



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

Instructions

Use this form to activate electronic services. Authorization must be on file with First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") before we will activate electronic services. Please type or print.

1. Provide General Account 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. Activate Electronic Authorization

Please check the type of authorization you wish to activate:

- ☐ Electronic Transactions: Transactions may be requested via telephone, internet, or other electronic means by the Owner and/or servicing sales representative based on instructions of the Owner.

3. Provide Signature

I understand and agree to the terms set forth on this form.

X _____ **X** _____
Signature of Owner Date (mm/dd/yyyy) 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

