OXFORD
LIFE INSURANCE COMPANY

2721 NORTH CENTRAL AVENUE • PHOENIX, ARIZONA 85004 • PHONE (602) 263-6666 • FAX (602) 277-5901 • www.oxfordlife.com

INDEXED ANNUITY - ACCOUNT REALLOCATION FORM:

Return completed form with owner's signature(s) to the address or fax number listed above.

OWNER'S NAME(S)			POLICY/CONTRACT NUMBER
ADDRESS			HOME TELEPHONE #
CITY	STATE	ZIP	BUSINESS TELEPHONE #

NOTE: *If you would like to make a change to your current allocation election, please designate your desired allocation below. The new allocation election cancels all previous allocation elections.* ***Percentages must total 100%.***

ACCOUNT ALLOCATION ELECTION TO BE MADE ON THE POLICY ANNIVERSARY:

ACCOUNT	PERCENTAGE
Fixed Account:	_____
Point to Point:	_____
Monthly Average:	_____
Total:	**100.00%**

ACKNOWLEDGEMENT AND SIGNATURES:

The owner's signature(s) must be signed exactly as the contract application is signed. Do not abbreviate your name unless it appears that way on the original application. If more than one person owns this contract, the signatures of all of the owners are required. If a trust is the owner, a certified copy of the trust document must be on file with the Company, as well.

The Company reserves the right to declare this form void and of no effect if it is incomplete or completed in an unsatisfactory manner.

_____ _____

Signature – Owner Signature – Joint Owner *(if any)*

This form must be received by our office on or before your contract anniversary in order to be processed.

----------Home Office Use Only----------

Acknowledgement is hereby
made on behalf of the Company by: _____ _____

Signature of Home Office Representative Date