

Automatic Bank Draft

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. Electronic Funds Transfer (EFT)

I authorize Security Benefit Group, Inc. ("Security Benefit") to initiate Automated Clearing House (ACH) debits or to draw debit checks against a designated financial institution account for the amount listed on the dates noted. I understand that the financial institution indicated must be a member of the ACH association. This authorization shall continue until terminated by me in writing and delivered to Security Benefit. Termination will be effective within 30 days after receipt of notification. I understand that this service is governed by the rules of the ACH Association, as amended from time to time, and established solely for my convenience. This service may be suspended, terminated or modified at any time. All terms are binding upon my heirs, representatives and assigns.

By signing and completing this form, I authorize debits from the bank account referenced in conjunction with the EFT option. I also agree that Security Benefit may make additional attempts to debit my Account if the initial attempt fails and I will be liable for any associated costs.

Payable: ☐ Monthly ☐ Quarterly
☐ Semiannually ☐ Annually
☐ Checking ☐ Savings (please check one)

Effective Date (date must be between the 1st and 28th of the month)

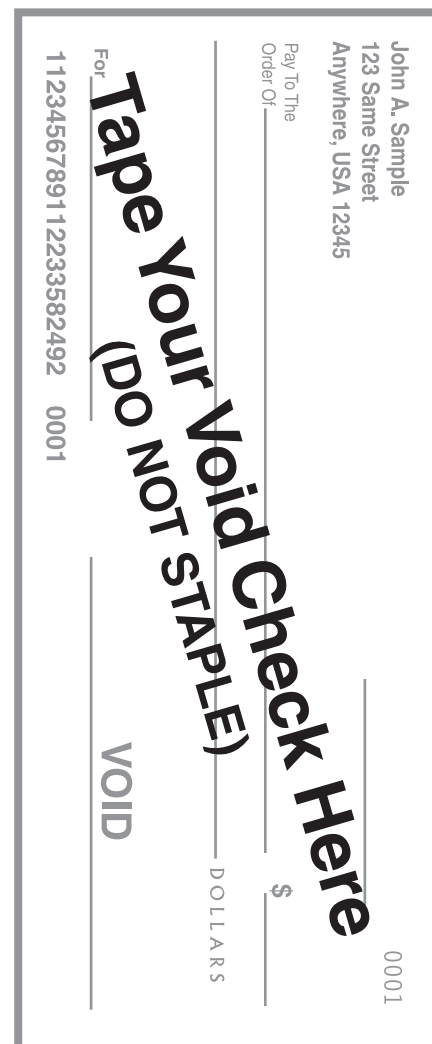
2. EFT (Continued)

Please be aware that withdrawals from your bank account may occur up to three business days before the scheduled date of the investment.

\$ Draft Amount (for loan repayment amount must be equal to or greater than scheduled payment amount.)

Contributions through Electronic Funds Transfer may only be made on Roth IRA, Traditional IRA, or Non-Qualified Contracts*. Contributions will be allocated according to your most recent instructions on file at Security Benefit.

*Payment Type: ☐ Contribution ☐ Loan Payment



Remember: If this request is not submitted with a check copy your request will be returned.

Please continue to next page for signatures.



3. Signatures

I have read, understand, and authorize the debits requested on this form.

X

Signature of Annuitant/Participant

Date

X

Signature of Contractowner (if different than Annuitant)

Date

X

Signature of Joint Owner (if applicable)

Date

X

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

Date

X

Signature of Registered Representative (optional)

Date

