

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** \_\_\_\_\_

Continued on Next Page ►

### 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

|   |   |
|---|---|
| <b>Mail to:</b><br>Security Benefit Retirement Plan Services<br>PO Box 219141<br>Kansas City, MO 64121-9141<br>Fax to: 816.701.7626 | <b>For expedited or overnight delivery:</b><br>Security Benefit Retirement Plan Services<br>430 W 7th Street STE 219141<br>Kansas City, MO 64105-1407 |
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