

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 You may also request funds to be withdrawn to make loan payments.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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3. Provide Bank Information

Please provide your bank information below. **Bank account owner must be the same as contract owner. Direct Deposit is not permitted to a third-party account.** If any information is missing your request may be delayed. **A copy of a blank voided check is required in order for funds to be distributed or drafted electronically and to ensure necessary information is provided.** Attach copy of a voided check below.

Funds may be distributed to a checking account only.

Bank Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_  
(Must be the same as contract owner)

Bank Routing Number \_\_\_\_\_

Bank Account Number (Do not include check number) \_\_\_\_\_

ABC BUSINESS  
1234 Park Avenue  
Anytown, CA 12345

PAY TO THE  
ORDER OF \_\_\_\_\_

Anywhere Bank  
U.S.A.  
MEMO \_\_\_\_\_

1044

20

\$ \_\_\_\_\_

DOLLARS

I: 1 3 3 4 0 4 5 6 7 I: 1 2 3 4 5 6 1 3 0 4 III \* 1 0 4 4

VOID

3

1

2

3

- 1. Routing Number (requires 9 digits)
- 2. Bank Account Number (not to exceed 17 digits)
- 3. Check Number

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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.

<b>X</b>	_____ Signature of Owner	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ 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.)
<b>X</b>	_____ 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

Visit us online at [SecurityBenefit.com](https://SecurityBenefit.com)



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