



**Eagle Life Insurance Company®**

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Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266

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# Transfer of Values Authorization Form

Contract Number \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

Eagle Life allows reallocation of interest crediting strategies once per contract year. The reallocation must be submitted prior to the contract anniversary date. By signing below, you are authorizing the below named representative/producer to reallocate or change the interest crediting strategies on your behalf, for the above contract(s).

This form does not allow third parties that are not affiliated with Eagle Life to make changes to your contract(s). This authorization automatically terminates if the representative/producer is no longer affiliated with Eagle Life.

I agree to release Eagle Life from any and all liability, loss or claim for accepting and processing any request made pursuant to this form.

\_\_\_\_\_  
Contract Owner's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Joint Owner's Signature (if applicable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative/Producer's Name (print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date