Security Benefit®

Annuity Contract Non-Financial Change

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 contract. 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 contract.

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 Owner**[1]

New Name ______________________ ________ ______________________
First MI Last

Provide reason for name change:

- **If the name change is due to "Divorce" Please complete the "Multi Product Annuity Notification of Divorce and Transfer Request Form".**
- **If the name change is due to "Marriage" Please send in a copy of the Marriage Certificate with this form.**

Select One: ○ **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.

3. Provide Changes to the Joint Owner

Select One: ○ **Modify Existing Joint Owner Information**

○ **Change to New Joint Owner**[1]

New Name ______________________ First ______ MI ______________________ Last

Provide reason for name change:

- **If the name change is due to "Divorce" Please complete the "Multi Product Annuity Notification of Divorce and Transfer Request Form".**
- **If the name change is due to "Marriage" Please send in a copy of the Marriage Certificate with this form.**

Select One: ○ **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, or Contract, 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.

☐ **This beneficiary change is due to the death of a spouse.**

☐ **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							

☐ **Remove All Existing Secondary Beneficiaries on the contract.**

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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 contract.

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.

X ______________________________ ______________ ______________________________
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.)

X ______________________________ ______________ ______________________________
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.)

X ______________________________ ______________ ______________________________
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.)

X ______________________________ ______________ ______________________________
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.)

X ______________________________ ______________
Signature of Irrevocable Beneficiary (if applicable) | Date (mm/dd/yyyy)

X ______________________________ ______________
Signature of Irrevocable Beneficiary (if applicable) | Date (mm/dd/yyyy)

X ______________________________ ______________
Signature of Plan Sponsor (optional) | Date (mm/dd/yyyy)

______________________________ ______________
Print Name of Plan Sponsor (optional) | Date (mm/dd/yyyy)

X ______________________________ ______________
Signature of Financial Professional (optional) | Date (mm/dd/yyyy)

______________________________ ______________
Print Name of Financial Professional (if signing) | 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 changes 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) | ______________ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

X ______________________________ Witnessed by (Notary Public's signature) | ______________ Title | ______________ Date (mm/dd/yyyy)

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