

First Investors Life Insurance Company

SPVL SYSTEMATIC TRANSFER/AUTOMATED REALLOCATION ELECTION FORM

If you want to elect or discontinue either the Systematic Transfer or the Automated Subaccount Allocation Options, complete the required sections below. Please note that we cannot process your request without your signature.

ELECTION OF AUTOMATED SUBACCOUNT REALLOCATION OPTION

If you have not previously elected the Automated Subaccount Reallocation Option, you may do so by selecting the box below. Reallocation will occur quarterly based upon the allocation percentages currently in effect for your policy exclusive of any Fixed Account allocation percentage or by the percentages selected below. Please note the Fixed Account is not eligible for automatic reallocation. Please refer to your prospectus and/or policy for further information.

I wish to elect the Automated Subaccount Reallocation Option. (If desired allocation is different from the allocation on file make the selections below.)

<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>	<u>Subaccount Series</u>	<u>% Allocated</u>
Cash Management	_____	High Yield	_____	Target Maturity 2015	_____
Discovery	_____	International Securities	_____		
Government	_____	Investment Grade	_____		
Growth & Income	_____	Select Growth	_____	Fixed Account	
Value Fund	_____			(maximum 25%)	_____

I wish to discontinue the Automated Subaccount Reallocation Option.

ELECTION OF SYSTEMATIC TRANSFER OPTION

Please note the Fixed Account is not eligible for the systematic transfer option. Please refer to your prospectus and/or policy for further information about this policy feature.

I wish to elect the Systematic Transfer Option. I would like the Systematic Transfer to occur at the following intervals:

Monthly Quarterly

I wish to discontinue the Systematic Transfer Option.

<u>Transfer Amount Out</u>	<u>Subaccount Series From/To</u>	<u>Transfer Amount In</u>
_____	Cash Management	_____
_____	Discovery	_____
_____	Government	_____
_____	Growth & Income	_____
_____	High Yield	_____
_____	International Securities	_____
_____	Investment Grade	_____
_____	Select Growth	_____
_____	Value Fund	_____
_____	Target Maturity 2015	_____

Signature of Owner: _____

Date: _____

Mail this completed form to:

Any Questions? Call 1-800-832-7783 (9am-6pm EST)

Inforce Services Department
First Investors Life Insurance Company
P.O. Box 7836
Raritan Plaza I
Edison, NJ 08818-7836

Policy Number: _____

Owner: _____

Insured: _____