



# Variable Annuity featuring T. Rowe Price Portfolios Change Investment Allocations

## Instructions

Use this form to modify your existing and/or future investment allocations. You must complete sections 1, 2, 5 and any of the following that apply:

- Future Allocation Change and/or Current Investment Allocation Change – Section 3
- Exchange of Investment Value – Section 4

Restrictions may apply; refer to your Prospectus. Please type or print.

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## 1. Provide General Account Information

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First MI Last

**Mailing Address** \_\_\_\_\_  
Street Address City State Zip Code

**Social Security Number/Tax I.D. Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

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## 2. Select the Effective Date

Effective Date \_\_\_\_\_ If no date is indicated, or date indicated is prior to the date of receipt, the transfer will  
Date (mm/dd/yyyy) occur on the date the request is received in proper form.

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## 3. Change Future / Current Investment Allocations

Complete this section if you wish to change your future allocations and/or change current investment allocations. Select all that apply:

- ☐ Future allocation change  
☐ One-time current investment allocation change

Indicate whole percentages totaling 100%

\_\_\_\_\_ % Invesco V.I. Government Money Market  
\_\_\_\_\_ % T. Rowe Price All-Cap Opportunities  
\_\_\_\_\_ % T. Rowe Price Equity Income  
\_\_\_\_\_ % T. Rowe Price Health Sciences  
\_\_\_\_\_ % T. Rowe Price International Stock

\_\_\_\_\_ % T. Rowe Price Limited-Term Bond  
\_\_\_\_\_ % T. Rowe Price Mid Cap Growth  
\_\_\_\_\_ % T. Rowe Price Moderate Allocation  
\_\_\_\_\_ % Fixed Account

**Must Total 100%**

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4. Exchange of Investment Value

Complete this section if you wish to exchange funds within your investment.

Please select one option:

- ☐ Transfer Dollars (the 'From' and 'To' amounts must equal)
- ☐ Transfer Percentages (indicate whole percentages and the 'To' column must total 100%)

Transfer From:

- \_\_\_\_\_ Invesco V.I. Government Money Market
- \_\_\_\_\_ T. Rowe Price All-Cap Opportunities
- \_\_\_\_\_ T. Rowe Price Blue Chip Growth
- \_\_\_\_\_ T. Rowe Price Equity Income
- \_\_\_\_\_ T. Rowe Price Health Sciences
- \_\_\_\_\_ T. Rowe Price International Stock
- \_\_\_\_\_ T. Rowe Price Limited-Term Bond
- \_\_\_\_\_ T. Rowe Price Mid Cap Growth
- \_\_\_\_\_ T. Rowe Price Moderate Allocation
- \_\_\_\_\_ Fixed Account

Must Total 100%

Transfer To:

- \_\_\_\_\_ Invesco V.I. Government Money Market
- \_\_\_\_\_ T. Rowe Price All-Cap Opportunities
- \_\_\_\_\_ T. Rowe Price Blue Chip Growth
- \_\_\_\_\_ T. Rowe Price Equity Income
- \_\_\_\_\_ T. Rowe Price Health Sciences
- \_\_\_\_\_ T. Rowe Price International Stock
- \_\_\_\_\_ T. Rowe Price Limited-Term Bond
- \_\_\_\_\_ T. Rowe Price Mid Cap Growth
- \_\_\_\_\_ T. Rowe Price Moderate Allocation
- \_\_\_\_\_ Fixed Account

Must Total 100%

5. Provide Signature

I understand and authorize the transaction requested on this form.

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 (if applicable)	_____ 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:

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