

Trade Agreement Authorization

INSURER

OM Financial Life Insurance Company

INSTRUCTIONS

I(We) authorize my(our) registered representative of record listed in the Client Information section of this Trade Agreement Authorization for telephone/electronic trades for my(our) variable annuity contract.

NOTE: A separate form should be used for requests on any additional contracts.

CLIENT INFORMATION

Contract Number	Owner Telephone Number ()
Owner Name	Social Security Number/Tax Identification Number
Joint Owner Name	Social Security Number/Tax Identification Number
Registered Representative Name	Registered Representative Telephone Number ()

AGREEMENT

Please read the following:

1. Trade conversations will be recorded.
2. Trades made on instructions received by OM Financial Life Insurance Company by telephone before 4:00 PM Eastern Time* will be made in accordance with the unit value for that day. Trade instructions received after 4:00 PM Eastern Time* will be made in accordance with the unit value for the next valuation period. Only one set of trade instructions will be accepted per valuation period, client(s) can have multiple trades.
3. Instructions may be given by calling 1-866-599-2760 during normal business.
4. In the event that proper identification is not provided, OM Financial Life Insurance Company reserves the right to refuse to act on trade instructions.
5. All trades made in accordance with instructions received must comply within the terms of the contract. If trade instructions are not in good order, the trade will not be made and the contract owner will be notified within 24 hours.
6. At the time trade instructions are given, the allocation to apply to future payments must be confirmed.

*Or the close of the NYSE, whichever is earlier.

**Some products and broker dealers do not allow internet trading.

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OM Financial Life Insurance Company

AUTHORIZATION

I(We) authorize OM Financial Life Insurance Company to act on trade instructions given over the telephone/fax/written request/internet by me/us or the registered representative of record by signing this form.

I(We) understand and agree to the following:

This authorization will remain in effect until OM Financial Life Insurance Company receives written revocation from me/us or OM Financial Life Insurance Company discontinues trades by telephone.

Neither OM Financial Life Insurance Company nor any person authorized by OM Financial Life Insurance Company will be responsible for any claim, loss, liability or expense in connection with a trade if OM Financial Life Insurance Company or such other person acted on trade instructions in good faith in reliance on this authorization.

By signing below I(We) agree to accept and comply with the procedures established by OM Financial Life Insurance Company.

Contract Owner Signature	Date
Joint Owner Signature (if applicable)	Date

TO COMPLETE THIS FORM:

- 1) Print clearly using blue or black ink. Provide requested information in full. An incomplete form may cause a delay in processing.
- 2) If an Attorney-In Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-In-Fact. This additional documentation may be excluded if previously submitted to OM Financial Life Insurance Company.

WHERE TO SEND THIS FORM:

Street Address:

OM Financial Life Insurance Company
Service Center
P.O. Box 725049
Atlanta, GA 31139-2049

Overnight Address:

OM Financial Life Insurance Company
6425 Powers Ferry Road
Suite 300
Atlanta, GA 30339

By fax:

(770) 690-1967

FOR HELP OR QUESTIONS:

Contact your Registered Representative
or

OM Financial Life Insurance Company's
Customer Service Center at (866) 599-2760