First Security Benefit Life Insurance and Annuity Company of New York

AdvisorDesigns® Incoming Funds Request

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

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.

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

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).

◯ 401(a)
◯ 401(k)
◯ 403(b) TSA
◯ 457
◯ Life Insurance
◯ Non-qualified Annuity
◯ Non-qualified CD, Stock[1]
◯ Non-qualified Mutual Fund[1]
◯ Roth IRA
◯ SEP IRA
◯ SIMPLE IRA
◯ Traditional IRA
◯ Other

[1] 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

_____ % Federated Hermes Fund for U.S. Government Securities II

_____ % Federated Hermes High Income Bond II

_____ % Fidelity® VIP Contrafund®

_____ % Fidelity® VIP Growth Opportunities

_____ % Fidelity® VIP Index 500

_____ % Fidelity® VIP Investment Grade Bond

_____ % Franklin Small-Mid Cap Growth VIP Fund

_____ % Guggenheim VIF Large Cap Value

_____ % Guggenheim VIF Multi-Hedge Strategies

_____ % Invesco V.I. American Franchise

_____ % Invesco V.I. EQV International Equity

_____ % Invesco V.I. Government Securities

_____ % Invesco V.I. Main Street Mid Cap Fund®

_____ % Invesco V.I. Main Street Small Cap Fund®

_____ % NAA All Cap Value Series

_____ % NAA Mid Growth Series

_____ % NAA Small Cap Value Series

_____ % NAA SMid Cap Value Series

_____ % NAA World Equity Income Series

_____ % Neuberger Berman AMT Sustainable Equity

_____ % PIMCO VIT Low Duration

_____ % PIMCO VIT Real Return

_____ % PIMCO VIT Total Return

_____ % Rydex VIF Banking

_____ % Rydex VIF Basic Materials

_____ % Rydex VIF Biotechnology

_____ % Rydex VIF Commodities Strategy

_____ % Rydex VIF Consumer Products

_____ % Rydex VIF Dow 2x Strategy

_____ % Rydex VIF Electronics

_____ % Rydex VIF Energy

_____ % Rydex VIF Energy Services

_____ % Rydex VIF Europe 1.25x Strategy

_____ % Rydex VIF Financial Services

_____ % Rydex VIF Government Long Bond 1.2x Strategy

_____ % Rydex VIF Health Care

_____ % Rydex VIF Internet

_____ % Rydex VIF Inverse Dow 2x Strategy

_____ % Rydex VIF Inverse Government Long Bond Strategy

_____ % Rydex VIF Inverse Mid-Cap Strategy

_____ % Rydex VIF Inverse NASDAQ-100® Strategy

_____ % Rydex VIF Inverse Russell 2000® Strategy

_____ % Rydex VIF Inverse S&P 500 Strategy

_____ % Rydex VIF Japan 2x Strategy

_____ % Rydex VIF Leisure

_____ % Rydex VIF Mid-Cap 1.5x Strategy

_____ % Rydex VIF NASDAQ-100®

_____ % Rydex VIF NASDAQ-100® 2x Strategy

_____ % Rydex VIF Nova

_____ % Rydex VIF Precious Metals

_____ % Rydex VIF Real Estate

_____ % Rydex VIF Retailing

_____ % Rydex VIF Russell 2000® 1.5x Strategy

_____ % Rydex VIF Russell 2000® 2x Strategy

_____ % Rydex VIF S&P 500 2x Strategy

_____ % Rydex VIF S&P 500 Pure Growth

_____ % Rydex VIF S&P 500 Pure Value

_____ % Rydex VIF S&P MidCap 400 Pure Growth

_____ % Rydex VIF S&P MidCap 400 Pure Value

_____ % Rydex VIF S&P SmallCap 600 Pure Growth

_____ % Rydex VIF S&P SmallCap 600 Pure Value

_____ % Rydex VIF Strengthening Dollar 2x Strategy

_____ % Rydex VIF Technology

_____ % Rydex VIF Telecommunications

_____ % Rydex VIF Transportation

_____ % Rydex VIF U.S. Government Money Market

_____ % Rydex VIF Utilities

_____ % Rydex VIF Weakening Dollar 2x Strategy

_____ % Templeton Emerging Markets VIP Fund

_____ % Templeton Foreign VIP Fund

Must Total 100%

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[1] 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 | _____ Signature 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) | _____ Signature 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) | _____ Signature Date (mm/dd/yyyy) | _____ Title

X _____ Signature of Financial Professional | _____ Signature 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 | _____ Signature Date (mm/dd/yyyy) | _____ Title or Name of Institution

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 | _____ Signature Date (mm/dd/yyyy) | _____ Title

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