

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to modify or change information regarding the roles on your account. You must complete sections 1, 4 and any of the following that apply:

- Participant – Section 2
- Dependent – Section 3

Please type of print.

1. Provide the General Account Information

Please provide the following information as it currently exists on the account.

Plan Number _____ Plan Name _____

Name of Participant _____
First MI Last

Mailing Address _____
Line 1 Line 2
City State Zip Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

2. Provide Changes to the Participant

Please include legal documentation to support the change if resulting from something other than marriage or divorce.
A signature guarantee is required in section 5.

New Participant's Name _____
First MI Last

If this is a name change only, please indicate the reason for this change: ☐ Divorce ☐ Married ☐ Other _____

Mailing Address _____
Line 1 Line 2
City State Zip Code

Residential Address _____
(if different from mailing address) Line 1 Line 2
City State Zip Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

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3. Provide Changes to the Dependent

For additional Dependents, please attach a separate list to the end of this form.

	Dependent Names	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Owner
1.				
2.				
3.				
4.				

4. Provide Signatures

I understand and authorize the changes requested on this form.

X

Signature of Participant

Date (mm/dd/yyyy)

X

Signature of Advisor (optional)

Date (mm/dd/yyyy)

Print Name of Advisor



Check all that apply

I elect to receive electronically to my email address provided:

☐ Statements

☐ Confirms

☐ Fund Documents

Email Address

5. Obtain Signature Guarantee

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

Mail to:

Security Benefit Retirement Plan Services

PO Box 219141

Kansas City, MO 64121-9141

Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services

430 W 7th Street STE 219141

Kansas City, MO 64105-1407

Visit us online at SecurityRetirement.com