



FSBL serves as an administrator for Companion Life Insurance Company

# Systematic Transfer Enrollment Program

Attn: Annuity/Life 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

Tax I.D. Number / Social Security Number

Name of Annuitant/Insured  
(First) (MI) (Last)

Address

City State Zip Code

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

## 2. Systematic Transfer Enrollment Program (STEP) Information

You may allocate all or part of your purchase payment to the STEP Account, which is part of Companion Life Insurance Company's ("Companion") Fixed Account. The rate of Current Interest declared by Companion for the STEP Account will be fixed for the applicable period, which is the four-month or 12-month period that begins as of the Valuation Date your purchase payment is applied to the STEP Account. Please select below the applicable STEP Account Period, the Subaccounts to which monthly transfers from the STEP Account will be made, and the percentage to be allocated to each such Subaccount. First Security Benefit Life Insurance and Annuity Company of New York (FSBL), as Administrator for Companion Life Insurance Company, will transfer your Contract Value allocated to the STEP Account to the Subaccounts that you select on a monthly basis over the STEP Account Period. We will effect each transfer on the monthly anniversary of the date that your purchase payment is allocated to the STEP Account, and the first such transfer will be made on the first monthly anniversary of that date. The amount of each monthly transfer is found by dividing Contract Value allocated to the STEP Account by the number of months remaining in the STEP Account Period.

## 3. STEP Options

\$ Estimated Purchase Amount

- 12 month Period
- 4 month Period

- \_\_\_\_\_ % Alger Large Cap Growth
- \_\_\_\_\_ % Alger Small Cap Growth
- \_\_\_\_\_ % DWS Core Equity VIP
- \_\_\_\_\_ % DWS CROCI® International VIP
- \_\_\_\_\_ % DWS Global Small Cap VIP
- \_\_\_\_\_ % DWS Small Cap Index VIP
- \_\_\_\_\_ % Federated Hermes Fund for U.S. Government Securities II
- \_\_\_\_\_ % Federated Hermes Government Money II
- \_\_\_\_\_ % Fidelity® VIP Asset Manager Growth®
- \_\_\_\_\_ % Fidelity® VIP Contrafund®
- \_\_\_\_\_ % Fidelity® VIP Equity-Income
- \_\_\_\_\_ % Fidelity® VIP Index 500
- \_\_\_\_\_ % Fidelity® VIP Mid Cap
- \_\_\_\_\_ % MFS® Growth Series Portfolio
- \_\_\_\_\_ % MFS® Research
- \_\_\_\_\_ % MFS® VIT High Yield
- \_\_\_\_\_ % MFS® VIT II Core Equity
- \_\_\_\_\_ % MFS® VIT Income
- \_\_\_\_\_ % Morgan Stanley VIF Emerging Markets Equity
- \_\_\_\_\_ % Pioneer Equity Income VCT
- \_\_\_\_\_ % Pioneer Mid-Cap Value VCT
- \_\_\_\_\_ % Pioneer VCT
- \_\_\_\_\_ % T. Rowe Price All-Cap Opportunities
- \_\_\_\_\_ % T. Rowe Price Equity Income
- \_\_\_\_\_ % T. Rowe Price International Stock
- \_\_\_\_\_ % T. Rowe Price Limited-Term Bond
- \_\_\_\_\_ % T. Rowe Price Moderate Allocation

**Must Total 100%**



## 4. Signatures

- I understand that, when compared to a Fixed Account dollar cost averaging program, a higher interest rate is credited to the STEP Account in return for certain restrictions. For example, all funds must be transferred out of the STEP Account within 12 months, no new premiums may be added after the initial premium allocation, and my allocation instructions cannot be changed. By contrast, I may start or stop a dollar cost averaging program from the Fixed Account at any time (subject to the minimum accumulation value requirement), add new premiums to the program, or change my allocation instructions.
- I understand that interest credited to the STEP account in excess of our actual interest earned will be recovered by the Risk Charge in later policy years.
- I understand that this form must be submitted before the funds are received.

X \_\_\_\_\_  
Signature of Annuitant/Insured Date (mm/dd/yyyy)

\_\_\_\_\_  
(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

X \_\_\_\_\_  
Signature of Contractowner Date (mm/dd/yyyy)  
(if different than Annuitant)

X \_\_\_\_\_  
Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

X \_\_\_\_\_  
Signature of Financial Professional (optional) Date (mm/dd/yyyy)

