

Eagle Life Insurance Company<sup>®</sup> P.O. Box 71279 Des Moines, Iowa 50325-0279 Telephone: (866) 526-0995 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266 www.eagle-lifeco.com Fax: (515) 457-1911

## Lifetime Income Benefit Rider Termination Form

Contract No. \_\_\_\_

\_\_\_\_Owner Name \_\_\_\_\_

By signing below, I acknowledge I understand the following:

- **1. Once terminated, rider cannot be reinstated at any time.** This election is irrevocable.
- 2. Any fees (if applicable) previously deducted in association with this rider <u>will not</u> be refunded. Once rider is terminated, fees will no longer be assessed.
- 3. Upon termination of this rider, I am no longer eligible to exercise Lifetime Income Benefit payments.

I elect to have my Lifetime Income Benefit Rider terminated effective immediately.

Х			
	Owner Signature	Date	Phone Number
Х			
	Joint Owner Signature (required if applicable)	Date	Phone Number

**ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE.**