

# Contribution Information

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. Change in Contribution

Complete this section to make contribution changes to future payments only. If you want to transfer funds, please complete the Request for Transfer of Assets Form.

☐ Change Contribution to \$ \_\_\_\_\_ annually

☐ Suspend Contributions:

☐ Permanently

☐ Temporarily. Restart Contributions on

Effective Date

Indicate annual dollar amount

\$ \_\_\_\_\_ annually

## 3. Change Of Employer

New Employer Name

Type of Organization (e.g. public school system)

New Employer Address

City

State Zip Code

New Billing Statement Address (if different than new employer address)

City

State Zip Code

Bill Number (if known)

Beginning Date

## 4. Automatic Bank Information

Contributions for IRA and Non-Qualified Contracts may be made electronically via Electronic Funds Transfer (EFT) by submitting a copy of your check.

Please continue to the next page for bank information.



#### 4. Automatic Bank Information (Continued)

0001

John A. Sample  
123 Same Street  
Anywhere, USA 12345

Pay To The  
Order Of

**Tape Your Void Check Here**

**VOID**

**Tape Your Void Check Here**

1123456789112233582492 0001

☐ Checking ☐ Savings (please check one)

**Payable:** ☐ Monthly ☐ Quarterly  
☐ Semiannually ☐ Annually

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

\$ \_\_\_\_\_  
Draft Amount

Contributions through Electronic Funds Transfer may only be made on Roth IRA, Traditional IRA, and Non-Qualified accounts.

Reminder: If this request for Automatic Bank Draft is not submitted with a check copy your request will be returned.

#### 4. Automatic Bank Information (Continued)

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. This option shall become a part of the application and the terms, representations and conditions thereof.

#### 5. Signatures

I have read, understand, and authorize the changes 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) Date  
(AZ, CA, ID, LA, NM, NV, TX, WA, WI)

X \_\_\_\_\_  
Signature of Registered Representative (optional) Date

**NEA Valuebuilder Variable Annuity issued by Nationwide Life Insurance Company**  
**Mail to: Security Benefit Group of Companies • PO Box 750497 • Topeka, Kansas 66675-0497**  
**Fax to: 1-785-438-5177 Also visit us online at [www.neamb.com](http://www.neamb.com)**

