

Eagle Life Insurance Company® P.O. Box 71279 Des Moines Jowa 50325-0279

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Transa	ection
Authorization	Form

Contract Number Con	tract Owner(s)	
This form authorizes your contracted agent the abili and/or reset your Income Account Value period. The anniversary for us to process them. By signing below below marked request on your behalf, for the above	ese requests must be received by y, you are authorizing the below	us before your contract
My agent is authorized to:		
Request and complete a transfer of value of	on my behalf	
Request and complete a reset of my Incom	ne Account Value period on my b	ehalf
This form does not allow third parties that are not affi authorization automatically terminates if the represe I agree to release Eagle Life from any and all liabilit	entative/producer is no longer a	affiliated with Eagle Life.
pursuant to this form.		
Contract Owner's Signature	Phone Number	Date
Contract Joint Owner's Signature (if applicable)	Phone Number	Date
Representative/Producer's Name (print)	 Phone Number	 Date

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