

Non-Resident Information Form

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

Instructions

Generally, annuities should not be solicited or purchased outside the state where the Applicant resides. However, in some cases an Applicant may be able to complete and sign an application for an annuity in a state other than the one in which he/she resides. Such transactions may be proper when the Applicant has a significant connection to the non-resident state, such as a second home, place of employment, or regular business dealings that brings the Applicant to the non-resident state for purposes other than to purchase an annuity.

In order for Security Benefit to determine the appropriateness of a non-resident annuity purchase, please complete this form whenever an Applicant applies for a Security Benefit annuity in a state that is not the Applicant's resident state.

Please note: non-resident sales are not allowed to residents of Idaho, Minnesota, New York, Utah, and certain products in Iowa.

This form is not an application form and does not become a part of the contract. Security Benefit reserves the right to decline to issue the annuity contract for which the Applicant is applying.

1. Provide Owner Inf	formation			
Name of Applicant	irst	MI Las	*	
·	per/Tax I.D. Number			te
				(mm/dd/yyyy)
•			•	
	State o tion Outside Applicant's State of F			
\square Second Home	Address			
	City		State	Zip Code
☐ Place of Employm	ent Name			
	Address Street Address			
	Street Address			
	City		State	Zip Code
Provide SignatureBy signing below, the	s Applicant(s) and Producer certify	that:		
\square the above info	ormation is true and complete			
	n and sale of the product and the s he application;	signing of the applicat	ion occurred solely with	nin the state
\Box the contract v	vill be delivered to the owner in the	e same state where th	e sale occurred.	
	at if any of the boxes in this section atract will not be issued.	are left unchecked, t	he application will be d	eemed not in
If the Producer maint	ains an office in the non-resident	state, please provide t	he address:	
Street Address				
City			State	Zip Code
X Signature of Applicant(s)		Date (mm/dd/yyyy)	(You must include your de	signation if signing as a trusted lian, or attorney–in–fact.)
X				lilina.
Signature of Producer		Date (mm/dd/yyyy)		64364

