

Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Please type or print.

Use this form to transfer funds internally from one annuity contract or mutual fund account to another annuity contract. Please note that the existing contract 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
P.O. Box 750497
Topeka, KS 66675-0497

1. Provide General Account Information

Current Contract/Account Number _____

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

2. Choose Your Account Types

Contract/Account Number _____ **New Contract/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"/> Non-Qualified |
| <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"/> Non-Qualified |
| <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 contract. 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 contract will be allocated according to the allocation indicated on the new application.

4. Confirm Transfer Options

For partial exchanges, additional approval may be required. (Partial exchanges are allowed only for contracts that no longer have an applicable surrender charge. Will not be permitted on contracts with income or death benefit riders.)

- ☐ Full
- ☐ Partial \$_____

Select Transfer Type (check one)

- ☐ 1035 Exchange: I hereby make complete and absolute assignment and transfer all rights, title and interest of every nature and character in and to the existing contract in section 1 to Security Benefit Life Insurance Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy.

If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with SBL under IRC Section 1035, any withdrawals from or changes in ownership to your SBL contract within 180 days of such partial exchange may have adverse tax consequences. Please consult your tax advisor.
- ☐ Transfer: (includes trustee to trustee, custodian to custodian, etc.) I elect to transfer my entire current contract balance to my new contract 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 contract balance to my new contract 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 contract as they are currently set up for your existing contract 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 Financial Professional and we have determined that this new contract better suits my current needs. My Financial Professional has explained the features of the new contract 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 Beneficiary

Date (mm/dd/yyyy)

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

X

Signature of Owner/Participant

Date (mm/dd/yyyy)

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

X

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

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

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
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1772

For expedited or overnight delivery:

Security Benefit
Mail Zone 497
One Security Benefit Place
Topeka, Kansas 66636-0001

Visit us online at SecurityBenefit.com



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