

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

Instructions

Use this form to activate or update electronic banking. Complete the entire form and please note the following:

- Electronic Bank Deposit – Funds can be sent from your Security Benefit contract to your bank account and arrive within 3 business days after the withdrawal. (To initiate Scheduled Systematic Withdrawal from your contract, please use the Scheduled Systematic Withdrawal Form)
- Electronic Bank Withdrawals – Funds can only be drafted from your bank account to be deposited as a contribution into a Roth IRA, Traditional IRA or other non-qualified account types. You may also request funds to be withdrawn to make loan payments. Loan payments must be for an amount equal to your scheduled loan payment. Deposits to your Security Benefit contract will be allocated according to the future allocations on file. Additional deposits must meet specified product minimums.

Please type or print.

1. Provide Contract Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

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

2. Select Your Option

Please indicate your option:

- Update my bank information.
- Activate Electronic Bank Deposits from my Security Benefit contract to my bank. (This just authorizes Security Benefit to deposit to your bank account. If you want to set up a systematic withdrawal, please use the Scheduled Systematic Withdrawal Form)
- Activate Electronic Bank Withdrawals from my bank account for:
- Type: Contribution Loan Payment
- Frequency: Monthly Quarterly Semiannually Annually
- Amount: \$ _____
- Beginning on: _____ (loan payments must be on or prior to the next
(mm/dd/yyyy - must be between the 1st and 28th of the month) due date)

If no date is indicated, or date is prior to date of receipt, the first EFT will occur on the date the request is received in proper form.

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4. Provide Signatures

I understand and authorize:

- Security Benefit, or its subsidiaries, will initiate electronic transactions to/from my bank account as indicated on this form. Security Benefit may make additional attempts to deposit/withdrawal if the initial attempt fails. I understand that I will be liable for any costs associated with these additional attempts.
- This service is established solely for my convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until Security Benefit receives cancellation. The cancellation will be effective within 30 days of receipt of the notice.
- All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit and I hereby authorize the bank to make such refund from the account indicated.

X	_____	_____	_____
	Signature of 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 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 Financial Professional (optional)	Date (mm/dd/yyyy)	Print Name of Financial Professional

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
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Visit us online at SecurityBenefit.com



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