

Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Use this form to request periodic exchanges from one investment option to one or more investment options. Complete the entire form. Please type or print.

1. Provide General Account Information

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. Set Up Dollar Cost Averaging

Please complete each sub-section.

A. Effective Date _____
Date (mm/dd/yyyy)

Exchanges will occur on the first business day of the month according to the frequency selected.

B. Frequency – Frequencies are based on a calendar year.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

C. Option (check one):

☐ \$ _____ per transfer over _____ months/years.

☐ % _____ per transfer over _____ months/years.

☐ Fixed Period over _____ months/years.

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3. Provide Investment Directions

From: JPMorgan U.S. Government Money Market or Fixed Account

Transfer To (indicate whole percentages totaling 100%):

_____ % Allspring Opportunity	_____ % Guggenheim World Equity Income
_____ % Allspring Small Company Value	_____ % Invesco Comstock
_____ % American Century Ultra®	_____ % Invesco Discovery Mid Cap Growth
_____ % BNY Mellon Appreciation	_____ % Invesco Equity and Income
_____ % Fidelity® Advisor Dividend Growth	_____ % Invesco Main Street Mid Cap
_____ % Fidelity® Advisor International Capital Appreciation	_____ % Invesco Technology
_____ % Fidelity® Advisor Stock Selector Mid Cap ¹	_____ % Invesco Value Opportunities
_____ % Fidelity® Advisor Value Strategies	_____ % JPMorgan U.S. Government Money Market ¹
_____ % Guggenheim Core Bond	_____ % Neuberger Berman Sustainable Equity
_____ % Guggenheim High Yield	_____ % Fixed Account ¹
_____ % Guggenheim SMid Cap Value	
_____ % Guggenheim StylePlus Large Core	
_____ % Guggenheim StylePlus Mid Growth	

Must Total 100%

¹ Fund is not available for all plans.

4. Provide Signatures

I understand and/or authorize:

- the transaction(s) requested on this form.
- that the Dollar Cost Averaging option may be affected if I initiate any transaction involving the account in which the transfer is coming from.

X _____ Signature of Participant	_____ 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)	_____ Print Name of Financial Professional

Mail to: Security Benefit Retirement Plan Services P.O. 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
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