



Issued by First Security Benefit Life Insurance and Annuity Company of New York.
Questions? Call our Service Center at 1-800-888-2461.

Instructions

1. Please complete a separate Information Authorization and Definition of Replacement form for each insurer whose policy/contract will be replaced.
2. Upon receiving these completed forms, First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") will forward a copy of the Information Authorization and Definition of Replacement forms to the current insurer(s). FSBL will also request that the current insurer(s) complete a Disclosure Statement in order for the Owner to review relevant coverage comparisons between the existing coverage and the proposed coverage to be issued by FSBL.

Please type or print.

1. Provide General Account Information

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____ **Date of Birth** _____
Date (mm/dd/yyyy)

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

Name of Joint Owner _____
First MI Last

Joint Owner Social Security Number/Tax I.D. Number _____ **Date of Birth** _____
Date (mm/dd/yyyy)

2. Current Carrier Information

Company Name _____

Mailing Address _____
Street Address City State Zip Code

Carrier's Phone No. _____

Contract/Policy Number(s) _____ **Estimated Value(s) \$** _____

Please indicate Annuity/Life Insurance type:

- Immediate Annuity Deferred Annuity Life Insurance

Please indicate the account type at the current carrier:

- 401(a) 401(k) 403(b) TSA 403(b)(7) TSA 457
 Non-qualified Roth IRA SEP-IRA SIMPLE IRA Traditional IRA

If this request involves the entire account balance, my policy is:

- Enclosed Lost/Destroyed.

Continued on Next Page ►



3. Select Product Type

One of the products listed below **MUST** be selected.

Please indicate below the product selection to be used in the Disclosure Statement calculations and any additional riders/ optional benefits you plan to select. Refer to the information included in the sales kit for rider limitations.

- | | | |
|---|--|--|
| <input type="checkbox"/> SecureDesigns® | <input type="checkbox"/> EliteDesigns® | <input type="checkbox"/> EliteDesigns® II |
| <input type="checkbox"/> Annual Stepped Up Death Benefit | <input type="checkbox"/> Return of Premium Death Benefit Rider | <input type="checkbox"/> Return of Premium Death Benefit Rider |
| <input type="checkbox"/> Credit Enhancement Rider:
<input type="checkbox"/> 4% | | |
| <input type="checkbox"/> 0-Year Alternate Withdrawal Charge Rider | | |
| <input type="checkbox"/> 4-Year Alternate Withdrawal Charge Rider | | |
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4. Provide Signatures

I hereby acknowledge that I have read the "Definition of Replacement" form and have received a copy of the form for my records. I hereby authorize FSBL to obtain, from the insurer listed above, the information necessary to complete a "Disclosure Statement" with respect to the policies or contracts listed in order to provide me with relevant coverage comparisons between my existing coverage and the proposed coverage to be issued by FSBL. This Information Authorization remains in effect until the current carrier, as identified in Section 2, has transferred my account balance to FSBL.

X _____ X _____
Signature of Owner Date (mm/dd/yyyy) Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

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

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

