FARMERS LIFE INSURANCE COMPANY

Letter of Instruction

Additional Funds Deposit to Active Contract

Please include this cover letter to any fax or email confirming that additional funds will be applied to an existing contract.

Contract number: _____

Name of contract owner: _____

Name of product (FIA only): _____

Additional funds amount: _____

Additional funds will be remitted via ☐ check or ☐ exchange/transfer (Please select only one option.)

If exchange/transfer is marked above, please name the transferring company: _____

All exchanges/transfers must be accompanied by a completed Acord 951e form for processing. Please include a copy with this cover letter.

I have made my client aware that all additional funds received and applied to the contract will initially be allocated to the fixed account and can be reallocated upon the first contract anniversary date.

_____	_____	_____
Agent full name	Agent signature	Date signed

Please email, mail or fax this completed form to the following:

Regular Mail: P.O. Box 21538, Oklahoma City, OK 73156

Express Mail: 13931 Quail Pointe Dr., Oklahoma City, OK 73134

Fax: 580.255.0951

Email: pos@uflic.com