

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 cash surrender value after an advisory fee must be at least \$1,000.
- The advisory fee 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.
- This form may not be used to pay advisor fees from a variable annuity policy with a Guaranteed Lifetime Withdrawal Benefit rider that has been activated.
- The Owner(s) and the Advisor agree that the fees for any investment advisory services provided by the Advisor with respect to the annuity will be deducted only from the assets of the Annuity from time to time, and will not be for any other services.
- The Owner(s) and the Advisor agree that the Annuity shall be solely responsible for the payment of the fee and that neither the Owner(s) nor the Company shall have any liability whatsoever for payment thereof. The fee shall be deducted directly from the assets of the Annuity and forwarded by the Company to the Advisor.
- Under no circumstances shall the Owner(s) or the Company be held liable for payment of the fee. If the assets of the Annuity should fail to be sufficient to pay the fee, or if the fee should fail to be paid for any reason whatsoever, the Advisor shall have a cause for action for payment of the fee solely against the assets of the Annuity.
- The Owner and the Advisor agree and represent that the advisory agreement is an arms-length transaction, or if the Owner and the Advisor are related parties the fees will not exceed those the Advisor charges unrelated parties.
- The fees will not exceed an amount equal to an annual rate of 1.5% of the policy's cash value during the period to which the fees relate. Any fees withdrawn that exceed the 1.5% cap during the calendar year will be reportable and taxable in the calendar year withdrawn.
- The Owner's direction to make payment of fees for any other purpose or to any other person other than the Advisor named on this authorization will be treated as a partial withdrawal.
- The Advisor will not receive a commission for the sale of the policy from Ameritas.

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 annuity.

**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

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 or allocation change.

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. 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 1) by me/us by phone or written notice received at the Company’s Home Office or 2) by my/our election to activate the Guaranteed Lifetime Withdrawal Benefit rider.

X	
Owner(s) Signature	Date

X	
Owner(s) Signature	Date

X	
Investment Advisor Signature	Date