Security Benefit

Security Benefit Advisor Program Incoming Funds Request

Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Use this form to transfer funds from your current carrier to Security Benefit. Please complete all sections of the form by typing or printing clearly.

1. The participant must complete this Incoming Funds Request form.
2. Contact your current carrier to determine if it has any specific requirements for transferring funds to another company.
   Note: If you are age 73 or older and not employed, your Required Minimum Distribution (RMD) must be processed by your current carrier before initiating this transfer.
3. If required by your current carrier, obtain a Signature Guarantee.
4. Once this form is received, Security Benefit will send a letter to your current carrier to initiate the transfer.
5. For 403(b) or 403(b)(7) accounts/contracts, please check with your employer or third-party administrator for any additional processing steps they may require.

Notice to Current Carrier

Important Identification Requirement: To ensure accurate and timely processing, please include the Security Benefit Plan Number and/or the Participant's Social Security Number on all checks and accompanying documentation. Missing identifying information may delay the allocation of funds.

This completed form and your current carrier's form along with a check made payable to Security Benefit for the benefit of the Participant listed on this form should be mailed to:

Mail to:	**For expedited or overnight delivery:**
Security Benefit Retirement Plan Services	Security Benefit Retirement Plan Services
P.O. Box 219141	801 Pennsylvania Ave Suite 219141
Kansas City, MO 64121-9141	Kansas City, MO 64105

SecurityBenefit.com

Provide Security Benefit Account Information

Plan Number ______________ **Plan Name** ______________

Name of Participant ______________ First ______ MI ______________ Last

Mailing Address ______________ Line 1 ______________ Line 2

______________ City ______________ State ______________ Zip Code

Social Security/Tax I.D. Number ______________

Cell Phone Number ______________ **Home Phone Number** ______________

Indicate the type of account you would like to transfer your funds to (check one).

- ○ 403(b)(7)
- ○ Roth 403(b)(7)**

TPA Approval Required

- ○ 457(b) Governmental
- ○ Roth 457(b)**
- ○ 457(b) Tax Exempt
- ○ SEP-IRA
- ○ SIMPLE IRA*
- ○ Traditional IRA
- ○ Roth IRA

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** SIMPLE IRA accounts can only accept transfers from another SIMPLE IRA account. A rollover from a non-SIMPLE IRA account can be made after the account has been in effect for 2 years.*

*** Roth assets can only be transferred to a Roth designated account.*

Provide Your Current Carrier Information

Important: The Account Number for your Current Carrier is required. You must also provide either a complete mailing address or fax number so we can request the transfer on your behalf.

To send paperwork:

- Provide a mailing address if you prefer it mailed.
- Provide a fax number if you prefer it faxed.

Current Carrier's Name ______________________________

Mailing Address: ______________________ ______________________
Line 1 Line 2

______________________ ______________________ ______________________
City State Zip Code

Phone Number ______________________ **Account Number for Current Carrier** ______________________

Fax Number ______________________________

Indicate the account type you have with your current carrier (check one).

Pre-tax

○ 403(b)/403(b)(7) ○ 457(b) Governmental ○ Traditional IRA ○ 401(k) ○ SIMPLE IRA

○ SEP IRA ○ 457(b) Tax Exempt*

Roth

○ 403(b)/403(b)(7) ○ 457(b) Governmental ○ Roth IRA** ○ 401(k) ○ 529 Account**

If you are transferring a Roth account, please provide the following information:

○ Roth cost basis ______________________

○ Date of your first Roth contribution ______________________
Date (mm/dd/yyyy)

This information is required to ensure accurate tax reporting and to determine the qualified status of any distribution from your Roth account.

Indicate the investment type you have with your current carrier (check one).

○ Annuity ○ Bank CD ○ Mutual Fund

If this request involves an annuity and your entire account balance is being transferred, please check one of the following.
My policy is:

○ Enclosed ○ Lost/Destroyed

**Can only transfer to another 457(b) Tax Exempt.*

***Can only transfer to a Roth IRA. May be subject to additional limitations.*

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Set up Transfer/Rollover Options

Select the Transfer/Rollover Option that matches the account type you identified on the previous page.

403(b)/403(b)(7) accounts only:

○ Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)
○ Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's Plan)
○ Rollover (not like to like, for example 457 to 403(b)(7), etc.)

All other accounts other than 403(b)/403(b)(7):

Type of Transfer/Rollover

○ Rollover (not like-to-like, for example 457 to IRA, etc.)
○ Transfer (like-to-like, for example, SIMPLE to SIMPLE, IRA to IRA, etc.)
○ Conversion to Roth IRA

Amount of Transfer/Rollover

○ Liquidate my entire Account: Estimated Value $ ____________________
○ Liquidate a specified amount: Amount to Transfer $ ____________________
○ Transfer over __________ years
○ Monthly ○ Quarterly ○ Semi-Annually ○ Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

☐ Age 59 ½ ☐ Disabled ☐ Severance from employment on ________________
Date (mm/dd/yyyy)

To view the investment options available for your account, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select the appropriate product name.

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Provide Investment Direction

Indicate your investment preferences below.

Please invest the funds (check one):

○ As indicated on the enrollment form; or for an existing account, to the allocations on file.

○ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file.

Percentage	Fund Name
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________
________ %	________________________________

Must Total 100%

For questions please consult with your financial professional.

Provide Signatures

As the Participant, I understand, acknowledge and certify that:

- I am responsible for tax consequences which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- I am aware of my right to receive information regarding my current account, including account values.
- I certify that the information provided is correct and complete.

X ________________________________ ________________ ________________

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

X ________________________________ ________________ ________________

Signature of Plan Sponsor or Third Party Administrator | Signature Date (mm/dd/yyyy) | Title

(If applicable – Please consult your Financial Professional or employer)

Notice for persons residing in a community property state: (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner's spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

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If you are transferring funds to or from an ERISA Plan or to or from an IRA, your Financial Professional must complete this section and sign below.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA ("PLAN") TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) ("IRA"), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor's Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

(1) acted in accordance with the "Impartial Conduct Standards," including:
   a. the investment advice I provided regarding the transaction was in the Participant's best interest;
   b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
   c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.

(2) made the following written disclosures to the Participant:
   a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
   b. a description of the services to be provided and my and my financial institution's material conflicts of interests, that is accurate and not misleading in any material respect; and
   c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.

(3) am not ineligible to rely on PTE 2020-02; and

(4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant's transaction.

Name of Financial Professional ______________________ **Financial Professional Number** ______________

Financial Professional Phone Number ______________________

Broker/Dealer or Firm Name ______________________

Financial Professional Email ______________________

X ______________________ ______________
Signature of Financial Professional | Signature Date (mm/dd/yyyy)

Obtain Signature Guarantee

Please obtain a Signature Guarantee ONLY if required by your Current Carrier.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X ______________________ ______________ ______________
Signature of Guarantor | Signature Date (mm/dd/yyyy) | Title or Name of Institution

Place Signature Guarantee Stamp Here

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Security Benefit Acceptance

To be completed by Security Benefit. Security Benefit hereby agrees to accept the transfer of the proceeds identified on this form.

X ______________________________ ______________________________ ______________________________

Signature of Accepting Carrier | Signature Date (mm/dd/yyyy) | Title

Visit us online at SecurityBenefit.com