

Funding Option Change Request Form

Owner's Name

Contract Number

Telephone Number *(indicate daytime or evening)*

FUND TRANSFERS

<i>Fund Transfer FROM:</i>			<i>Fund Transfer TO:</i>		
FUND CODE <small>(See reverse side of form for code)</small>	%	\$ AMOUNT	FUND CODE <small>(See reverse side of form for code)</small>	%	\$ AMOUNT

FUND ALLOCATION CHANGE

If fund transfer indicated above affects the allocation of any future contributions under your contract, please complete the following fund allocation section (total allocation must equal 100%). If not completed, future allocations will remain the same as the instructions currently on file with Travelers.

<i>Fund or Fund Code (on reverse)</i>	<i>Percentage</i>	<i>Fund or Fund Code (on reverse)</i>	<i>Percentage</i>
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

SIGNATURE AND AUTHORIZATION

Owner:	SS#:	Date:
Joint Owner:	SS#:	Date:

Please return completed form to:
The Travelers
Annuity Services, 5 MS
One Tower Square
Hartford, CT 06183-5030