



Eagle Life Insurance Company®
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Lifetime Income Benefit Rider Termination Form

Contract No. _____ Owner Name _____

I elect to have my Lifetime Income Benefit Rider terminated effective immediately.

By signing below, I acknowledge I understand the following:

1. Once terminated, rider cannot be reinstated at any time. This election is irrevocable.
2. Any fees (if applicable) previously deducted in association with this rider will not be refunded. Once rider is terminated, fees will no longer be assessed.
3. Upon termination of this rider, I am no longer eligible to exercise Lifetime Income Benefit payments.

X _____	_____	_____
Owner Signature	Date	Phone Number

X _____	_____	_____
Joint Owner Signature <i>(required if applicable)</i>	Date	Phone Number

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE.