



First Investors Life

CUSTOMER SERVICE OPERATIONS

RARITAN PLAZA I, P.O. BOX 7836

EDISON, NEW JERSEY 08818-7836

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VARIABLE LIFE

MULTI-PURPOSE REQUEST FORM

DATE RECEIVED AT FIL:

Policy No.: _____ Name of Insured: _____

Owner's Current Address: _____ Phone: () _____

1. Policy Loan: Make a policy loan for: \$ _____ (Enter Amount)

The undersigned understands this loan will be subject to all applicable policy provisions and applicable interest rate(s). The policy is hereby assigned to the Company as security for payment of the loan indebtedness and in consideration of the Company waiving the deposit of the policy with it, the undersigned agrees that the rights of the Company shall in no manner be prejudiced by such waiver.

It is also understood that policy loans reduce the cash value and death benefits of a policy. Furthermore, if a policy is surrendered or terminates for any reason prior to the owner's death, policy loans are taxable to the extent that they exceed the cost basis. As a general rule the policy owner is responsible for paying income taxes on the difference between the surrender value and total premiums paid. Any outstanding policy loans will be added to the cash surrender value for the purpose of calculating income tax liability. If the total amount of outstanding loans exceeds the cash balance, the policy will terminate. Poor performance of the underlying subaccounts, as a result of adverse market conditions, might cause this to occur. Consult with your representative or tax advisor before taking a policy loan.

2a. Policy Surrender: The undersigned hereby applies to First Investors Life Insurance Company for the net cash surrender value of the above policy. It is hereby warranted that no insolvency or bankruptcy proceedings are pending against the undersigned. Any request for an automatic premium loan is hereby revoked.

In consideration of the payment of the above policy's net cash surrender value, the undersigned agrees that the entire liability of First Investors Life Insurance Company under this policy shall be discharged and terminated upon receipt of this form at the Home Office of the Company, during the lifetime of the Insured, together with the policy and any other papers which the Company considers necessary to effect surrender of the contract.

CHECK ONE: Policy enclosed. Policy not enclosed. Complete 2b Lost Policy Declaration.

2b. Lost Policy Declaration: To the best of the knowledge and belief of the undersigned, these statements are true:
(a) The contract has been lost or destroyed. (b) No one has the contract. (c) It is not now assigned, or otherwise transferred to anyone.
(d) It is not in any way pledged as security for money advanced or value received.

Issue new policy. Signature of Owner: _____

THIS SECTION MUST BE COMPLETED

3a. Owner's Social Security Number (SSN)/Taxpayer Identification Number (TIN) _____ / _____ / _____
Under penalty of perjury, I certify that (1) the above number is my correct SSN/TIN and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) if you are subject to backup withholding.

3b. I understand that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

CHECK ONE: Do not withhold federal income tax on any taxable portion of payments.
(For Policy Withhold 15% federal income tax on any taxable portion of payments.
Surrenders Only) Withhold \$ _____ federal income tax from any taxable portion of payments.

Is this policy loan/surrender intended for investment purposes or to purchase a new life insurance policy or annuity? Yes No

Dated at _____ this _____ day of _____, _____ Year
City State Day Month

Signature of Witness

Signature of Owner

REQUEST FOR CHANGE OF BENEFICIARY

POLICY / CONTRACT NUMBER: _____ NAME OF INSURED / ANNUITANT: _____

The undersigned hereby requests that (1) all designations of Beneficiary made heretofore be revoked and (2) the Beneficiary on the above First Investors Life Insurance Company Policy/ Contract be changed to:

PRIMARY BENEFICIARY (name, address, date of birth, social security #, relationship): _____

CONTINGENT BENEFICIARY (name, address, date of birth, social security #, relationship): _____

with the right to change this designation without the consent of said Beneficiary.

Except as otherwise directed, the proceeds are to be divided equally among all persons who are named as Primary Beneficiary and who survive the Insured/ Annuitant, but if none survive, equally among all persons who are named Contingent Beneficiary and who survive the Insured/ Annuitant.

DATED AT _____ CITY _____ STATE _____ THIS _____ DAY _____ DAY OF _____ MONTH _____, _____ YEAR _____

SIGNATURE OF WITNESS

SIGNATURE OF INSURED/ANNUITANT OR OWNER [IF OTHER THAN INSURED]

FOR COMPLETION BY HOME OFFICE ONLY

RECORDED AT THE HOME OFFICE OF FIRST INVESTORS LIFE INSURANCE COMPANY AT NEW YORK, NY ON _____

BY _____

REGISTRAR

CAROL SPRINGSTEEN, PRESIDENT

REQUEST FOR CHANGE OF OWNERSHIP

NEW OWNER MUST COMPLETE AND ATTACH W-9 FORM TO THIS REQUEST.

POLICY / CONTRACT NUMBER: _____ NAME OF INSURED / ANNUITANT: _____

The undersigned hereby requests that the following provision be added to and made part of the above First Investors Life Insurance Company Policy/Contract:

NAME OF NEW OWNER

SIGNATURE OF NEW OWNER

SSN/TIN OF NEW OWNER

shall be the owner of this Policy/Contract and may, during the lifetime of the Insured/Annuitant, without the consent of the Insured/Annuitant and to the exclusion of the Insured/Annuitant, exercise all rights, privileges and options and receive all benefits conferred by the Policy/Contract, anything in the Policy/ Contract to the contrary notwithstanding, except that any benefit payed at the death of the Insured/Annuitant shall be paid to the designated Beneficiary, if any, otherwise such benefit shall be paid to the Owner.

It is hereby warranted that the undersigned is the Owner of the said Policy/Contract and of all the right and privileges incident thereto; that there has been no assignment of interest or any part thereof; and that no proceedings in bankruptcy or insolvency have been filed or are pending against the undersigned.

DATED AT _____ CITY _____ STATE _____ THIS _____ DAY _____ DAY OF _____ MONTH _____, _____ YEAR _____

SIGNATURE OF WITNESS

SIGNATURE OF INSURED/ANNUITANT OR OWNER [IF OTHER THAN INSURED]

FOR COMPLETION BY HOME OFFICE ONLY

THE FOREGOING CHANGE OF OWNERSHIP IS ADDED TO AND MADE PART OF SAID POLICY / CONTRACT AS OF THE DATE OF EXECUTION.

DATED AT NEW YORK, NY ON _____ BY _____

REGISTRAR

CAROL SPRINGSTEEN, PRESIDENT