

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

Instructions

Use this form to modify or change information regarding the roles on your account. You must complete sections 1, 6 and any of the following that apply:

- Owner – Section 2
- Joint Owner – Section 3
- Annuitant – Section 4
- Beneficiary – Section 5

1. Provide the General Information

Please provide the following information as it currently exists on the account.

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax ID Number _____

Daytime Phone Number _____ Home Phone Number _____

Marital Status: Single Married Email Address _____

2. Provide Changes to the Owner

Select One: Modify Existing Owner Information
 Change to New Owner¹

New Name _____
First MI Last

If this is a name change only, please indicate the reason for this change:

Death Divorce Married Other _____

Date of Event _____

Mailing Address _____
Street Address City State Zip Code

Residential Address _____
(if different from mailing address) Street Address City State Zip Code

Social Security Number/Tax ID Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

¹ 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.

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3. Provide Changes to the Joint Owner

Select One: **Modify Existing Joint Owner Information**
 Change to New Joint Owner¹

New Name _____
First MI Last

If this is a name change only, please indicate the reason for this change:

Death **Divorce** **Married** **Other** _____

Mailing Address _____
Street Address City State Zip Code

Residential Address _____
(if different from mailing address) Street Address City State Zip Code

Social Security Number/Tax ID Number _____ **Date of Birth** _____
(mm/dd/yyyy)

Daytime Phone Number _____ **Home Phone Number** _____

4. Provide Changes to the Annuitant

Changing the Annuitant is not allowed on all products. Please refer to the Prospectus where applicable.

Select One: **Annuitant Same as Owner**
 Modify Existing Annuitant Information
 Change to New Annuitant

New Name _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax ID Number _____ **Date of Birth** _____
(mm/dd/yyyy)

Daytime Phone Number _____ **Home Phone Number** _____

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5. Provide Changes to the Beneficiary

- If your Beneficiary is a Trust, insert the date of your trust in the DOB field.
- If your Beneficiary is a Trust under your Will, insert the date of your Will in the DOB field.
- To make a beneficiary designation irrevocable, include the designation following the name of the beneficiary.

Change the Primary Beneficiary to:

For additional Primary Beneficiaries, please attach a separate list to the end of this form.

(must be whole numbers and total 100%)

	Primary Beneficiary Name	Address (city, state, zip)	Phone No.	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Contract Annuitant	% of Benefit
1							
2							
3							

Change the Secondary Beneficiary to:

For additional Secondary Beneficiaries, please attach a separate list to the end of this form.

(must be whole numbers and total 100%)

	Secondary Beneficiary Name	Address (city, state, zip)	Phone No.	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Contract Annuitant	% of Benefit
1							
2							
3							

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6. Provide Signatures

I understand and authorize the changes requested on this form. If any changes are made to the beneficiary:

- Security Benefit may rely on written representations it deems official, including my attorneys, the personal representative of my estate, the attorneys for the personal representative, my spouse, or one or more surviving children in determining the beneficiary.
- I understand Security Benefit cannot independently verify beneficiaries and on behalf of myself and all beneficiaries, I release it from liability for distribution errors based on such written representations. In the event of good faith doubt, the insurer or custodian may retain its own counsel to assist in beneficiary determinations, and may apply for instructions from a court of competent jurisdiction, with the costs of counsel or the proceeding charged to my account or contract (as applicable).

Tax Identification Number Certification

Instructions: You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

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 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).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Note: The signature(s) of any irrevocable beneficiary is required below.

<input checked="" type="checkbox"/>	_____ Signature of New Owner	_____ Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<input checked="" type="checkbox"/>	_____ Signature of New 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.)
<input checked="" type="checkbox"/>	_____ Signature of Existing Owner	_____ Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<input checked="" type="checkbox"/>	_____ Signature of Existing 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.)
<input checked="" type="checkbox"/>	_____ Signature of Irrevocable Beneficiary	_____ Date (mm/dd/yyyy)	
<input checked="" type="checkbox"/>	_____ Signature of Irrevocable Beneficiary	_____ Date (mm/dd/yyyy)	
<input checked="" type="checkbox"/>	_____ Signature of Plan Sponsor (optional)	_____ Date (mm/dd/yyyy)	
	_____ Print Name of Plan Sponsor (optional)	_____ Date (mm/dd/yyyy)	
<input checked="" type="checkbox"/>	_____ Signature of Financial Professional (optional)	_____ Date (mm/dd/yyyy)	
	_____ Print Name of Financial Professional	_____ Date (mm/dd/yyyy)	

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