

# Variable Annuity featuring T. Rowe Price Portfolios Dollar Cost Averaging

## Instructions

Use this form to request periodic exchanges from one investment option to one or more 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 Dollar Cost Averaging

Please complete each sub-section.

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

Use this service to periodically exchange contract value from one account to one or more of the other accounts or to change your current Dollar Cost Averaging percentages. If you elected Asset Rebalancing, you cannot elect this service

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

If no date is specified, exchanges will occur on the monthly, quarterly, semiannual, or annual (depending on frequency selected) anniversary of the date of receipt of the services form in good order. If the anniversary is not a business day, the exchange will occur on the following business day

B. Frequency (check one):

☐ Monthly ☐ Quarterly ☐ Annually ☐ Semi-Annually

C. Option (check one):

☐ \$ \_\_\_\_\_ per transfer over \_\_\_\_\_ months/years.

☐ % \_\_\_\_\_ per transfer over \_\_\_\_\_ months/years.

☐ Fixed Period over \_\_\_\_\_ months/years.

☐ Only Interest/Earnings over \_\_\_\_\_ months/years.

(Earnings will accrue for one time period – i.e. monthly or quarterly – from the effective date before the first transfer occurs.)

Continued on Next Page ►



3. Provide Investment Directions

Minimum balance to elect service: \$5,000 for regular contracts and \$2,000 for IRAs. Minimum exchange amount is \$200 with a minimum of \$25 to each account.

Transfer From (choose only one):

- \_\_\_\_\_ 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 (indicate 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%

4. Provide Signature

I understand that Automatic Dollar Cost Averaging is subject to the provisions of my annuity contract, the current variable annuity prospectus, and other rules enacted by FSBL.

I hereby authorize the transaction(s) requested on this form.

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

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Visit us online at FSBL.com

