



AuguStarSM Life Insurance Company
 AuguStarSM Life Assurance Corporation
 P. O. Box 5308, Cincinnati, Ohio 45201-5308
 Telephone: 888.925.6446
 Fax: 513.794.4730
 Email: documentcenter@augustarfinancial.com

Contract/Policy Number: _____
 Owner Name: _____

 Owner Date of Birth: _____
 Owner Address: _____

Telephone and Internet Trade Authorization Agreement

Part A. Owner Authorization of Telephone and Internet Account Access

1. **Personal Identification:** TeleAccess or AuguStarSM Pro Online will prompt you to enter, or a customer service representative will ask you to provide, certain personal identifying information that may include, but is not limited to, your Social Security number, contract/policy number, date of birth, or a password (collectively, "Personal Identification"). You have the responsibility to maintain the confidentiality of your non-public Personal Identification. AuguStarSM recommends you to be diligent in maintaining the confidentiality of your non-public Personal Identification. Any person who can present your Personal Identification may gain access to and conduct transactions in your AuguStarSM account. Accordingly, if you learn or have reason to believe that an unauthorized person has or may have access to your Personal Identification, you must notify us as soon as reasonably possible. During the lifetime of your contract, it is your responsibility to provide prompt notice of any change in address to AuguStarSM.
2. **Terms of Use:** AuguStarSM maintains a record of each transaction, including, but not limited to, obtaining account/unit values, making partial/full transfers, and changing future allocations (collectively, "Transaction"). Each Transaction is recorded at the time you confirm the Transaction which is distinct from the time you accessed your account online. A Transaction confirmed by 4:00 PM EST on a regular business day for AuguStarSM and NYSE will be made in accordance with the unit value determined at the close of that business day. All other transactions will be executed using unit value determined at the close of AuguStar's next business day when the NYSE is open. AuguStarSM, in our sole discretion, may request additional Personal Identification, and may refuse to execute a Transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warrant our refusal. AuguStarSM, its directors, officers, employees, sales associates, and assigns assume no responsibility for, and shall not be liable for, any damage, loss, or injury incurred: (a) as a direct or indirect result of any unauthorized access to your account using your Personal Identification; or (b) due to client's inability to access account information or to conduct a Transaction for any reason, including, but not limited to, system or network errors, unusual system usage, or loss or interruption of services with any telephone, Internet, or any other service provider.
3. **Owner Representation:** I represent and warrant that I have the right to enter into this Agreement. If I am acting on behalf of a trust, partnership, or a corporation, I understand that it is my responsibility to provide immediate notice to AuguStarSM if my authority is revoked.
4. **Owner Indemnification:** I hereby agree, to the extent allowed by law, to indemnify and hold harmless AuguStarSM, its affiliates, their directors, trustees, officers, employees, agents, vendors, and assigns from any costs, damages, and expenses, including, but not limited to, court costs and attorney's fees, directly or indirectly resulting from: (a) any unauthorized access to your account so long as AuguStarSM procedures for proper identification has been followed; or (b) refusing, within the sole discretion of AuguStarSM, to execute any transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warrant such refusal.

Part B. Registered Representative/Financial Professional Access to Owner Account (Optional)

Name of the Registered Representative/Financial Professional: _____

Business Phone Number: _____

The Registered Representative and/or Financial Professional ("RR/FP") represents and warrants that he/she is a duly registered member in good standing of the SEC and/or other applicable Self Regulating Organization(s). The RR/FP agrees that any partial or full transfers or changes to how future contributions are to be allocated that are submitted, as directed by the Owner(s), will be substantiated by office records documenting or recording a conversation with the Owner(s) in which historic performance and investment objectives of the applicable portfolio options were discussed (as required by applicable law and regulations) in relation to the risk profile of the Owner(s); and that AuguStarSM, in its sole discretion, may refuse to execute any such transaction that the RR/FP submits and may require that the transaction be made by the Owner(s). The RR/FP agrees to indemnify and hold harmless AuguStarSM, its affiliates, their directors, trustees, officers, employees, agents, vendors, and assigns from any loss, costs, damages, and expenses, including, but not limited to, court costs and attorney's fees, directly or indirectly resulting from: (a) any transaction executed by AuguStarSM that the RR/FP submitted, so long as AuguStarSM procedures for proper identification have been followed; or (b) refusing, within the sole discretion of AuguStarSM, to execute a transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warranted such refusal.

Signature of Registered Representative/Financial Professional

Date

Part C. Account Access Authorization for Owner and Registered Representative/Financial Professional

I hereby authorize AuguStarSM to perform transactions submitted via TeleAccess, our automated telephone system internet site AuguStarSM Pro and/or AuguStarSM customer service representatives (collectively, "Telephone and Internet Access") by undersigned Owner, Joint Owner, and the designated RR/FP (if applicable). **I understand that if I do not want to authorize RR/FP listed on Part B to act on my behalf, I must check the box below and place my initial.** I further understand that this authorization does not affect my right to Telephone and Internet Access nor grant discretionary control over my account. I acknowledge that I have the right to revoke or replace the RR/FP's authorization at any time by providing written notice to AuguStarSM.

[] **I DO NOT authorize the RR/FP to act on my behalf.** _____ (initial here)

To the extent authorized above, AuguStarSM shall act upon any transactions resulting from verbal, written, or electronic instructions reasonably believed to have originated from any and all acts of the authorized individuals per this Agreement. I acknowledge that it is my responsibility to review the confirmation of transactions and provide a written notice within ten (10) days of the transaction to report any unauthorized transaction. I understand that AuguStarSM may, upon receiving timely and satisfactory proof, rescind the transaction and restore the account.

I understand that this authorization is binding upon my agents, heirs, and assignees and shall continue until AuguStarSM receives written notice revoking the same or until AuguStarSM discontinues this privilege. I further understand that a revocation will not affect the validity of any transaction initiated before AuguStarSM had a reasonable amount of time to act upon such notice.

Signature of Primary Owner*

Date

Social Security Number**

Signature of Joint Owner (if applicable)*

Date

Social Security Number**

***If you are signing pursuant to a power of attorney, guardian, or conservator, you must indicate this after the signature (e.g. Attorney-in-Fact, Guardian, Conservator, etc.)**

****Social Security Number must be provided for Primary Owner and Joint Owner (if applicable).**

*****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The AuguStarSM Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

This form may be faxed to 513.794.4730