

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.

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### 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** \_\_\_\_\_

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### 2. Provide Signature

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Owner Date (mm/dd/yyyy) Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Signature of Financial Advisor (optional) Date (mm/dd/yyyy) Print Name of Financial Advisor \_\_\_\_\_

#### 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](http://SecurityBenefit.com)

