

Step 3 – Contribution Instructions for Salary Reduction

Complete this section ONLY if you are contributing through salary reduction. Provide your employer a copy of this form to serve as your salary reduction agreement. The availability of the Roth and Catch-up Contributions needs to be verified with your employer.

Indicate all that apply:

Salary Reduction per pay period

Pre-tax Qualified Contribution of \$ _____ or _____% per pay period.

After-tax Roth Contribution of \$ _____ or _____% per pay period.

Catch-Up* Amount per pay period

Pre-tax Qualified Contribution of \$ _____ or _____% per pay period.

After-tax Roth Contribution of \$ _____ or _____% per pay period.

Total \$ _____ or _____% per pay period.

* Additional Catch-up Amounts:

15 years of service catch up contributions (Note: Applicable to (403(b)(7) plans only)

\$ _____

3 years before retirement age (Note: Applicable to 457(b) Governmental and 457 Tax-exempt plans only)

Expected retirement date _____
(mm/dd/yyyy)

Step 4 – Automatic Asset Rebalance

Check one Frequency below only if you wish to establish Automatic Asset Rebalance. Your account will be rebalanced on the first business day of the month according to the frequency selected. Frequencies are based on a calendar year.

Frequency: Monthly Quarterly Semi-Annually Annually

Step 5 – Investment Instructions

Select the funds from the list below by indicating the allocation percentage. If no direction is provided, your existing account balance and future contributions will be invested in your employer's designated default fund.

Make sure the total of all allocations equals 100%.

Percentage Fund Name

_____ % - Fixed Account -
 _____ % American Funds American Mutual RMFGX
 _____ % American Funds® New World Fund® RNWGX
 _____ % DFA Global Real Estate Securities DFGEX
 _____ % JPMorgan Core Plus Bond JCPUX
 _____ % JPMorgan International Equity JNEMX
 _____ % PIMCO Income PIMIX
 _____ % Vanguard International Growth VWILX
 _____ % Vanguard® 500 Index VINIX
 _____ % Vanguard® Balanced Index VBIAX
 _____ % Vanguard® Growth Index VIGAX
 _____ % Vanguard® Mid Cap Index VIMAX
 _____ % Vanguard® Short-Term Investment Grade VFSUX
 _____ % Vanguard® Small Cap Index VSMAX

Percentage Fund Name

_____ % Vanguard® Target Retirement 2020 VTW NX
 _____ % Vanguard® Target Retirement 2025 VTTVX
 _____ % Vanguard® Target Retirement 2030 VTHR X
 _____ % Vanguard® Target Retirement 2035 VTTHX
 _____ % Vanguard® Target Retirement 2040 VFORX
 _____ % Vanguard® Target Retirement 2045 VTIVX
 _____ % Vanguard® Target Retirement 2050 VFIFX
 _____ % Vanguard® Target Retirement 2055 VFFVX
 _____ % Vanguard® Target Retirement 2060 VTT SX
 _____ % Vanguard® Target Retirement 2065 VLXVX
 _____ % Vanguard® Target Retirement 2070 VSVNX
 _____ % Vanguard® Target Retirement Income VTINX
 _____ % Vanguard® Total International Stock Index VTIAX

Step 6 – Provide Primary and Contingent Beneficiary(ies)

Provide beneficiary designations. Use whole percentages totaling 100% for Primary and 100% for Contingent.

	Primary Beneficiary Name (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must total 100%

	Contingent Beneficiary (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must total 100%

Step 7 – Participant Signature

I understand and acknowledge that:

- My Employer will reduce my salary as indicated on this form and will continue until further notice.
- I am permitted to direct my investments in this plan, and I am responsible for the results of my investment directions.*
- I have received and reviewed the information in my enrollment kit about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I understand that I should contact my financial professional to confirm the assessment of redemption fees and the availability of certain funds.
- I hereby acknowledge receipt and adoption of the Trust Agreement or Custodial Agreement, as applicable, and consent to the fees outlined therein.
- Transactions may be requested via phone, internet, or other electronic means by the Participant and/or financial professional based on instructions of the Participant. Security Distributors has established procedures reasonably designed to confirm that phone instructions are genuine. Neither the Fund nor Security Distributors will be liable for any loss, liability, or expenses arising out of any phone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

*If my plan is an ERISA section 404(c) Plan, I understand that I should refer to ERISA section 404(c) for complete details regarding the ability to exercise control of investment direction.

Tax Identification Number Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

X _____
Signature of Employee

_____ Date (mm/dd/yyyy)

(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)



Check all that apply

I elect to receive, electronically to my email address provided:

- Statements Confirms Fund Documents Tax Forms

Email Address _____

Step 8 – Financial Professional Signature

This section of the enrollment form should be completed by your Financial Professional. Complete your information and sign.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE “CODE”), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA (“PLAN”) TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) (“IRA”), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor’s Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

- (1) acted in accordance with the “Impartial Conduct Standards,” including:
 - a. the investment advice I provided regarding the transaction was in the Participant’s best interest;
 - b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
 - c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.
- (2) made the following written disclosures to the Participant:
 - a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
 - b. a description of the services to be provided and my and my financial institution’s material conflicts of interests, that is accurate and not misleading in any material respect; and
 - c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.
- (3) am not ineligible to rely on PTE 2020-02; and
- (4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant’s transaction.

Financial Professional Name: _____ **Financial Professional Number:** _____

E-mail: _____ **Phone Number:** _____

Broker Dealer or Firm Name: _____

X _____ **Date:** _____
Signature of Financial Professional (mm/dd/yyyy)

Financial Professionals – Upload transaction forms securely by logging into your account at SecurityBenefit.com

Mail to:

Security Benefit Retirement Plan Services
P.O. Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

**For expedited or
overnight delivery:**

Security Benefit Retirement Plan Services
801 Pennsylvania Ave Suite 219141
Kansas City, MO 64105