



MATURITY AND DEATH BENEFIT RESET GUARANTEE

Policy Number: _____ Producer's Name: _____

Annuitant's Name: _____ Owner's Name: _____

On receipt of this form, please reset the maturity and death benefit guarantees for the above-noted policy. If my current maturity date is less than 10 years, and my plan permits it, I also request that you reset the maturity date to be 10 years following the reset date.

Signature of Owner: _____

Date: _____
(Day Month Year)