

First Investors Life Insurance Company  
**VARIABLE LIFE**  
**SYSTEMATIC TRANSFER/AUTOMATED REALLOCATION ELECTION FORM**

*If you want to elect or discontinue either the Systematic Transfer or the Automated Subaccount Allocation Options, complete the required sections below. Please note that we cannot process your request without your signature.*

**AUTOMATED SUBACCOUNT REALLOCATION OPTION**

If you have not previously elected the Automated Subaccount Reallocation Option, you may do so by selecting the box below. Reallocation will occur quarterly based upon the allocation percentages currently in effect for your policy exclusive of any Fixed Account allocation percentage or by the percentages selected below. Please note the Fixed Account is not eligible for automatic reallocation. Please refer to your prospectus and/or policy for further information.

I wish to elect the Automated Subaccount Reallocation Option. **(If desired allocation is different from the allocation on file make the selections below.)**

<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 Maturity 2010	_____
Cash Management Fund	_____	High Yield Fund	_____	(SPVL only)	_____
Discovery Fund	_____	International Fund	_____	Target Maturity 2015	_____
Select Growth Fund	_____	Investment Grade Fund	_____	(SPVL only)	_____
Government Fund	_____	Value Income	_____		

I wish to discontinue the Automated Subaccount Reallocation Option.

**SYSTEMATIC TRANSFER OPTION**

Please note the Fixed Account is not eligible for the systematic transfer option. Please refer to your prospectus and/or policy for further information about this policy feature.

I wish to elect the Systematic Transfer Option. I would like the Systematic Transfer to occur at the \_\_\_\_\_ following interval:

Monthly                       Quarterly

<u>Transfer Amount Out</u>	<u>Subaccount Series From/To</u>	<u>Transfer Amount In</u>
_____	<b>Blue Chip Fund</b>	_____
_____	<b>Cash Management Fund</b>	_____
_____	<b>Discovery Fund</b>	_____
_____	<b>Government Fund</b>	_____
_____	<b>Growth &amp; Income Fund</b>	_____
_____	<b>High Yield Fund</b>	_____
_____	<b>International Fund</b>	_____
_____	<b>Investment Grade Fund</b>	_____
_____	<b>Value Fund</b>	_____
_____	<b>Select Growth Fund</b>	_____
_____	<b>(SPVL only)-Target Maturity Fund 2010</b>	_____
_____	<b>(SPVL only)-Target Maturity Fund 2015</b>	_____

I wish to discontinue the Systematic Transfer Option.

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:** \_\_\_\_\_