

 First Investors Life Attn: Inforce Services Dept. RARITAN PLAZA I P.O. BOX 7836 EDISON, NJ 08818-7836 1.800.832.7783	FIL VARIABLE LIFE	DATE RECEIVED AT FIL:
	SUBACCOUNT REALLOCATION	
	REQUEST FORM	

Owner Name: _____

Policy Number: _____

Please change the allocation among subaccounts of the above numbered First Investors Life Variable Annuity Contract to be as follows: (Up to 5 subaccounts may be selected; each percent must be a whole number not less than 10%; total percent allocated must equal 100%.)

Subaccount	% Allocated
Blue Chip	_____
Cash Management	_____
Discovery	_____
Government	_____
Growth & Income	_____
High Yield	_____
International	_____
Investment Grade	_____
Select Growth	_____
Value Fund	_____

Signature of Owner: _____

Date: _____