

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

Instructions

Please complete all sections. Use this form to reallocate the Account Value among the Fixed Account and Index Accounts.
If you would like to make changes to your allocations, this form must be received within 21 days after your Contract Anniversary date for the changes to take effect. Please type or print.

1. Provide General Contract Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

Email Address _____

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2. Reallocation of Account Value

Please indicate how you would like to reallocate among the Fixed Account and/or Index Accounts:

- Minimum of \$1,000 per allocation.
- Restrictions regarding reallocation may apply. Please refer to your Contract.
- Please reference your latest statement for available funds to move.

Reallocate the Account Value to the following:

(Whole Percentages are Required)

Fixed Crediting Option		
Crediting Term	Crediting Option	Allocation
1-Year	Fixed Account	%
Index Crediting Options		
Crediting Term	Crediting Option	Allocation
1-Year	S&P 500® Annual Average Index Account	%
	S&P 500® Annual Point to Point Index Account	%
	S&P 500® Monthly Sum Index Account	%
	S&P 500® Factor Rotator Daily RC2 7% Index Account	%
	S&P 500® Low Volatility Daily Risk Control 5% Index Account	%
	S&P Multi-Asset Risk Control (MARC) 5% Index Account	%
	Morningstar Wide Moat Barclays VC 7% Index Account	%
2-Year	S&P 500® Factor Rotator Daily RC2 7% Index Account	%
	S&P 500® Low Volatility Daily Risk Control 5% Index Account	%
	S&P Multi-Asset Risk Control (MARC) 5% Index Account	%
	Morningstar Wide Moat Barclays VC 7% Index Account	%
Total Allocation Must Equal 100%		%

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3. Provide Signatures

I understand and acknowledge that:

- Security Benefit must receive my reallocation request within 21 days of the Contract Anniversary. If Security Benefit receives this form more than 21 days after the Contract Anniversary, the requested reallocation will not be made. I will then be able to submit another Account Value Reallocation Request Form on the next Contract Anniversary in order to allocate Account Value among the Fixed Account and Index Account options.
- I have read, understand, and authorize the reallocation requested on this form.
- Completion of this form does not change Purchase Payment allocations. Any Purchase Payments received after a Contract Anniversary are allocated to the Fixed Account until the next Contract Anniversary and a completed Account Value Reallocation Request Form is received by Security Benefit within the 21 day window.

X	_____ Signature of 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 Financial Professional (optional)	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

Mail to: Security Benefit Life Insurance Company P.O. Box 750497 Topeka, Kansas 66675-0497 Fax to: 785.368.1772	For expedited or overnight delivery: Security Benefit Mail Zone 497 One Security Benefit Place Topeka, Kansas 66636-0001
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Visit us online at SecurityBenefit.com



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