



## Instructions

Use this form to transfer funds from your current carrier to First Security Benefit Life Insurance and Annuity Company of New York ("FSBL"). Complete the entire form. Please type or print.

- The Owner must complete (i) this Incoming Funds Request form; (ii) Disclosure Statement; (iii) Application; (iv) Application Supplement; and (v) Important Notice form.
- Please contact your current carrier for any requirements it may have for transferring money to another company.
- Obtain Signature Guarantee if required by your current carrier.
- The documents mentioned above should be mailed to:

**First Security Benefit Life Insurance and Annuity Company of New York**  
**Administrative Office**  
**P.O. Box 750497**  
**Topeka, KS 66675-0497**

- Upon receiving this material, FSBL will send an acceptance letter to the carrier exchanging/transferring the assets.
- If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

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## Notice to Current Carrier

Please make check(s) payable to **First Security Benefit Life Insurance and Annuity Company of New York** for the benefit of the Owner listed on this form and mail to:

### Regular mail:

Administrative Office  
P.O. Box 750500  
Topeka, KS 66675-0500

### Overnight mail:

Administrative Office  
Mail Zone 500  
5801 SW 6th Street  
Topeka, KS 66636-0500

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## 1. Provide FSBL Account Information

☐ Application Attached or 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** \_\_\_\_\_

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**Name of Joint 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** \_\_\_\_\_

**Name of Annuitant/Participant** \_\_\_\_\_  
(If different from 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** \_\_\_\_\_

Please indicate the type of account you would like to transfer your funds to (check one).

- ☐ 403(b) TSA   ☐ Non-qualified Annuity   ☐ Roth IRA   ☐ Traditional IRA

**2. Provide Your Current Carrier Information**

**Current Carrier's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street Address City State Zip Code

**Phone Number** \_\_\_\_\_ **Account Number for Current Carrier** \_\_\_\_\_

Please indicate the account type you have with your current carrier (check one).

- |                                  |  |  |                                       |
|----------------------------------|--|--|---------------------------------------|
| <input type="radio"/> 401(a)     | <input type="radio"/> Life Insurance                       | <input type="radio"/> Non-qualified Mutual Fund <sup>1</sup> | <input type="radio"/> SIMPLE IRA      |
| <input type="radio"/> 401(k)     | <input type="radio"/> Non-qualified Annuity                | <input type="radio"/> Roth IRA                               | <input type="radio"/> Traditional IRA |
| <input type="radio"/> 403(b) TSA | <input type="radio"/> Non-qualified CD, Stock <sup>1</sup> | <input type="radio"/> SEP IRA                                | <input type="radio"/> Other           |
| <input type="radio"/> 457        |  |  |                                       |

<sup>1</sup> This transfer is a taxable event.

Please indicate the investment type you have with your current carrier (check one).

- ☐ Annuity   ☐ Bank CD   ☐ Mutual Fund   ☐ Life Policy   ☐ Money Market   ☐ Brokerage Account  
☐ 401(k)/Pension Plan   ☐ Other

If this request involves your entire account balance, please check one of the following. My policy is:

- ☐ Enclosed   ☐ Lost/Destroyed

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3. Set Up Transfer/Exchange/Rollover Option

403(b)/403(b)(7) accounts only:

Please indicate one of the following

- ☐ Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)
- ☐ Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's Plan)
- ☐ Rollover (not like to like, for example 457 to 403(b)(7), etc.)

All other accounts other than 403(b)/403(b)(7):

Type of Transfer/Rollover

- ☐ 1035 Exchange: I hereby make complete and absolute assignment and transfer all or the portion specified of my rights, title and interest of every nature and character in and to the Current Carrier Account in Section 2 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 for the portion specified.

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.

- ☐ Rollover (not like-to-like, for example 457 to IRA, etc.)
- ☐ Transfer (like-to-like, for example IRA to IRA, etc.)

Please Transfer ☐ Immediately ☐ On date \_\_\_\_\_ (transfer must occur within 30 calendar days from signing date and will be mailed two business days prior to date listed here)  
Date (mm/dd/yyyy)

Amount

- ☐ Liquidate my entire Account: Estimated Value \$ \_\_\_\_\_
- ☐ Liquidate a specified amount: Estimated Value \$ \_\_\_\_\_
- ☐ Transfer over \_\_\_\_\_ years
  - ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

- ☐ Age 59 ½ ☐ Disabled ☐ Severance from employment on \_\_\_\_\_  
Date (mm/dd/yyyy)

4. Required Minimum Distribution (if applicable)

- ☐ Current carrier should distribute my RMD to me prior to transferring/rolling over my account
- ☐ Current carrier should proceed with the transfer/rollover because the requirements for the current year have been met.

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## 5. Provide Investment Directions

Please invest the funds (check one):

- ☐ As indicated on the enclosed application; or for an existing account, to the allocations on file.
- ☐ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.
- If no option is indicated above, the funds will be invested according to the allocations on file.

_____ % Allspring Opportunity VT	_____ % Rydex VIF Banking	_____ % Rydex VIF NASDAQ-100® 2x Strategy
_____ % Federated Hermes Fund for U.S. Government Securities II	_____ % Rydex VIF Basic Materials	_____ % Rydex VIF Nova
_____ % Federated Hermes High Income Bond II	_____ % Rydex VIF Biotechnology	_____ % Rydex VIF Precious Metals
_____ % Fidelity® VIP Contrafund®	_____ % Rydex VIF Commodities Strategy	_____ % Rydex VIF Real Estate
_____ % Fidelity® VIP Growth Opportunities	_____ % Rydex VIF Consumer Products	_____ % Rydex VIF Retailing
_____ % Fidelity® VIP Index 500	_____ % Rydex VIF Dow 2x Strategy	_____ % Rydex VIF Russell 2000® 1.5x Strategy
_____ % Fidelity® VIP Investment Grade Bond	_____ % Rydex VIF Electronics	_____ % Rydex VIF Russell 2000® 2x Strategy
_____ % Franklin Small-Mid Cap Growth VIP Fund	_____ % Rydex VIF Energy	_____ % Rydex VIF S&P 500 2x Strategy
_____ % Guggenheim VIF Large Cap Value	_____ % Rydex VIF Energy Services	_____ % Rydex VIF S&P 500 Pure Growth
_____ % Guggenheim VIF Multi-Hedge Strategies	_____ % Rydex VIF Europe 1.25x Strategy	_____ % Rydex VIF S&P 500 Pure Value
_____ % Invesco V.I. American Franchise	_____ % Rydex VIF Financial Services	_____ % Rydex VIF S&P MidCap 400 Pure Growth
_____ % Invesco V.I. EQV International Equity	_____ % Rydex VIF Government Long Bond 1.2x Strategy	_____ % Rydex VIF S&P MidCap 400 Pure Value
_____ % Invesco V.I. Government Securities	_____ % Rydex VIF Health Care	_____ % Rydex VIF S&P SmallCap 600 Pure Growth
_____ % Invesco V.I. Main Street Mid Cap Fund®	_____ % Rydex VIF Internet	_____ % Rydex VIF S&P SmallCap 600 Pure Value
_____ % Invesco V.I. Main Street Small Cap Fund®	_____ % Rydex VIF Inverse Dow 2x Strategy	_____ % Rydex VIF Strengthening Dollar 2x Strategy
_____ % NAA All Cap Value Series	_____ % Rydex VIF Inverse Government Long Bond Strategy	_____ % Rydex VIF Technology
_____ % NAA Mid Growth Series	_____ % Rydex VIF Inverse Mid-Cap Strategy	_____ % Rydex VIF Telecommunications
_____ % NAA Small Cap Value Series	_____ % Rydex VIF Inverse NASDAQ-100® Strategy	_____ % Rydex VIF Transportation
_____ % NAA SMid Cap Value Series	_____ % Rydex VIF Inverse Russell 2000® Strategy	_____ % Rydex VIF U.S. Government Money Market
_____ % NAA World Equity Income Series	_____ % Rydex VIF Inverse S&P 500 Strategy	_____ % Rydex VIF Utilities
_____ % Neuberger Berman AMT Sustainable Equity	_____ % Rydex VIF Japan 2x Strategy	_____ % Rydex VIF Weakening Dollar 2x Strategy
_____ % PIMCO VIT Low Duration	_____ % Rydex VIF Leisure	_____ % Templeton Developing Markets VIP Fund
_____ % PIMCO VIT Real Return	_____ % Rydex VIF Mid-Cap 1.5x Strategy	_____ % Templeton Foreign VIP Fund
_____ % PIMCO VIT Total Return	_____ % Rydex VIF NASDAQ-100®	

**Must Total 100%**

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<sup>1</sup> New purchases into this subaccount are limited to contract holders who had an investment in the subaccount as of the date it was closed and who maintain such investment.



6. Provide Signatures

As the Contractowner, I understand, acknowledge and certify that:

- 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.
- I am aware of my right to receive information regarding my current contract, including contract values.
- I certify that the information provided is correct and complete.

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 Plan Sponsor or Third Party Administrator (if applicable – Please consult your financial professional or employer)	_____ Date (mm/dd/yyyy)	_____ Title
X	_____ Signature of Financial Professional	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

7. Obtain Signature Guarantee

Please obtain a Signature Guarantee ONLY if required by your Current Carrier.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X	_____ Signature of Guarantor	_____ Date (mm/dd/yyyy)	_____ Title or Name of Institution
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Place Signature Guarantee Stamp Here

7. FSBL Acceptance

To be completed by FSBL. FSBL hereby agrees to accept the transfer of the proceeds identified on this form.

X	_____ Signature of Accepting Carrier	_____ Date (mm/dd/yyyy)	_____ Title
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**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](https://www.fsbl.com)

