



Issued by First Security Benefit Life Insurance and Annuity Company of New York.

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

Instructions

Use this form to indicate the guarantee period for a new allocation or to select the new guarantee period for reallocations. Additional purchase payments into your account will be allocated according to the initial guarantee period selected unless you specify a different election by completing this form.

- To allocate additional purchases, complete all sections
- To select the reallocation guarantee period, complete sections 1, 3 and 4

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. Provide New Allocation Information

\$ _____
Total Purchase Amount

If you own an IRA or a ROTH IRA, please indicate:

Current Year \$ _____

Previous Year \$ _____

Rollover \$ _____

Continued on Next Page ►



3. Select Guarantee Period

Please indicate which guarantee period(s) this applies to:

- ☐ New allocation – additional premium included with form.
- ☐ Reallocation of specific account – this will occur the day after the expiration of an account's withdrawal charge period.

Period Ending _____
(mm/dd/yyyy)

- ☐ Reallocation from the Liquidity Account.

Indicate below how the purchase payment is to be allocated/reallocated. Please note the following requirements:

- Minimum of \$1,000 per each allocation.
- Restrictions regarding reallocation may apply. Please refer to your Contract.
- Check with your representative as to which Guarantee Periods are available.
- Indicate whole percentage amounts.
- If indicating percentages, they must equal 100%.

_____ \$ or % One Year Guarantee Period	_____ \$ or % Seven Year Guarantee Period
_____ \$ or % Two Year Guarantee Period	_____ \$ or % Eight Year Guarantee Period
_____ \$ or % Three Year Guarantee Period	_____ \$ or % Nine Year Guarantee Period
_____ \$ or % Four Year Guarantee Period	_____ \$ or % Ten Year Guarantee Period
_____ \$ or % Five Year Guarantee Period	_____ \$ or % One Year Renewal Guarantee Period (reallocations only)
_____ \$ or % Six Year Guarantee Period	

4. Provide Signatures

I understand and acknowledge that:

- This reallocation will be subject to a new withdrawal charge as described in my Contract.
- The reallocation decision must be received by First Security Benefit Life Insurance and Annuity Company of New York within 30 days after an Account's Withdrawal Charge Period ends.
- Reallocation from the One Year Renewal Guarantee Period to another Guarantee Period will come from the earliest purchase, unless otherwise notified.

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

Mail to:

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