



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

Instructions

Please type or print.

Use this form to transfer funds internally from one account to another. Please note that the existing account cannot have an active or defaulted loan when requesting this transaction. Complete the following steps:

1. The Owner should complete each section of this form prior to the time that a transfer of assets is requested. This agreement will prevent the Owner from being in "constructive receipt" of the amount transferred.
2. The Contractowner and Representative must complete the Definition of Replacement form and the Information Authorization form.
3. The Definition of Replacement and Information Authorization should be mailed with this Internal Exchange Statement and Agreement to:
First Security Benefit Life Insurance and Annuity Company of New York
Administrative Office
P.O. Box 750497
Topeka, KS 66675-0497
4. Upon receiving these two completed forms, First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") will complete a Disclosure Statement for the Owner to review relevant coverage comparisons between the existing coverage and the proposed coverage to be issued by FSBL.
5. The Owner should complete and submit the appropriate FSBL application, the Disclosure Statement and any applicable state-required replacement forms.

FSBL will process the withdrawal from the current account as of the valuation date all required paperwork is received. FSBL will establish a new account and purchase the funds within two business days.

1. Provide General Account Information

Contract Number _____

Name of Owner/Participant _____
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. Choose Your Account Types

Current Account Type:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> Non-Qualified |
| <input type="radio"/> 401(k) | <input type="radio"/> Roth IRA |
| <input type="radio"/> 403(b) TSA | <input type="radio"/> SEP-IRA |
| <input type="radio"/> 403(b)(7) TSA | <input type="radio"/> SIMPLE IRA |
| <input type="radio"/> 457 | <input type="radio"/> Traditional IRA |

New Account Type (check one):

- ☐ 403(b) TSA
☐ Non-Qualified
☐ Roth IRA
☐ Traditional IRA

Continued on Next Page ►



3. Review Terms and Disclosures

The guarantees, expenses and charges associated with the new product you have selected may be different than your existing account. Please see your Contract and/or Product or Fund Prospectus for complete information about your new FSBL product, including the guarantees, expenses and charges.

The funds in the new account will be allocated according to the allocation indicated on the new application.

4. Confirm Transfer Options

Please note that no partial exchanges are permitted (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 account in section 1 to FSBL 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 FSBL under IRC Section 1035, any withdrawals from or changes in ownership to your FSBL 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 account balance to my new account with FSBL, for which I have already made application.
- ☐ Direct Rollover: I elect a direct rollover of my entire current account balance to my new account with FSBL, 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)

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 account as they are currently set up for your existing account 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. FSBL 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 representative and we have determined that this new account better suits my current needs. My representative has explained the features of the new account to me and I believe it is suitable for my needs.

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

X

Signature of Owner

Date (mm/dd/yyyy)

X

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

X

Signature of Representative (optional)

Date (mm/dd/yyyy)

Print Name of Representative

Mail to:

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.368.1772

Visit us online at FSBL.com



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