

First Investors Life Insurance Company

VARIABLE LIFE REALLOCATION/TRANSFER FORM

**PREMIUM ALLOCATION CHANGE**

Please change the allocation of premiums on the above referenced policy to the following (must be whole percentages and total 100%):

<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>
Blue Chip Fund	_____	Growth & Income Fund	_____	Target Mat 2010 (SPVL only)	_____
Cash Management Fund	_____	High Yield Fund	_____	Target Mat 2015 (SPVL only)	_____
Discovery Fund	_____	International Fund	_____	<b>Fixed Account</b>	
Select Growth Fund	_____	Investment Grade Fund	_____	(SPVL maximum 25%)	_____
Government Fund	_____	Value Fund	_____	(ISP Choice maximum 50%)	_____

**Please note that if the Automated Subaccount Reallocation Option is elected or is already in effect for your policy, the above allocation will become effective on the first business day of the policy quarter that next follows the date on which we receive this request.**

**TRANSFER OF CASH/ACCUMULATION VALUE**

If you wish to make a dollar amount transfer or to reallocate your Cash/Accumulation Value among the Subaccounts/Fixed Account, choose one of the options below and fill in the appropriate information. A transfer or reallocation of Cash/Accumulation Value made while the Automated Subaccount Reallocation Option is in effect will automatically terminate the Automated Subaccount Reallocation Option. You are limited to 6 Transfers of Accumulation Value per Policy Year. After 4 Transfers, a fee of \$10 will be assessed for transfers 5 and 6.

- Please reallocate my Cash/Accumulation Value according to my premium percentage allocation listed above.
- Please reallocate my Cash/ Accumulation Value to the percentages shown in column (2) for the Subaccounts shown in column (1) (whole percentages).
- Please make the dollar amount transfers shown in column (3) from the Subaccounts shown in column (1) to the Subaccounts shown in column (4) (minimum transfer amount to any one account is \$100 in whole dollar amounts only).

(1)	(2)	(3)	(4)
<u>Subaccount Series</u>	<u>Allocation %</u>	<u>Transfer Amount(From)</u>	<u>Transfer Amount (To)*</u>
Blue Chip Fund	_____	_____	_____
Cash Management Fund	_____	_____	_____
Discovery Fund	_____	_____	_____
Government Fund	_____	_____	_____
Growth & Income	_____	_____	_____
High Yield Fund	_____	_____	_____
International Fund	_____	_____	_____
Investment Grade Fund	_____	_____	_____
Value Fund	_____	_____	_____
Select Growth	_____	_____	_____
Target Maturity 2010 (SPVL only)	_____	_____	_____
Target Maturity 2015 (SPVL only)	_____	_____	_____
Fixed Account (one per Policy year)	_____	_____	_____

*\*Transfers to the Fixed Account must not cause the ratio of the Fixed Account to the Cash/Accumulation Value to exceed 25%. Transfers from the Fixed Account are limited to the greater of \$1,000 or 25% of the Fixed Account Value. There is a limit of one transfer to or from the Fixed Account in any policy year.*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mail this completed form to: \_\_\_\_\_ Any Questions? Call 1-800-832-7783 (9am-6pm EST)

**Inforce Services Department**  
**First Investors Life Insurance Company**  
**P.O. Box 7836**  
**Raritan Plaza I**  
**Edison, NJ 08818-7836**

**Policy Number:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Insured:** \_\_\_\_\_