

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

Instructions

Use this form to activate electronic services. Transactions may be requested via telephone, Internet, or other electronic means by the Owner and/or Financial Advisor based on instructions of the Owner. Authorization must be on file with Security Benefit before we will activate electronic services. Please type or print.

1. Provide General Account Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ **Home Phone Number** _____

2. Provide Signature

I understand and agree to the terms set forth on this form.

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

X _____
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.)

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

Mail to:

Security Benefit
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

Visit us online at SecurityBenefit.com

