mid Cap Value VIP
___% Global Thematic VIP

- Fidelity® VIP Initial Class
___% Contrafund®
___% Equity-Income
___% Growth
___% High Income
___% Investment Grade Bond
___% Mid Cap
___% Overseas
___% Strategic Income

- FTVIPT Templeton Class 2
___% Templeton Global Bond Securities
Invesco V.I. Series I
___% International Growth
___% Leisure
MFS® VIT Initial Class
___% Research International
___% Utilities

- Neuberger Berman AMT Class I
___% Partners
___% Regency

- PIMCO VIT Administrative Class
___% CommodityRealReturn® Strategy
___% Total Return

- Rydex/SGI
___% Government Long Bond 1.2x Strategy
___% Inverse Government Long Bond Strategy

- Rydex/SGI (continued)
___% Inverse NASDAQ-100® Strategy
___% Inverse S&P 500 Strategy
___% NASDAQ-100®
___% Nova
___% Precious Metals
___% Russell 2000 1.5x Strategy
___% U.S. Long Short Momentum

- T. Rowe Price
___% Blue Chip Growth

- Third Avenue
___% Value

- UIF Class I
___% Emerging Markets Equity

- ALIC
___% Fixed Account (maximum 25%)

100 % TOTAL (Whole percentages only; must total 100%)

2. [] Subaccount Transfer (Existing Funds Only)

Table with 3 columns: From Fund, % or \$ (select 1 only), To Fund. Includes three rows for fund selection.

Minimum transfer is \$250. Minimum balance remaining in subaccount after transfer is \$100. Any amount below the \$100 minimum will be included in the amount transferred. Effective date of the transfer will be the date the request is received in the home office.

Miscellaneous Request AND SPECIAL INSTRUCTIONS _____

Signatures

Dated at _____ (City) _____ (State) On this Date _____

X
Signature of Owner or Authorized Party (If a Corporation or Trust, show full name)

X
Signature(s) and Title of Officer or Trustee(s)