

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

Instructions

Please type or print.

Complete one Annuity Comparison Form for each annuity being replaced. Please complete all information. If a category does not apply, please mark as N/A. Any incomplete forms will be returned. All information should match the information provided on the Annuity Suitability Form. Any item that does not match may require additional information from the applicant or may cause the application to be returned. **This form must be completed with the original sent to Security Benefit, a copy provided to the client and a copy kept by the Financial Professional.**

Provide Applicant Information

Applicant Name _____ MI _____ Last _____
 Social Security Number/Tax I.D. Number _____ State Application Signed at _____

Provide Replacement Information

	Existing Annuity	Existing Annuity	Proposed Replacement Annuity
1. Company Name			
2. Type of Contract	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable
3. Product Name			
4. Date of Issue			
5. Initial Premium	\$ _____	\$ _____	\$ _____
6. Source of Initial Premium			
7. Bonus	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
8. Bonus Recapture	Current Year _____ % or <input type="checkbox"/> N/A	Current Year _____ % or <input type="checkbox"/> N/A	Current Year _____ % or <input type="checkbox"/> N/A
9. Annuitization Date	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible
10. Current Account Value	\$ _____	\$ _____	
11. Current Cash Surrender Value	\$ _____	\$ _____	
12. Surrender Charge Schedule for Remaining Years			
13. Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Please verify that ALL questions were answered.

X _____ Applicant Signature	_____ Date (mm/dd/yyyy)
X _____ Joint Applicant Signature	_____ Date (mm/dd/yyyy)



State insurance regulations require this form be completed, copied and distributed as follows:
 1st Copy Home Office - 2nd Copy Applicant - 3rd Copy Financial Professional

Provide Replacement Information (continued)

	Existing Annuity	Existing Annuity	Proposed Replacement Annuity
14. Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	
15. Free Withdrawal Percentage			
16. Annual Minimum Guaranteed Interest Rate			
17. Death Benefit Value	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized
18. Change of Annuitant Available Upon Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Interest Crediting Method (check which one you are currently in)	<input type="checkbox"/> Fixed _____ % _____ Yrs. <input type="checkbox"/> Indexed (describe strategy) _____	<input type="checkbox"/> Fixed _____ % _____ Yrs. <input type="checkbox"/> Indexed (describe strategy) _____	
20. Current Interest Rate Guarantee Period			
21. Terminal Illness Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Confinement Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Other Waivers			
24. Riders or enhanced benefits with the contract	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____
25. Value of Benefit or enhanced withdrawal base	\$ _____	\$ _____	
26. Rider Guaranteed roll-up rate			
27. Anticipated rider start date?	Years _____	Years _____	Years _____
28. Payout rate for income rider distributions			
29. Fees/Charges	\$ _____ or _____ %	\$ _____ or _____ %	_____ %
30. Writing Financial Professional			

Note: Please verify that ALL questions were answered.

X _____ Applicant Signature	_____ Date (mm/dd/yyyy)
X _____ Joint Applicant Signature	_____ Date (mm/dd/yyyy)

Provide Replacement Information (continued)

31. Has the Applicant exchanged any annuities within the preceding 60 months? ☐ Yes ☐ No

If yes, please explain _____

32. How will the Proposed Replacement Annuity benefit the Applicant in meeting his or her insurance needs and financial objectives?

- | | | |
|---|---|--|
| <input type="checkbox"/> a. Lifetime income | <input type="checkbox"/> d. Financial objective | <input type="checkbox"/> g. Index options |
| <input type="checkbox"/> b. Interest rates | <input type="checkbox"/> e. Enhanced benefits | <input type="checkbox"/> h. Immediate income |
| <input type="checkbox"/> c. Death Benefit | <input type="checkbox"/> f. Increase liquidity | <input type="checkbox"/> i. Other _____ |

Please explain each benefit selected, including how the product features create the benefit. Also please discuss any feature differential between the existing and proposed annuity.

Note: Please verify that ALL questions were answered.

Applicant Acknowledgment

By signing below, I certify that:

- I have reviewed all the information in this Form with my Producer;
- I understand that the Proposed Replacement Annuity may have new surrender charges and that I may not be able to overcome the surrender charges incurred by cancellation of the Existing Annuity;
- I am aware of the differences in fees and charges between my Existing Annuity and the Proposed Replacement Annuity;
- Once my Existing Annuity is replaced, I may not be able to reinstate it;
- I understand that the Proposed Replacement Annuity has surrender charges and penalties that apply on certain withdrawals;
- I understand that due to surrender charges, market value adjustment and/or bonus recaptures, I may receive less than the premiums paid; and
- I have reviewed and compared the features of the Existing Annuity and the Proposed Replacement Annuity with my Producer and I believe that the Proposed Replacement Annuity better suits my current insurance needs and financial objectives.

Note: Applicant do not sign this form:

1. If any item has been left blank;
2. Without carefully reviewing the information recorded; or
3. If any of the information recorded is not true and correct to the best of your knowledge.

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

X _____
Joint Applicant Signature Date (mm/dd/yyyy)

Financial Professional Acknowledgment

By signing below, I certify that I have reviewed the information in this Form and believe that the Proposed Replacement Annuity better suits the Applicant's current insurance needs and financial objectives and would substantially benefit the Applicant in comparison to the Existing Annuity over the life of the Proposed Replacement Annuity.

X _____
Financial Professional Signature Date (mm/dd/yyyy)

<p>Mail to: Security Benefit P.O. Box 750497 Topeka, Kansas 66675-0497 Fax to: 785.368.1772 Visit us online at SecurityBenefit.com</p>



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