

Oak Elite ADVSM

allocation change form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
 Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
 Phone: 833-492-0022, Option 1 | Fax: 833-492-0023

Instructions

Use this form to transfer between separate account investment option(s) or cycle investment option(s); change current or future allocations; or to elect, change, or cancel automatic portfolio rebalancing.

1. Account information

Please provide all requested information.

Contract number			
Owner's name (first, middle initial, last)			Social Security number
Joint Owner's name (first, middle initial, last) – if applicable			Social Security number
Non-Natural Owner – if applicable			Tax identification number/EIN
Street address			Apartment/Suite number
City	State	ZIP	Phone number

2. Investment option transfer

Transfer all or a portion of the amount invested in specific separate account investment option(s) or cycle investment option(s) to one or more separate account investment option(s) or cycle investment option(s). This will not alter allocations for future investments. **Please use EITHER dollar amounts or percentages.**

	Percentage	or	Dollar amount	From (source separate account or cycle investment option)	To (destination separate account or cycle investment option)
1.	%	or	\$		
2.	%	or	\$		
3.	%	or	\$		
4.	%	or	\$		
5.	%	or	\$		
6.	%	or	\$		
7.	%	or	\$		
8.	%	or	\$		
9.	%	or	\$		
10.	%	or	\$		

Investments can only be made into cycle investment options prior to the cycle's start date. Once the cycle has launched or is active, no additional investments are allowed in that cycle.

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

3. Portfolio reallocation (only available for separate account investment options)

Check all that apply.

A. Please update one or more of the following:

- Current allocations:** reallocate my portfolio immediately upon receipt of this request.
- Future allocations:** allocate future contributions according to the percentages indicated on this form.

B. Automatic portfolio rebalancing (check one):

- Elect automatic portfolio rebalancing:** the accumulation value will rebalance to the portfolios selected in the investment elections section. Rebalancing will occur on the contract anniversary of the month according to the elected frequency. If a frequency is not selected, the default is quarterly. Please consult your prospectus for details regarding this feature, as well as restrictions, minimum or maximum limitations, and other applicable information. Automatic portfolio rebalancing cannot be elected if you participate in dollar cost averaging.

Please indicate frequency: Quarterly Semi-annually Annually

- Change automatic portfolio rebalancing:** change the designated investment options for any existing program to match the investment options indicated on this form. Change the designated frequency for an existing program to match this form.

Please indicate frequency: Quarterly Semi-annually Annually

- Cancel automatic portfolio rebalancing:** continue to signature section.

Separate account investment options

Please designate your allocations in whole percentages only. No matter which investment options are chosen, the total allocations must equal 100%, or the request will not be considered in good order.

Investment options	Percent
Equity	
American Funds IS® Asset Allocation 4	_____ %
PIMCO VIT Real Return Adv	_____ %
Fidelity® VIP Growth Opportunities Svc 2	_____ %
PIMCO VIT Short-Term Adv	_____ %
American Funds IS® Global Growth 4	_____ %
Lord Abbett Series Short Duration Inc VC	_____ %

If you elect any of the cycle investments options below, once your purchase payment is received they will first be placed into the default account until your Cycle becomes available on the Cycle start date.

1-year term			
Index	Protection level	Crediting type	Percent
S&P 500	10% Buffer	Cap	_____ %
MSCI EAFE	10% Buffer	Cap	_____ %
S&P 500	10% Floor	Participation	_____ %
MSCI EAFE	10% Floor	Participation	_____ %
S&P 500	10% Floor	Cap	_____ %

6-year term			
Index	Protection level	Crediting type	Percent
S&P 500	10% Buffer	Cap/participation	_____ %
S&P 500	20% Buffer	Cap/participation	_____ %
S&P 500	30% Buffer	Cap/participation	_____ %
MSCI EAFE	10% Buffer	Cap/participation	_____ %

3-year term			
Index	Protection level	Crediting type	Percent
S&P 500	10% Buffer	Cap	_____ %
S&P 500	10% Floor	Cap	_____ %

Investment options are valid as of 05/2024. Please see prospectus for any applicable changes.

4. Signatures

All Owners are required to sign this form.

Owner or Registered Representative's signature	Date signed (mm/dd/yyyy)
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)

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