



Contract No.:

Site Location and No.:

Owner's Name: *(Print)*

Annuitant's Name: *(Print)*

Riders:

Accelerated Benefits Rider

(When adding the Accelerated Benefits Rider, complete Disclosure Statement(s) for Accelerated Benefits. Effective date is when all properly completed requirements are received at the Home Office.)

Add

Cancel

Enhanced Death Benefit Rider

Cancel *(Effective on contract anniversary following receipt of this form at the Home Office.)*

Authorized Signatures

Owner's Signature(s):

Date: *(mm/dd/yyyy)*

RETURN TO:

Annuity & Variable Product Services M304
National Life Insurance Company
One National Life Drive
Montpelier, VT 05604-1000