



First Security Benefit Life Insurance
and Annuity Company of New York

Electronic Exchange Authorization

Attn: Life/Annuity Administration

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-494-0067.

1. General Account Information

Contract Number

Name of Annuitant/Insured
(First)

(MI)

(Last)

Address

City

State

Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 7:00pm EST)

2. Exchange Authorization

By checking the box below, you authorize First Security Benefit Life Insurance and Annuity Company of New York (FSBL), as Administrator for Companion Life Insurance Company to honor any electronic request for a transfer of assets among investment options or a change in the allocation of future payments. Please refer to your Prospectus for complete details regarding this privilege.

☐ Electronic Exchange

This authorization form must be on file with FSBL before we will accept a telephone transaction.

3. Signatures

I have read, understand, and authorize the changes requested on this form.

X

Signature of Annuitant/Insured

Date (mm/dd/yyyy)

X

Signature of Contractowner
(if different than Annuitant)

Date (mm/dd/yyyy)

X

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

X

Signature of Registered Representative (optional)

Date (mm/dd/yyyy)

Variable Universal Life/Variable Annuity issued by Companion Life Insurance Company
Mail to: First Security Benefit Life • Administrative Office • PO Box 750497 • Topeka, Kansas 66675-0497
or Fax to: 1-785-368-1772

Also visit us online at www.securitybenefit.com

