

REQUEST FOR DEFERRED ANNUITY LOAN
*Individually-Owned Qualified Pension or Profit Sharing Plan or
Tax-Sheltered [403(b)] Annuity (TSA) ONLY*

INSTRUCTIONS: Please place an "x" in the appropriate boxes and provide the necessary information. Please print all information and return to Aurora at the above address, ATTN: Client Services, Phone (800) 265-2652.

NAME OF ANNUITANT		CONTRACT NUMBER	
OWNER(S)	OWNER'S DATE OF BIRTH	SOCIAL SECURITY OR TAX I.D. NUMBER OF OWNER	
OWNER'S CURRENT ADDRESS (Street, Route, P.O. Box. Apt. No.. City, State, Zip)		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX

NOTE: If the check is to be mailed to an address different than above, please complete section D (Payee) on the reverse side.

A. CONTRACT LOAN AGREEMENT

I understand that Aurora National Life Assurance Company will make this loan with the contract, the contract number of which is shown above, as the sole security for the loan. I also understand that the death benefit, if paid, will be reduced by the amount of all outstanding loans and that any future withdrawals from the contract will be subject to a pro-rata loan repayment being deducted. I agree to take this loan, subject to all the applicable terms and conditions in my contract. *(Choose only one option.)*

- Maximum Amount Available.
- Gross Loan \$ _____

IMPORTANT: A loan against contract values is a potentially taxable event and, in addition, may be subject to IRS penalty taxes. Furthermore, a loan is not eligible for direct rollover treatment. We will report to the IRS the entire value of the loan in the year the borrowing occurs, and we will implement Federal (and, where applicable, State) income tax withholding unless you elect not to have withholding apply by properly completing Section C of this form. Tax-sheltered (403(b)) annuity holders must also complete Section B.

B. FOR TAX-SHELTERED [403(b)] ANNUITIES ONLY (TSA holders must complete this section)

IMPORTANT: The Internal Revenue Code prohibits distributions from your contract unless you meet one of the exceptions below.

- My contract is governed by a written plan. I have attached a written certification from the plan administrator approving this distribution.
- My contract is not governed by a written plan, but one or more of the following apply:
 - I have attained age 59 ½.
 - I have terminated my employment or am retired.
 - I am disabled within the meaning of IRC Section 72(m)(7). My contract is not covered by a salary reduction agreement.
 - The amount of the distribution requested, together with other amounts distributed since 1988, do not exceed the Account Value of my contract as of December 31, 1988.
 - The distribution will be paid to an alternate payee under a qualified domestic relations order.
 - The distribution will be on account of hardship and will not include any interest after December 31, 1988, on contributions made as a result of a salary reduction agreement.

C. WITHHOLDING ELECTION
PLEASE READ CAREFULLY

Federal (and some State*) tax laws require that tax be withheld on the taxable portion of any distribution, including a loan, unless otherwise specified by you. If you DO NOT want tax withheld from your distribution, or you are a resident of Montana and wish to have a specified amount withheld for State taxes, complete the Withholding Election below. Different withholding rules may apply to payments mailed to a foreign address.

Even if you elect not to have income tax withheld, you are liable for the payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

If you do not complete a valid Withholding Election prior to the distribution of your loan proceeds, or if you do not provide us with your Social Security or Tax Identification Number, we will withhold Federal and, if applicable, State income tax from your proceeds. Once this distribution has been processed, no refunds of withheld amounts can be made.

* For residents of California, Iowa, Massachusetts, Oklahoma, Oregon, Vermont, and Virginia

1. **Do Not Withhold** Federal or, if applicable, State Income Tax from my loan proceeds
2. **Withhold** Federal and, if applicable, State Income Tax from my loan proceeds
3. As a resident of Montana I elect to withhold \$ _____ from my loan proceeds for State taxes (you may enter an amount even if you checked the "Do Not Withhold" box).

D. PAYEE

The check will be mailed to the owner at the Address of Record unless you complete this section.
(NOTE: If you reside in a community property state, and the Payee is someone other than yourself, your spouse, or an account for your benefit, please have your spouse sign below, where indicated.)

PAYEE NAME	ADDRESS (Street, Route, P.O. Box, Apt. No.)
CITY, STATE, ZIP CODE	

E. SPOUSAL CONSENT TO DISTRIBUTION

The Internal Revenue Code requires a signed Spousal Consent unless the Annuitant qualifies for one of the exceptions in subsection (1) below.

1. Check this box if one of the following apply:
 - Your contract was distributed to or owned by you prior to September 17, 1985, and no further contributions have been made to it under your employer's qualified plan (applicable to pension annuities only).
 - No contributions to the contract have been made from employer funds (applicable to tax-sheltered [403(b)] annuities only).
 - The cash value of your contract is less than \$3,500.
 - The distribution will be paid to an alternate payee under a qualified domestic relations order as defined in IRC Section 414(p).
2. I am checking this box because none of the above exceptions in Section E(1) apply. If this box is checked, a notarized Spousal Consent form must be attached (form 1011A) and your spouse must sign where indicated below.

F. AUTHORIZATION

The undersigned hereby request and direct Aurora National Life Assurance Company to process the transaction indicated above. The undersigned declare that, to their knowledge and belief, there are no bankruptcy proceedings pending against the Owner. The Owner has obtained on this form the signature of any Irrevocable Beneficiary or Assignee who has an interest in this policy. Under penalties of perjury, the Owner certifies that the representations made herein are true and accurate, and that the number shown on this form is the Owner's correct taxpayer identification number.

SIGNATURE OF OWNER <input type="checkbox"/>	SIGNATURE OF OWNER'S SPOUSE <input type="checkbox"/>
SIGNATURE OF IRREVOCABLE BENEFICIARY (If any) <input type="checkbox"/>	SIGNATURE OF ASSIGNEE (If any) <input type="checkbox"/>
DAYTIME TELEPHONE NUMBER ()	