

Internal Exchange Statement and Agreement

Attn: NEA Valuebuilder Program - Future, Select and Multi-Flex

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-NEA-VALU.

1. General Account Information

Contract Number

Group Certificate (if applicable)

Name of Annuitant/Participant

(First)

(MI)

(Last)

Address

City

State

Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 6:00pm CST)

E-Mail Address

☐ Single ☐ Married (please check one)

2. Exchange Type

- ☐ I am closing my existing Valuebuilder Account and exchanging the proceeds to a new NEA Valuebuilder Account. I have enclosed a new Account application and all other applicable forms.
- ☐ I am leaving my existing Valuebuilder Account open and establishing a new NEA Valuebuilder Account.
- ☐ Please stop my contributions to my existing Valuebuilder Account and start contributions to my new Valuebuilder Account per the instructions on the application.*
- ☐ Please continue the contributions to my existing Valuebuilder Account and establish contributions to my new Valuebuilder Account per the instructions on my application. Unless specific instructions are received by Security Benefit or Security Distributors, as applicable. (hereinafter referred to as "Security Benefit"), all increases in contribution amounts will be deposited to my newest account.*

*Skip to Section 7 for signatures

3. Account Type

Current Account Type:

- ☐ 403(b)TSA ☐ 401(k)
- ☐ IRA ☐ Roth Contributory IRA
- ☐ SEP-IRA ☐ Roth Conversion IRA
- ☐ Simple IRA ☐ 401(a)

New Account Type:

- ☐ NEA Valuebuilder Variable Annuity TSA
- ☐ NEA Valuebuilder Variable Annuity IRA
- ☐ NEA Valuebuilder Mutual Fund TSA

4. Exchange Information

I understand the annual expenses (for example, mortality and expense risk and administration fees) and the withdrawal charge schedule associated with the new product I have selected. Funds will be invested according to the allocations marked on the new Account application. Unless specific instructions are received by Security Benefit, all increases in contribution amounts will be deposited to the newest account.

For complete information about your new Security Benefit product, including fund management fees, withdrawal charges and annual expenses, please read your Contract or Custodial Agreement and Prospectus.

5. Transfer Options

Choose one of the following transfer/rollover options.
(no partial exchanges are allowed)

- A. ☐ **Transfer:** (includes trustee to trustee, custodian to custodian, etc.) I elect to transfer my entire current Account balance to my new Account with Security Benefit, for which I have already made application.
- B. ☐ **Direct Rollover:** I elect a direct rollover of my entire current Account balance to my new Account with Security Benefit, for which I have already made application. I hereby certify that all applicable requirements for distribution have been met.

Reason for distribution:

- ☐ Age 59½
- ☐ Disabled
- ☐ Separated from Service
- ☐ Other _____



6. Transfer Procedures

1. The existing Account cannot have an active or defaulted loan when requesting this transaction.
2. The Participant should complete this form prior to the time that a transfer of assets is requested. This agreement will prevent the Participant from being in "constructive receipt" of the amount transferred.
3. An application must be completed and submitted.
4. Any applicable state-required replacement forms must also be completed.
5. If you have automatic transactions on your existing Valuebuilder Account that you would like established on your new NEA Valuebuilder Account the appropriate forms must be completed.
6. Mail these documents to:

Security Benefit Group
Attention: NEA Valuebuilder Program
P.O. Box 750497
Topeka, KS 66675-0497

7. Upon receiving this material, Security Benefit will process the withdrawal from the current Account. Security Benefit will issue a new Account and purchase the funds on the following business day.

7. Signatures

As the Participant, I understand, acknowledge and certify that:

- I am solely responsible for all tax obligations arising from this distribution/transfer and for compliance with the laws, regulations and restrictions governing such distributions/transfers.
- Any failure by me to follow the rules can jeopardize the tax status of my Account, and result in the imposition of penalties, additional taxes and interest for which I will be solely responsible.
- This form is NOT to be relied upon as meeting the particular requirements that may apply for purpose of transfers or distribution from any given plan.
- I have discussed my current circumstances with my representative and we have determined that this new Account better suits my current needs. My representative has explained the features of the new Account to me and I believe it is suitable for my needs.
- Security Benefit is furnishing this form and participation in this transaction as an accommodation to me, and Security Benefit assumes no responsibility or liability for any tax consequences or other effect from the transaction.

☐ I have enclosed all necessary applications and forms.

X _____
Signature of Contractowner/Participant Date

X _____
Signature of Spouse (if Community Property State) Date
(AZ, CA, ID, LA, NM, NV, TX, WA, WI)

X _____
Signature of Registered Representative (required) Date

X _____
Signature of Trustee (if applicable) Date

Use the convenience of our QUICK RESPONSE LINE by dialing 1-800-NEA-VALU
Mail to: Security Benefit Group of Companies • PO Box 750497 • Topeka, Kansas 66675-0497
or Fax to: 1-785-438-5177

Also visit us online at www.neamb.com

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