



Eagle Life Insurance Company®
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Transfer of Values Authorization Form

Contract Number _____ Contract Owner(s) _____

This form authorizes your contracted agent the ability to complete a transfer of values for your annuity contract and/or reset your Income Account Value period. These requests must be received by us before your contract anniversary for us to process them. By signing below, you are authorizing the below named agent to complete the below marked request on your behalf, for the above contract(s).

My agent is authorized to:

- Request and complete a transfer of value on my behalf
- Request and complete a reset of my Income Account Value period on my behalf

This form does not allow third parties that are not affiliated with Eagle Life to make changes to your contract(s). This authorization automatically terminates if the representative/producer is no longer affiliated with Eagle Life.

I agree to release Eagle Life from any and all liability, loss or claim for accepting and processing any request made 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