

Advisory Fee Authorization – Variable Life

1258

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112, Fax 402-467-7335

Advisor Information

Firm Name (Check or Electronic Fund Transfer will be made payable to this entity): _____

Mailing Address: _____

Phone Number: _____ Contact Name: _____

Social Security or Tax Identification Number: _____

Account Information

Policyowner's Name (Please Print): _____

Social Security Number: _____ Policy Number(s): _____

General Information

- The partial withdrawal will be deducted from the investment option(s) on a Pro-rata basis unless a systematic fee deduction is established and investment option(s) are specified below.
- Advisory fees will not exceed 1.5% of the account value on an annualized basis and are not subject to a withdrawal charge.
- There is no minimum advisory fee amount.
- The maximum advisory fee is the lesser of:
 - 1.5% of the account value on an annualized basis; or
 - the cash surrender value minus the sum of the next three monthly deductions.
- The specified amount will not be reduced by the amount deducted to pay advisory fees.

Withholding

Federal Law requires the Company to withhold income tax from any distribution that is subject to tax unless the owner(s) have provided the Company with a Social Security/Taxpayer I.D. Number and have certified that he/she is not subject to backup withholding. I/We elect the following with respect to the payment fees under this authorization:

- ☐ I/We do not want Federal Income Tax withheld from these withdrawals.
- ☐ I/We understand that Federal Income Tax will be withheld from the withdrawals. Please withhold _____. If no amount is stated, the Company will withhold the required minimum amount under Federal Law. Advisory fee will be net amount of the withdrawal.

Advisory Fee Designation (select only one method of deduction)

- ☐ **Non-Systematic Fee Deduction Upon Request** – Advisory fee deduction in a dollar amount specified in an invoice that the Company receives by Advisor (frequency no more than quarterly).
- ☐ **Systematic Fee Deduction** – The initial or partial period will be pro-rated based on the number of calendar days from the fee start date to the end of the initial period. The direct deposit form (UN 2175) is to be on file at the Company in order to initiate systematic fee deductions.

Deduct an advisory fee of _____% annually

Select frequency: ☐ Monthly ☐ Quarterly ☐ Semi Annually ☐ Annually

Select method: ☐ Percent of policy value, in advance*

☐ Percent of policy value, in arrears**

☐ Percent of average daily balance, in arrears**

Systematic fee deductions will be taken on a pro-rata basis unless you specify the investment option(s) below:

_____	_____ %
_____	_____ %
_____	_____ %
Total	100%

*Any refund of unearned fees due to termination of this authorization prior to the end of the period will be refunded by the Advisor from a source other than the variable life.

**In the event of termination of this authorization or surrender or lapse of the policy, any pro-rated fees due will not be deducted from the policy. It will be the Advisor's responsibility to collect any remaining fees directly from the Owner.

Disclaimer and Indemnification

The Company does not make representations or warranty, by accepting instructions or otherwise, concerning the tax treatment of payment of fees under the Internal Revenue code, as amended, or otherwise. The Company has no responsibility or liability for any taxes, penalties, and/or interest which may be assessed against me/us by the Internal Revenue Service or other administrative tribunal or court as a result of this authorization. I/We hereby indemnify and hold the Company harmless from and against any and all claims, losses, liabilities, or damages, costs or expenses including but not limited to taxes, penalties, and/or interest (individually and collectively referred to as "loss") arising out of any Advisor initiated transfer, allocation change or partial surrender. The Company is not responsible and has no liability for any loss incurred by the Owner(s) as a result of transactions contemplated by this authorization except in the event that the Owner(s) suffers any such loss as a result of willful misconduct of the Company, its employees or agents in processing transfers or partial surrender requests made by the Advisor.

I/We the undersigned, have retained the services of the Registered Investment Advisor (Advisor) noted above to manage my/our Company accounts. For this service, I am charged a fee by the Advisor. I have agreed that the amount of each non-systematic periodic payment will be calculated no more than quarterly by the Advisor who will instruct the Company in writing to liquidate the appropriate number of shares from my account and send the fee direct to the Advisor. You may rely exclusively on instructions received from the Advisor concerning the periodic fee payments, and you are authorized to pay the Advisor directly such fees as requested. These fees are separate from, and in addition to the fees paid under the policy. The Company has no responsibility or liability to determine that instructions received from the Advisor are in compliance with the separate agreement that I have entered into with the Advisor.

Owner's Representations: The Owner warrants, represents and covenants that he or she has duly authorized the Advisor to provide services and to instruct the Company to reallocate Accumulation Value.

Advisor's Representations: Advisor represents, warrants and covenants that it has complied with and has all necessary registrations under all applicable Federal and State laws including, but not limited to the Investment Advisers Act of 1940, the Securities Exchange Act of 1934, and state insurance and broker/dealer laws. Advisor further represents, warrants and covenants that such registration shall remain in effect for the duration of this Agreement and that if the Advisor is relying upon an exemption under any Federal or State law, Advisor will notify the Company in writing of its reliance upon any such exemption.

Signatures

This authorization will remain in full force and effect until revoked by me/us by phone or written notice received at the Company's Home Office. The Owner(s) hereby certifies under penalty of perjury, that such taxpayer is not subject to a backup withholding order under section 3406(c) of the Internal Revenue Code. In addition, the taxpayer certifies, under penalty of perjury that the social security or tax identification number shown on this form is correct.

X

Owner(s) Signature

Date

X

Owner(s) Signature

Date

X

Investment Advisor Signature

Date