

Instructions

Please complete all sections. Use this form to allocate 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 10 days after your Contract Anniversary date for the changes to take effect.** Please type or print.

Provide General Contract Information
Contract Number _____

Owner Name _____
First MI Last
Social Security Number/Tax I.D. Number _____

Mailing Address: _____
Line 1 Line 2

City State Zip Code
Primary Phone Number _____ **Secondary Phone Number** _____

Transfer of Investment Value

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

- Minimum of \$1,000 per allocation.
- Restrictions regarding transfer may apply. Please refer to your Contract.

OR
Reallocate the Accumulation Value to the following:
 (Whole percentages are required)

Fixed Account	_____%
S&P 500® Annual Point to Point Index Account	_____%
S&P 500® Monthly Sum Index Account	_____%
S&P 500® Low Volatility Daily Risk Control 5% Annual Point to Point Index Account	_____%
Avantis Barclays Volatility Control Annual Point to Point Index Account	_____%

Total 100%
Transfer the Accumulation Value From:

- ☐ Transfer Dollars (the 'From' and 'To' amounts must equal)
☐ Transfer Percentages (Whole Percentages are required and the 'To' column must total 100%)

Fixed Account	_____%
S&P 500® Annual Point to Point Index Account	_____%
S&P 500® Monthly Sum Index Account	_____%
S&P 500® Low Volatility Daily Risk Control 5% Annual Point to Point Index Account	_____%

Avantis Barclays Volatility Control Annual Point to Point Index Account	_____%
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Transfer to:

Fixed Account	_____%
S&P 500® Annual Point to Point Index Account	_____%
S&P 500® Monthly Sum Index Account	_____%
S&P 500® Low Volatility Daily Risk Control 5% Annual Point to Point Index Account	_____%
Avantis Barclays Volatility Control Annual Point to Point Index Account	_____%



Owner’s Signature

As the Owner, I understand and acknowledge that:

- Security Benefit must receive my transfer request within 10 days of the Contract Anniversary. If Security Benefit receives this form more than 10 days after the Contract Anniversary, the requested transfers will not e made. I will then be able to submit another Account Value Transfer 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 transfers 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	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

Mail to:

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Fax to: 785.368.1772

Visit us online at SecurityBenefit.com

