

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

Contract Identification

Contract Number: _____ Insured/Annuitant's Name: _____
Owner's Name: _____

Authorized Third Party

Name: _____
Social Security Number or Tax Identification Number: _____ Date of Birth *(Required for Individuals)*: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Phone Number: _____ Capacity: _____ Email Address: _____

Authorization by Owner: *Please Read Carefully*

I authorize the Third Party named above to change the allocation of premium payments to and transfer funds among subaccounts of my policy shown above. I hereby authorize and direct the Company, when applicable, to send a copy of policy information, including but not limited to, policy values, premium information, request forms and illustrations relating to the above policy to the following designated individual. I agree to hold the Company harmless as to any action it takes when an allocation change or transfer request is received. I agree this authorization will be effective only if signed by myself, the Third Party, and the Company.

- I understand the following:
- Transfers and/or allocation changes may be made in writing or by telephone.
 - I may cancel this authorization at any time by furnishing written notice or by telephone to the Company.
 - The Third Party or the Company may cancel this authorization at any time.
 - Requests received after 3 p.m. Central Time will be executed on the following business day.
 - There may be a transfer charge assessed to policies with excessive transfers. This charge will be deducted from the amount transferred. Please refer to your policy for any charges that may apply.
 - Either the owner or the Third Party may authorize allocation changes and transfers while this Authorization is in effect. In the case of conflicting changes or transfers on the same day, the last transaction shall be binding on the owner whether authorized by the owner or Third Party.
 - The Third Party may group my policy with others under the same authorization code.
 - Upon the death of the owner and/or annuitant, this authorization is no longer in effect.
 - Faxed in trades must be faxed to (402) 467-7923 before the close of the market. Any trade requests faxed elsewhere will be processed as of the day received by the Trading Unit.
 - The Trading Unit will call to verify all faxes received and confirm exact number of pages of request sent in. If I have not received this call, it is my responsibility to inquire about the fax prior to the close of the market or the trade may not be processed.

I, for myself, my heirs, the legal representatives of my estate and my successors and assigns, each release the Company from any liability for acting in reliance on any instruction given pursuant to this power and agree to indemnify the Company from and against any claim, liability or expense, including reasonable attorney's fees arising out of any action by the Company in reliance on such instructions.

X
Owner Signature

Date

X
Joint Owner Signature

Date

Third Party Agreement

I/We agree to hold the Company harmless as to any action it takes when an allocation change or transfer request is received. I/We agree to the understandings shown above.

Check one: ☐ I/We are registered as investment advisor(s) under the Investment Advisor's Act of 1940.
☐ I/We are exempt from the Act because:

X
Third Party Authorized Signature

Date

Title
PS 2313