

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

Instructions

Use this form to transfer funds from your current carrier to First Security Benefit Life Insurance and Annuity Company of New York ("FSBL"). Complete the entire form. Please type or print.

1. The Owner must complete (i) this Incoming Funds Request form; (ii) Disclosure Statement; (iii) Application; (iv) Application Supplement; and (v) Important Notice form.
2. Please contact your current carrier for any requirements it may have for transferring money to another company.
3. Obtain Signature Guarantee if required by your current carrier.
4. The documents mentioned above should be mailed to: **First Security Benefit Life Insurance and Annuity Company of New York
Administrative Office
P.O. Box 750497
Topeka, KS 66675-0497**
5. Upon receiving this material, FSBL will send this Incoming Funds Transfer form, along with an acceptance letter, to the carrier exchanging/transferring the assets.
6. If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

Notice to Current Carrier

Please make check(s) payable to **First Security Benefit Life Insurance and Annuity Company of New York** for the benefit of the Owner listed on this form and mail to:

Regular mail:

Administrative Office
P.O. Box 750500
Topeka, KS 66675-0500

Overnight mail:

Administrative Office
Mail Zone 500
5801 SW 6th Street
Topeka, KS 66636-0500

1. Provide FSBL Account Information

☐ **Application Attached or Contract Number** _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____ **Date of Birth** _____
Date (mm/dd/yyyy)

Daytime Phone Number _____ **Home Phone Number** _____

Name of Joint Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____ **Date of Birth** _____
Date (mm/dd/yyyy)

Daytime Phone Number _____ **Home Phone Number** _____

Name of Annuitant/Participant _____
(if different from Owner) First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____ **Date of Birth** _____
Date (mm/dd/yyyy)

Daytime Phone Number _____ **Home Phone Number** _____

Please indicate the type of account you would like to transfer your funds to (check one).

☐ 403(b) TSA ☐ Non-qualified Annuity ☐ Roth IRA ☐ Traditional IRA



2. Provide Your Current Carrier Information

Please fill out the name and contact information for your current carrier.

Current Carrier’s Name _____

Mailing Address _____
Street Address City State Zip Code

Phone Number _____ Account Number for Current Carrier _____

Please indicate the account type you have with your current carrier (check one).

- ☐ 401(a)
- ☐ Life Insurance
- ☐ Non-qualified Mutual Fund¹
- ☐ SIMPLE IRA
- ☐ 401(k)
- ☐ Non-qualified Annuity
- ☐ Roth IRA
- ☐ Traditional IRA
- ☐ 403(b) TSA
- ☐ Non-qualified CD, Stock¹
- ☐ SEP-IRA
- ☐ Other
- ☐ 457

¹This transfer is a taxable event.

Please indicate the investment type you have with your current carrier (check one).

- ☐ Annuity
- ☐ Bank CD
- ☐ Mutual Fund
- ☐ Life Policy
- ☐ Money Market
- ☐ Brokerage Account
- ☐ 401(k)/Pension Plan
- ☐ Other

If this request involves your entire account balance, please check one of the following. My policy is:

- ☐ Enclosed
- ☐ Lost/destroyed

3. Set Up Transfer/Exchange/Rollover Option

403(b)/403(b)(7) accounts only:

Please indicate one of the following

- ☐ Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)
- ☐ Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer’s Plan)
- ☐ Rollover (not like to like, for example 457 to 403(b)(7), etc.)

All other accounts other than 403(b)/403(b)(7):

Type of Transfer/Rollover

- ☐ 1035 Exchange: I hereby make complete and absolute assignment and transfer all or the portion specified of my rights, title and interest of every nature and character in and to the Current Carrier Account in Section 2 to FSBL in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy for the portion specified.
If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with FSBL under IRC Section 1035, any withdrawals from or changes in ownership to your FSBL contract within 180 days of such partial exchange may have adverse tax consequences. Please consult your tax advisor.
- ☐ Rollover (not like-to-like, for example 457 to IRA, etc.)
- ☐ Transfer (like-to-like, for example IRA to IRA, etc.)

Please Transfer ☐ Immediately ☐ On date _____ (transfer must occur within 30 calendar days from signing date and will be mailed two business days prior to date listed here)
Date (mm/dd/yyyy)

Amount

- ☐ Liquidate my entire Account:

Estimated Value

\$ _____
- ☐ Liquidate a specified amount:

Amount to Transfer

\$ _____
- ☐ Transfer over _____ years

☐ Monthly

☐ Quarterly

☐ Semi-annually

☐ Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

- ☐ Age 59½
- ☐ Disabled
- ☐ Severance of employment on _____
Date (mm/dd/yyyy)



4. Required Minimum Distribution (if applicable)

- ☐ Current carrier should distribute my RMD to me prior to transferring/rolling over my account.
- ☐ Current carrier should proceed with the transfer/rollover because the requirements for the current year have been met.

5. Provide Investment Directions

Please invest the funds (check one):

- ☐ As indicated on the enclosed application; or for an existing account, to the allocations on file.
- ☐ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file.

| | | |
|--------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| _____ % AB Discovery Value | _____ % Guggenheim VIF Multi-Hedge Strategies | _____ % Morningstar Balanced ETF Asset Allocation Portfolio |
| _____ % AB VPS Dynamic Asset Allocation | _____ % Guggenheim VIF Total Return Bond | _____ % Morningstar Conservative ETF Asset Allocation Portfolio |
| _____ % American Funds IS® Asset Allocation | _____ % Invesco V.I. American Value | _____ % Morningstar Growth ETF Asset Allocation Portfolio |
| _____ % American Funds IS® Capital World Bond | _____ % Invesco V.I. Comstock | _____ % Morningstar Income and Growth ETF Asset Allocation Portfolio |
| _____ % American Funds IS® Global Growth | _____ % Invesco V.I. Core Plus Bond | _____ % NAA All Cap Value Series |
| _____ % American Funds IS® Growth-Income | _____ % Invesco V.I. Discovery Mid Cap Growth | _____ % NAA Large Cap Value Series |
| _____ % American Funds IS® International | _____ % Invesco V.I. Equity and Income | _____ % NAA Large Core Series |
| _____ % American Funds IS® New World | _____ % Invesco V.I. EQV International Equity | _____ % NAA Large Growth Series |
| _____ % BlackRock Equity Dividend V.I. | _____ % Invesco V.I. Global | _____ % NAA Mid Growth Series |
| _____ % BlackRock Global Allocation V.I. | _____ % Invesco V.I. Global Real Estate | _____ % NAA Small Cap Value Series |
| _____ % BlackRock High Yield V.I. | _____ % Invesco V.I. Government Money Market | _____ % NAA Small Growth Series |
| _____ % BNY Mellon IP MidCap Stock | _____ % Invesco V.I. Government Securities | _____ % NAA SMid Cap Value Series |
| _____ % BNY Mellon IP Small Cap Stock Index | _____ % Invesco V.I. Health Care | _____ % NAA World Equity Income Series |
| _____ % BNY Mellon IP Technology Growth | _____ % Invesco V.I. Main Street Mid Cap Fund® | _____ % Neuberger Berman AMT Sustainable Equity |
| _____ % BNY Mellon VIF Appreciation | _____ % Invesco V.I. Main Street Small Cap Fund® | _____ % PIMCO VIT All Asset |
| _____ % ClearBridge Variable Growth | _____ % Janus Henderson VIT Enterprise | _____ % PIMCO VIT CommodityRealReturn Strategy |
| _____ % ClearBridge Variable Small Cap Growth | _____ % Janus Henderson VIT Research | _____ % PIMCO VIT Emerging Markets Bond |
| _____ % Fidelity® VIP Equity-Income | _____ % Lord Abbett Series Bond-Debenture VC | _____ % PIMCO VIT International Bond Portfolio (U.S. Dollar-Hedged) |
| _____ % Fidelity® VIP Growth & Income | _____ % Lord Abbett Series Developing Growth VC ¹ | _____ % PIMCO VIT Low Duration |
| _____ % Fidelity® VIP Growth Opportunities | _____ % LVIP American Century Mid Cap Value | _____ % PIMCO VIT Real Return |
| _____ % Fidelity® VIP High Income | _____ % LVIP American Century Ultra® | _____ % PIMCO VIT Total Return |
| _____ % Fidelity® VIP Overseas | _____ % LVIP American Century Value | _____ % Putnam VT Small Cap Value |
| _____ % Franklin Allocation VIP Fund | _____ % LVIP JPMorgan Core Bond | _____ % Royce Micro-Cap |
| _____ % Franklin Income VIP Fund | _____ % Macquarie VIP Asset Strategy | _____ % T. Rowe Price Health Sciences |
| _____ % Franklin Mutual Global Discovery VIP Fund | _____ % MFS® VIT II Research International | _____ % Templeton Developing Markets VIP Fund |
| _____ % Franklin Small Cap Value VIP Fund | _____ % MFS® VIT Total Return | _____ % Templeton Global Bond VIP Fund |
| _____ % Franklin Strategic Income VIP Fund | _____ % MFS® VIT Utilities | _____ % Western Asset Variable Global High Yield Bond |
| _____ % Guggenheim VIF Floating Rate Strategies | _____ % Morgan Stanley VIF Emerging Markets Equity | _____ % Fixed Account |
| _____ % Guggenheim VIF Global Managed Futures Strategy | _____ % Morningstar Aggressive Growth ETF Asset Allocation Portfolio | |
| _____ % Guggenheim VIF High Yield | | |

Must Total 100%

¹ New purchases into this subaccount are limited to contract holders who had an investment in the subaccount as of the date it was closed and who maintain such investment.



6. Provide Signatures

As the Contractowner, I understand, acknowledge and certify that:

- I am responsible for tax consequences which could include the imposition of penalties, additional taxes and interest. FSBL assumes no responsibility or liability for any effects of this transaction.
- I am aware of my right to receive information regarding my current contract, including contract values.
- I certify that the information provided is correct and complete.

| | | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| X | _____ Signature of Contract Owner | _____ Date (mm/dd/yyyy) | _____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.) |
| X | _____ Signature of Joint Owner | _____ Date (mm/dd/yyyy) | _____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.) |
| X | _____ Signature of Plan Sponsor or Third Party Administrator (if applicable - Please consult your financial professional or employer) | _____ Date (mm/dd/yyyy) | _____ Title |
| X | _____ Signature of Financial Professional | _____ Date (mm/dd/yyyy) | _____ Print Name of Financial Professional |

7. Obtain Signature Guarantee

Please obtain a Signature Guarantee ONLY if required by your Current Carrier.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

| | | | |
|---|---------------------------------|----------------------------|---------------------------------------|
| X | _____ Signature of Guarantor | _____ Date (mm/dd/yyyy) | _____ Title or Name of Institution |
|---|---------------------------------|----------------------------|---------------------------------------|

Place Signature Guarantee Stamp Here

8. FSBL Acceptance

To be completed by FSBL. FSBL hereby agrees to accept the transfer of the proceeds identified on this form.

| | | | |
|---|-----------------------------------------|----------------------------|----------------|
| X | _____ Signature of Accepting Carrier | _____ Date (mm/dd/yyyy) | _____ Title |
|---|-----------------------------------------|----------------------------|----------------|

Mail to:

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.368.1772

Visit us online at FSBL.com

