1259

Service Center for:
Ameritas Variable Life Insurance Company
Ameritas Life Insurance Corp.
Acacia Life Insurance Company
(Hereinafter referred to as The Companies)

Individual Life and Annuity
P.I.N. Authorization Agreement

It is understood and agreed that:

1. The Companies are authorized a.) to provide access to policy information over the Internet and through voice response, b.) to make allowable transfers of funds or changes in investment selections, c.) to complete other financial transactions, d.) to complete any other service functions as may be allowed by The Companies at the time of the request, based on instructions received from me by telephone, on the voice response system or via the Internet.
2. The Companies may record telephone instructions given by me.
3. Neither The Companies nor any person acting on their behalf shall be subject to any claim, loss or liability, if they acted in good faith upon telephone instructions, instructions given via the voice response system, or instructions received through the Internet, if The Companies reasonably believe those instructions to be genuine and authorized by this Agreement. The Companies will employ reasonable procedures to confirm that the instructions communicated are genuine.
4. This authorization shall continue in force until the earlier of:
   a. Written revocation by me, or
   b. Discontinuation of this privilege by The Companies.

YOU MUST COMPLETE SECTIONS 5 AND 6 BEFORE SUBMITTING

5. The following five (5) position (alphabetic and/or numeric) personal identification number (P.I.N.) must be used by me to execute such transactions and/or transfers: __ __ __ __ __ . I may request that this number be changed any time by giving notification to The Companies.
6. The following secondary password (alphabetic and/or numeric) must be used by me to request that the P.I.N. be given over the phone. __ __ __ __ __ __ __ __ __ __ __ __. The secondary password must be a minimum of 4 positions in length and not more than 12 positions in length.

Please mail to: Individual Client Services
P.O. Box 82550
Lincoln, NE 68501

Or, Fax to: 402-467-6153

PLEASE ALLOW 5–7 BUSINESS DAYS FOR MAIL DELIVERY AND PROCESSING. ACCOUNT ACCESS WILL BE AVAILABLE AFTER THIS TIME FRAME. NO CONFIRMATION WILL BE MAILED. PLEASE BE ADVISED THIS NEW 5-DIGIT P.I.N. MUST BE USED FOR VOICE RESPONSE.

If this form is transmitted to The Companies by facsimile machine, the parties intend that fax signatures constitute original signatures and are binding on all parties.

Client Signature: _____

Your Name (Printed) _____

Social Security Number/Tax I.D. Number _____

Policy Number _____
(Only one policy number is required, if you have multiple contracts with The Companies)

eMail Address _____ Date: _____