First Security Benefit Life Insurance and Annuity Company of New York

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

Variable Annuity featuring T. Rowe Price Portfolios Asset Reallocation

Instructions

Use this form to automatically transfer account values to maintain a specific percentage allocation among your current and future investment options. Complete the entire form. Please type or print.

1. Provide General 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 _____

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

2. Set Up Asset Reallocation

Please complete each sub-section.

A. Effective Date _____
Date (mm/dd/yyyy - must be between 1st and 28th of the month)

If no date is indicated, or date indicated is prior to the date of receipt, the first transfer will occur on the date the request is received in proper form.

B. Number of Reallocations (check one):

○ One-time reallocation

○ Recurring (check frequency):

○ Monthly ○ Quarterly ○ Annually ○ Semi-Annually

C. Future Allocations (check one):

○ Allocate future contributions according to the percentages indicated on this form.

○ Do not change the allocation of future contributions.

If no option is indicated above, the allocation of future contributions will not be changed.

3. Asset Rebalancing

Exchanges under this service are not subject to the six exchanges per contract year maximum.

Use this service to automatically exchange funds to maintain a specified percentage allocation among portfolio accounts and the Fixed Interest Account or to change your current Asset Rebalancing allocation. Asset Rebalancing will begin upon (i) the effective date selected or (ii) upon the date of receipt of the request if no effective date is chosen or the request is received after the effective date. If the beginning date is not a business day, Asset Rebalancing will begin on the following business day. Asset Rebalancing exchanges will occur first on the beginning date and thereafter on each quarterly anniversary of that date. If the anniversary is not a business day, the exchange will occur the following business day.

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4. Indicate Investment Directions

Minimum balance to elect service: $10,000 regular contracts; $2,000 for IRAs.

Please indicate your investment preferences below. Please use whole percentages totaling 100%

_____ % 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 that Asset Rebalancing is subject to the provisions of my annuity contract and other rules enacted by First Security Benefit Life Insurance and Annuity Company of New York (FSBL). I also understand that if I have an Asset Rebalancing allocation set up on the account I need to contact the customer service area at 1-800-888-2461 to discuss my options or update the program.

By signing this form, I (we) authorize FSBL to act on any instructions believed to be genuine for any service authorized on this form. I understand that anyone I supply with required account information can make phone exchanges on my behalf. I further understand that FSBL will not be liable for any losses due to fraudulent or unauthorized telephone instructions, provided that it complies with its procedures which require that any person requesting an exchange by telephone provide the account number and the owner's tax identification number, and such instructions must be received on a recorder line. All services are subject to conditions set forth in both the variable annuity and fund prospectuses.

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:

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