

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 Signature Date (mm/dd/yyyy)

X _____
Signature of Advisor (optional) Signature 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 Signature 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 801 Pennsylvania Ave Suite 219141 Kansas City, MO 64105
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Visit us online at SecurityBenefit.com