

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. Complete the entire form.**

**Please type or print.**

1. The Participant should complete this Incoming Funds Request form.
2. Please contact your current carrier for any form requirements it may have for transferring money to another company.  
**Note:** If you are age 73 and unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
3. Obtain Signature Guarantee if required by your current carrier.
4. Upon receiving this material Security Benefit will send a letter to the current carrier.
5. If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

### Notice to Current Carrier

**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 should be mailed to:**

<b>Mail to:</b>	<b>For expedited or overnight delivery:</b>
Security Benefit Retirement Plan Services	Security Benefit Retirement Plan Services
P.O. Box 219141	430 W. 7th Street STE 219141
Kansas City, MO 64121-9141	Kansas City, MO 64105-1407

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).**

<input type="radio"/> 403(b)(7)	<input type="radio"/> 457(b) Governmental	<input type="radio"/> SIMPLE IRA*
<input type="radio"/> Roth 403(b)(7)**	<input type="radio"/> Roth 457(b)**	<input type="radio"/> Traditional IRA
<b>TPA Approval Required</b>	<input type="radio"/> 457(b) Tax Exempt	<input type="radio"/> Roth IRA
	<input type="radio"/> SEP-IRA	

\* 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.

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## Provide Your Current Carrier Information

Please fill out the name and contact information of your current carrier.

**Current Carrier's Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Line 1 Line 2

\_\_\_\_\_  
City State Zip Code

**Phone Number** \_\_\_\_\_ **Account Number for Current Carrier** \_\_\_\_\_

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

- ☐ 401(a)      ☐ 403(b) TSA      ☐ Roth 403(b)(7)      ☐ 457(b) Tax Exempt\*      ☐ SEP-IRA
- ☐ 401(k)      ☐ Roth 403(b) TSA      ☐ 457(b) Governmental      ☐ Traditional IRA      ☐ SIMPLE IRA
- ☐ Roth 401(k)      ☐ 403(b)(7)      ☐ Roth 457(b)      ☐ Roth IRA

**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, please check one of the following. My policy is:**

- ☐ Enclosed    ☐ Lost/Destroyed

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

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## Set up Transfer/Rollover Options

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

Please indicate one of the following

- ☐ 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)

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



Provide Investment Direction

Indicate your investment preferences below using whole percentages totaling 100%.

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.

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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	_____ 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 (If applicable – Please consult your Financial Professional or employer)	_____ Date (mm/dd/yyyy)	_____ Title

**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 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 Date (mm/dd/yyyy) Title or Name of Institution

Place Signature Guarantee Stamp Here

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 Date (mm/dd/yyyy) Title

Financial Professional Use Only

Optional Instructions for Advisor Option 4 Accounts – Select Only One Choice

- ☐ **Rights of Accumulation**  
This account qualifies for rights of accumulation or reduced purchase load as described in the Custodial Agreement. Qualifying relationships to the account holder include self, spouse, and children under the age of 21. Please link accounts with the following Social Security Numbers:
- ☐ **Letter of Intent**  
This account qualifies for a purchase load discount by committing to purchase the specified amount below into this account. It is the client intent to purchase within a 13-month period an amount at least equal to:  

☐ \$50,000

☐ \$100,000

☐ \$250,000

☐ \$500,000

☐ \$1,000,000 (if you intend to invest \$1,000,000 or more, the period is 36-months.)
- ☐ **Exclusive Transfer Offer – see corresponding flyer**  
All transfers to the account will be applied with no front end sales charge. See corresponding flyer for additional details.

Visit us online at [SecurityBenefit.com](https://www.SecurityBenefit.com)

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