

Questions? Call our National Service Center at 1-800-747-3942.

Use this form to request periodic exchanges from one investment option to one or more investment options through a Dollar Cost Average Plus (DCA Plus) program. To establish this program, allocate all or part of your initial purchase to the DCA Plus Account.

Restrictions:

- Not available with an Alternate Withdrawal Charge Rider or Extra Credit Rider.
- Subsequent purchase payments may be allocated to an existing DCA Plus Account only during the DCA Plus Period and such amounts will be transferred to the applicable investment directions over the months remaining in the DCA Plus Period.

To request an online investment allocation change, scan the **QR code** or visit **SecurityBenefit.com/Signin**.



### Step 1 – Provide Contract Information

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First MI Last

**Mailing Address** \_\_\_\_\_  
Line 1 Line 2  
City State Zip Code

**Social Security Number/Tax I.D. Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Personal Email Address** \_\_\_\_\_

### Step 2 – DCA Plus Details

Provide the amount that will be deposited into the DCA Plus Account:

**Amount** \$ \_\_\_\_\_

The amount will be transferred over a specified period. The first transfer will be effective on the first monthly anniversary of the date the purchase payment is allocated to the DCA Plus Account, and each additional transfer will occur on the monthly anniversary. Select the DCA Plus Period:

- ☐ 6 Month DCA Plus Period
- ☐ 12 Month DCA Plus Period

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### Step 2 – DCA Plus Details (continued)

To view the investment options available for your contract, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select your contract's product name.

**Transfers of Contract Value from the DCA Plus Account to the Fixed Account are not permitted.**



**Allocations below must be whole percentages totaling 100%:**

Fund Name	Allocation %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total Allocation Must Equal 100%	%

### Step 3 – Provide Signatures

I understand and authorize the transaction(s) requested on this form.

<b>X</b>	Signature of Owner	Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	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.)
<b>X</b>	Signature of Financial Professional (optional)	Date (mm/dd/yyyy)	Print Name of Financial Professional



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