

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to authorize an Investment Advisor to:

- Deduct advisory fees from your account,
- Process trades and/or transfers on your behalf, and
- Access your account information.

Please complete all sections of the form clearly by typing or printing.

1. Provide Account Information

Plan Number _____ Social Security Number _____

Participant Name _____
First MI Last

Mailing Address _____
Line 1 Line 2

City State Zip Code

Daytime Phone Number _____ Mobile/Home Phone Number _____

2. Identify Investment Advisor

Name of Investment Advisory Firm _____

Name of Investment Advisor _____
First MI Last

Type of Advisor (check one): Firm Individual RIA Number _____

Mailing Address _____
Line 1 Line 2

City State Zip Code

Daytime Phone Number _____ Fax Number _____

3. Confirm Advisor Fees

Indicate your investment advisor's policy:

- No advisory fees will be deducted from my account.
- Advisory fees (if applicable) will be deducted from my account.

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4. Establish Advisor Authorization

Please read the advisor authorization.

Information Disclosure Authorization.

I authorize Security Benefit Life Insurance Company (SBL), Security Financial Resources, Security Distributors and their affiliates ("Security Benefit") to release account information to the advisor listed above ("Advisor") and to comply with written, telephone, internet or faxed instructions from the Advisor listed for the account. I authorize Security Benefit to provide, or give access to my account information to one or more third parties at the request of my Advisor as deemed necessary or desirable by my Advisor to service my accounts.

Fee Payment Authorization.

If authorized, fees will be deducted from the investment options in the same proportion as the value is allocated among these investment options as of the date each fee is deducted. I acknowledge and agree that:

- (a) Security Benefit is not responsible or liable to determine that the instructions received from the Advisor are in compliance with the agreement between my Advisor and me.
- (b) Security Benefit has no duty to inquire into the amount withdrawn or the manner in which it is withdrawn from your account.
- (c) Withdrawals to deduct fees may incur withdrawal charges. If charges are due as a result of the withdrawal initiated to pay advisory fees, Security Benefit will liquidate a larger percentage or dollar amount than the amount requested to pay for such charges.

I hereby authorize Security Benefit to:

- (a) Comply with written requests from the Advisor listed above to liquidate a given dollar amount to pay advisory fees under the advisory fee services agreement between the Advisor and me.
- (b) Liquidate the additional percentage or dollar amounts from my account necessary to cover any charges resulting from the deduction of advisory fees from my account.
- (c) Deduct advisory fees from my account and the investment options in the proportions the Advisor directs.
- (d) Allow the Advisor to process trades for my account and/or transfer account value among the investment options.

5. Disclaimers

Security Benefit does not make any representation or warranty concerning the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise.

Security Benefit has no responsibility or liability for any taxes, penalties and/or interest that may be assessed by the Internal Revenue Service or other administrative tribunal or court arising out of this authorization.

Security Benefit is not involved in the selection of your Advisor, makes no representation or warranty regarding their services, and is not liable for the action or inactions.

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6. Provide Signatures

Your signature is required to authorize Security Benefit to activate this authorization.

I have read and understand the information contained in this form. I hereby release and hold Security Benefit harmless from any loss or liability arising out of any taxes, penalties, or interest resulting from any transaction initiated by my Advisor that I have authorized hereunder, including, but not limited to, (1) the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise, and (2) any taxes, penalties, and/or interest assessed by the Internal Revenue Service or other administrative tribunal or court arising out of my authorization. I further hereby release and hold Security Benefit harmless from any loss or liability arising from Security Benefit allowing third party access to my account and account information at the discretion of my Advisor and from any loss or liability arising from the services provided by my Advisor and my Advisor's actions or inactions with respect to my account. I understand and acknowledge that the account is solely responsible for the advisory fees set forth in the agreement between the Advisor and me.

This authorization shall remain in effect until the earlier of:

1. the next valuation date following the receipt by Security Benefit of notice of termination of this authorization, either (a) written and signed, or (b) submitted electronically, by either the Participant or Advisor;
2. the full surrender or total distribution of the account; or
3. Security Benefit's receipt of notification of the death of the Participant.

X

Signature of Employee

Signature Date (mm/dd/yyyy)

Mail to:

Security Benefit Retirement Plan Services
PO Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
801 Pennsylvania Ave Suite 219141
Kansas City, MO 64105

Visit us online at SecurityBenefit.com _____