Physicians Life Insurance Company
Annuity Customer Service
PO Box 2316
Omaha, NE 68172-4081
1.800.720.2891

Additional Premium Deposit for VISTA Index Annuity Contracts

Please print the requested information. The Owner's signature is required for all service requests.

Owner/Annuitant Information

Owner's Name _____

Joint Owner's Name (If applicable) _____

Contract Number _____ Phone Number (____) _____

Fax Number (____) _____ Email Address _____

Annuitant's Name (If different from Owner) _____

Joint Annuitant's Name (If applicable) _____

Additional Premium

- Minimum additional premium is $100.
- See contract for maximum additional premiums.

Please apply the enclosed additional premium of $_____ to the above-referenced annuity contract. I, the undersigned, understand additional premiums are credited a fixed interest rate (equal to the current interest rate for the Fixed Interest Rate Index Method) for the remainder of the contract year. At the next contract anniversary, additional premiums will be combined with other Index Account Value (IAV) funds in the contract and allocated to the Index Method applicable for the next year.

Contribution Tax Year (IRA and Roth IRA only)

Note: Contributions intended for the previous tax year must be received by Physicians Life by April 15 of the current tax year. If a tax year is not indicated, your contribution will be applied to the tax year it was received.

Please apply the additional contribution to the above-referenced annuity contract as a contribution to my account for the _____ tax year.

Signatures and Acknowledgment

I understand the request will not become effective until approved by the Company in accordance with the terms of the contract.

X _____ _____
Owner/Applicant's Signature Date

X _____ _____
Joint Owner/Applicant's Signature (If applicable) Date