

Questions? Call our National Service Center at 800.747.3942.

Instructions

Please type or print.

Use this form to transfer funds internally from one mutual fund account or annuity contract to a mutual fund account. Please note that the existing account cannot have an active or defaulted loan when requesting this transaction. Complete the following steps:

1. Complete each section of this form prior to the time that a transfer of assets is requested. This agreement will prevent you from being in "constructive receipt" of the amount transferred.
2. Complete and submit a Security Benefit application and any applicable state-required replacement forms.
3. Ensure employer/TPA approval is included with the request when applicable.

4. Mail all documents to:
Security Benefit Retirement Plan Services
PO Box 219141
Kansas City, MO 64121-9141

1. Provide General Account Information

Current Plan Number or Plan Name _____

Name of Participant _____
First MI Last

Mailing Address _____
Line 1 Line 2
City State Zip Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

2. Choose Your Account Types

Plan/Account Number _____ **New Plan/Account Number** _____

Employer Name (if applicable) _____ **New Employer Name (if applicable)** _____

Current Account Type:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 457 |
| <input type="radio"/> 401(k) | <input type="radio"/> Traditional IRA |
| <input type="radio"/> Roth 401(k) | <input type="radio"/> Roth IRA |
| <input type="radio"/> 403(b) TSA | <input type="radio"/> SEP-IRA |
| <input type="radio"/> Roth 403(b) TSA | <input type="radio"/> SIMPLE IRA |
| <input type="radio"/> 403(b)(7) | |
| <input type="radio"/> Roth 403(b)(7) | |

New Account Type:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 457 |
| <input type="radio"/> 401(k) | <input type="radio"/> Traditional IRA |
| <input type="radio"/> Roth 401(k) | <input type="radio"/> Roth IRA |
| <input type="radio"/> 403(b) TSA | <input type="radio"/> SEP-IRA |
| <input type="radio"/> Roth 403(b) TSA | <input type="radio"/> SIMPLE IRA |
| <input type="radio"/> 403(b)(7) | |
| <input type="radio"/> Roth 403(b)(7) | |

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3. Review Terms and Disclosures

The guarantees, expenses and charges associated with the new product you have selected may be different than your existing account. Please see your Contract and/or Product or Fund Prospectus for complete information about your new Security Benefit product, including the guarantees, expenses and charges.

The funds in the new account will be allocated according to the allocation indicated on the new application.

4. Confirm Transfer Options

For partial exchanges, additional approval may be required.

☐ Full

☐ Partial \$ _____

Select Transfer Type (check one)

☐ 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.

☐ Severance of Employment on (for qualified plan to plan transfers) _____
Date (mm/dd/yyyy)

☐ 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 ☐ Severance of Employment on _____
Date (mm/dd/yyyy)

☐ Roth IRA Conversion:

☐ Age 59½ ☐ Disabled ☐ Severance of Employment on _____
Date (mm/dd/yyyy)

5. Select Automatic Transactions

To set up new automatic options, please fill out the appropriate form. However, you may continue automatic transactions on your new account as they are currently set up for your existing account by selecting below:

☐ Dollar Cost Averaging

☐ Asset Reallocation

☐ Scheduled Systematic Withdrawal

☐ Electronic Banking (to and/or from your bank account)

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6. Provide Signatures

I have read the Terms and Disclosures and understand, acknowledge and certify:

- I am responsible for tax consequences, which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- 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.
- If I have a VA I, VA III or VA IV product I understand there will be Actuarial Risk Fees taken at the time of conversion
- In the future these fees will be reflected on a daily basis in the value per unit of the variable series.

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

X

Signature of Owner/Participant

Date (mm/dd/yyyy)

X

Signature of Former Employer/Trustee/
Third Party Administrator (TPA)

Date (mm/dd/yyyy)

X

Signature of New Employer/Trustee/
Third Party Administrator (TPA)

Date (mm/dd/yyyy)

Notice for persons residing in a community property state: (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner’s spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

Spousal Consent for ERISA plans: If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the withdrawal(s) as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor’s annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan.

X

Signature of Spouse

Date (mm/dd/yyyy)

X

Witnessed by (Notary Public’s signature)

Date (mm/dd/yyyy)

Mail to:

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

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
430 W. 7th Street Ste 219141
Kansas City, MO 64105-1407

Visit us online at SecurityBenefit.com