

Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Use this form to select the new guarantee period for reallocations. You must complete Sections 1 & 2. Please refer to the enclosed letter for the amount of your Contract Value that is available for reallocation.

- To reallocate the Contract Value in the One Year Renewal Guarantee Period, complete Option 1
- To reallocate the Contract Value in the same guarantee period, complete Option 2
- To reallocate the Contract Value per an allocation different from Option 1 & 2, complete Option 3

For owners of Advanced Choice contracts issued in Florida, please refer to the "AT THE END OF THE GUARANTEE PERIOD" provision of your contract for an explanation of the renewal options available to you.

1. Provide General Account Information

Contract Number _____ **Contract Value \$** _____

Name of Owner _____
First MI Last

Option 1

Reallocate the available Contract Value in the One Year Renewal Guarantee Period. The Contract Value allocated to this guarantee period is not subject to withdrawal charges.

Option 2

Reallocate the available Contract Value in the same guarantee period as previously selected. A new withdrawal charge period will apply to the reallocated amount. Refer to your Contract or call our National Service Center at 800.888.2461 for more details.

Option 3

Reallocate the available Contract Value per the allocations set forth below. A new withdrawal charge period will apply to each allocation reallocated in a guarantee period other than the One Year Renewal Guarantee Period.

Indicate whole percentage amounts totaling 100%.

_____ % One Year Guarantee Period	_____ % Six Year Guarantee Period
_____ % Two Year Guarantee Period	_____ % Seven Year Guarantee Period
_____ % Three Year Guarantee Period	_____ % Ten Year Guarantee Period
_____ % Five Year Guarantee Period	_____ % _____ (Specify other guarantee period)

A minimum of \$1,000 is required for allocations to guarantee periods other than the One Year Renewal Guarantee Period

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2. Provide Signatures

I authorize the reallocation decisions indicated above and understand that I must return this form within 30 days after the withdrawal charge period ends.

X _____ X _____
Signature of Owner Date (mm/dd/yyyy) Signature of Joint Owner Date (mm/dd/yyyy)

Spousal Consent for Community Property States: If the owner/participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the owner/participant has no legal spouse.

X _____
Signature of Spouse Date (mm/dd/yyyy)

Mail to:

Security Benefit
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1772

For expedited or overnight delivery:

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