



FARMERS LIFE INSURANCE COMPANY

Statement of Change

I, \_\_\_\_\_, owner of a Farmers Life Insurance Company Annuity Contract # \_\_\_\_\_, hereby request that this contract be cancelled due to higher interest rates now available.

As part of this policy cancellation, I agreed that:

- (1) Any interest earned on the current contract will be forfeited.
(2) A new application will be submitted, and the funds from the current contract will be applied to the new contract with the higher rates.
(3) The current contract is cancelled as of its original effective date, and the new contract will not become effective before the 21st day after the current contract's original effective date.

Owner signature

Date signed

Name of witness

Signature of witness

Note: This form must accompany the new application and a copy should be kept by the owner of the annuity contract.