

Issued by Security Benefit Life Insurance Company
Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Complete this form to authorize the deduction of advisory fees from your Contract, and the processing of trades and transfers for your Contract, and access to your Contract and account information.

Contract Information

Contract Number _____ (the "Contract")

Owner Name _____
First MI Last

Social Security/Tax I.D. Number _____ **Date of Birth** _____
(mm/dd/yyyy)

Mailing Address: _____
Line 1 Line 2

City State Zip Code

Primary Phone Number _____ **Secondary Phone Number** _____

Joint Owner Name _____
First MI Last

Investment Advisor Representative (Individual)

Investment Advisor Name _____

Investment Advisor I.D. Number _____

Mailing Address: _____
Line 1 Line 2

City State Zip Code

Phone Number _____

Registered Investment Advisor (Firm)

Registered Investment Advisor Name _____

Registered Investment Advisor I.D. Number _____

Mailing Address: _____
Line 1 Line 2

City State Zip Code

Phone Number _____

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Third Party Investment Advisor (if applicable)

Third Party Investment Advisor Name _____

Third Party Investment Advisor I.D. Number _____

Mailing Address: _____
Line 1 Line 2

City State Zip Code

Phone Number _____

Owner Authorization

I hereby authorize Security Benefit Life Insurance Company (SBL) to:

- Comply with written or electronic requests from the individual and/or entities listed above (each an "Advisor") to liquidate a given dollar amount to pay advisory fees under the advisory services agreement between the Advisor and me.
- Deduct advisory fees from my Contract in the proportions the Advisor directs (whether from the subaccounts, fixed account and/or index accounts, as applicable).
- Allow the Advisor to process trades for my Contract and/or transfer my account value among the subaccounts, fixed and index accounts, as applicable.
- Release Contract and account information to the Advisor and comply with written, telephone, internet or faxed instructions from the Advisor listed for my Contract.
- Provide or give access to my Contract and account information to one or more third parties at the request of my Advisor as deemed necessary by the Advisor to service my account.
- Liquidate the additional percentage or dollar amounts from my Contract necessary to cover any charges resulting from the deduction of advisory fees from my Contract (for example, surrender charges or a Market Value Adjustment).

Owner Acknowledgment

You, the Contract Owner, acknowledge and agree that:

- SBL is not responsible or liable to determine that the instructions received from your Advisor are in compliance with the agreement between the Advisor and you.
- SBL has no duty to inquire into the amount withdrawn or the manner in which it is withdrawn from your Contract (whether from the subaccounts, fixed account or index accounts).
- Advisory fees will be paid directly to your Advisor, and you cannot direct payment of the fees to any other person or for any other purpose.
- Withdrawals from your Contract to deduct advisory fees may incur charges, including, but not limited to, surrender charges and a Market Value Adjustment, and may impact the value of certain benefits, such as your death benefit or income rider. The Contract contains specific information on the impact of withdrawals. If charges are due as a result of a withdrawal initiated to pay advisory fees, SBL will liquidate a larger percentage or dollar amount than requested to pay for such charges.

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Withdrawals/Tax Status

- You represent that you have entered into an agreement with the Advisor that states that your Contract is solely responsible for advisory fees. If your contract is a qualified annuity, a Form 1099-R for withdrawals to pay advisory fees will not be generated. If your contract is a Non-qualified annuity, a Form 1099-R for withdrawals to pay advisory fees will not be generated, so long as the fees do not exceed an amount equal to an annual rate of 1.5% of the Contract's Account Value. However, SBL reserves the right to change its tax reporting position at any time. If there is a change in this process, you and your Advisor will receive written notice. In addition, any changes in SBL's process will not alter future withdrawals to pay advisory fees authorized under this form.
- If your Contract is a Non-qualified annuity, you represent that any advisory fees withdrawn pursuant to this authorization will compensate the Advisor for investment advice provided to you with respect to your Contract and will not compensate the Advisor for any other services the Advisor may provide to you. You understand that the tax treatment is unclear if the advisory fees withdrawn from your Contract exceed an annual rate of 1.5% of the Contract's Account Value. We intend to treat the excess as a taxable distribution to you, which may result in a 10% tax penalty if you have not yet attained age 59½. The Internal Revenue Service (IRS) could, however, take a different position and treat all of the advisory fee withdrawals as taxable distributions if the 1.5% limit is exceeded.
- If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with SBL under IRC Section 1035, any withdrawals effected within 180 days of such partial exchange may have adverse tax consequences.
- For more specific information concerning the tax consequences of withdrawals to pay advisory fees, you should consult a tax advisor.

Disclaimers

- SBL does not make any representation or warranty concerning the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise.
- SBL has no responsibility or liability for any taxes, penalties and/or interest that may be assessed by the IRS or other administrative tribunal or court arising out of this authorization.
- SBL is not involved in the selection of your Advisor, makes no representation or warranty regarding their services and is not liable for their actions or inactions.

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Owner Signature(s)

I have read and understand the information contained in this form, including the representations and warranties made by the Advisor. I hereby release and hold SBL harmless from any loss or liability arising out of any taxes, penalties, or interest resulting from any transaction initiated by my Advisor that I have authorized hereunder, including, but not limited to, (1) the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise; and (2) any taxes, penalties, and/or interest assessed by the IRS or other administrative tribunal or court arising out of my authorization. I further hereby release and hold SBL harmless from any loss or liability arising from SBL allowing third party access to my Contract and account information at the direction of my Advisor and from any loss or liability arising from the services provided by my Advisor and my Advisor's actions or inactions with respect to my Contract.

This authorization will be effective until the earlier of:

- 1. the next valuation date following the receipt by SBL of notice of termination of this authorization, either (a) written and signed, or (b) submitted electronically, by either the Owner(s) or the Advisor;
- 2. the full surrender or total distribution of your Contract; or
- 3. SBL's receipt of notification of the death of the Owner or, if the Contract is jointly owned, SBL's receipt of notification of the later of the death of the Owner and Joint Owner.

Signature of Owner _____ Date _____ (mm/dd/yyyy) (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

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.)

Advisor Signature

I, the Advisor, hereby represent and warrant, as of the time of execution of this form and upon receiving any advisory fees from the Contract, as follows:

- I have read and understand the information contained in this form.
- I received no commission for the sale of the Contract.
- The Owner and I have entered into an agreement that states the Contract is solely responsible for advisory fees.
- Advisory fees I withdraw pursuant to this authorization will compensate me for investment advice provided to the Owner with respect to the Contract and will not compensate me for any other services I may provide to the Owner.
- Advisory fees I receive pursuant to this authorization will not result in any reduction in fees related to any other asset or for any other service.
- I understand that advisory fees I withdraw pursuant to this authorization that exceed an amount equal to an annual rate of 1.5% of the Contract's Account Value will be considered a taxable distribution to the Owner.

Signature of Investment Advisor _____ Date _____ (mm/dd/yyyy)

Signature of Third Party Investment Advisor (if applicable) _____ Date _____ (mm/dd/yyyy)

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

