



Questions? Call our National Service Center at 1.866.747.3416.

Instructions

Complete the entire form to establish a new VEBA Account. Please use black ink. If you have moved in the last 6 months or changed your name in the last 12 months, please include a completed Form W9 with this enrollment.

For information about the investments, a prospectus, fund fact sheets, or quarterly performance reports, visit our website at www.SecurityBenefit.com/Indiana.

1. Provide Employer Information

Employer Group Name (required) _____ Employer Plan Number (if known) _____

2. Provide Participant Information

Participant Name _____ ☐ Male ☐ Female
Last First MI

Social Security Number _____

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

Daytime Phone Number _____ Home Phone Number _____

Date of Birth _____ Date of Hire _____ ☐ Married ☐ Unmarried
Date (mm/dd/yyyy) Date (mm/dd/yyyy)

E-mail Address _____

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The default fund for participants who do not select an investment option for their existing account balance or future contributions will be the age appropriate *T. Rowe Price Retirement fund*. If you are age 65 or over, the *T. Rowe Price Retirement Balanced fund* will be used.

_____ % Alger Mid Cap Growth	_____ % Fidelity® Advisor Stock Selector Mid Cap	_____ % Security Benefit Fixed
_____ % American Funds® EuroPacific Growth	_____ % First Eagle Global	_____ % T. Rowe Price Retirement 2010
_____ % American Funds® The Growth Fund of America®	_____ % Invesco Global	_____ % T. Rowe Price Retirement 2015
_____ % American Funds® The Income Fund of America®	_____ % Invesco Global Allocation	_____ % T. Rowe Price Retirement 2020
_____ % American Funds® Washington Mutual Investors Fund SM	_____ % Invesco Main Street	_____ % T. Rowe Price Retirement 2025
_____ % AMG GW&K International Small Cap	_____ % Invesco Small Cap Growth	_____ % T. Rowe Price Retirement 2030
_____ % Artisan Mid Cap Value	_____ % iShares S&P 500 Index	_____ % T. Rowe Price Retirement 2035
_____ % Baron Small Cap	_____ % JPMorgan Mid Cap Value	_____ % T. Rowe Price Retirement 2040
_____ % BlackRock® Flexible Equity Investor	_____ % Loomis Sayles Bond	_____ % T. Rowe Price Retirement 2045
_____ % BlackRock® International Dividend	_____ % Lord Abbett Mid Cap Stock	_____ % T. Rowe Price Retirement 2050
_____ % Calvert Equity	_____ % Nationwide S&P 500 Index	_____ % T. Rowe Price Retirement 2055
_____ % Calvert Income	_____ % PIMCO Total Return	_____ % T. Rowe Price Retirement 2060
_____ % Davis NY Venture	_____ % Pioneer High Yield	_____ % T. Rowe Price Retirement Balanced
	_____ % Pioneer Select Mid Cap Growth	_____ % Templeton Foreign
	_____ % Royce Total Return	_____ % Touchstone Mid Cap Growth
		Must Total 100%

4. Provide IRS Qualified Dependent Information

For additional Qualified Dependents, please attach a separate list to the end of this enrollment form. For a definition of "Qualified IRS Dependent" see www.irs.gov.

	Dependent Name	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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5. Provide Signatures

I have read and understand the information on this form.

X	_____	_____	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
	Signature of Participant	Date (mm/dd/yyyy)	
X	_____	_____	
	Authorized Plan Administrator Signature	Date (mm/dd/yyyy)	
X	_____	_____	
	Principal Signature	Date (mm/dd/yyyy)	

Set Up Electronic Privileges

Transactions may be requested via telephone, Internet, or other electronic means by the Participant based on instructions of the Participant.

Reasonable procedures have been established by Security Distributors to confirm that instructions communicated by telephone are genuine and may be liable for any losses due to fraudulent or unauthorized investors if it fails to comply with its procedures. Neither the Fund nor Security Distributors will be liable for any loss, liability, cost or expenses arising out of any telephone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

Disclosures

- I hereby acknowledge that I have been provided a Plan Summary from my employer which describes the new Security Benefit Health Reimbursement Arrangement (HRA) Indiana VEBA Plan.
 - If I choose not to complete Section 3: Provide Investment Directions, I further understand that, as a default, monies invested into my account will be allocated to the age appropriate T. Rowe Price Retirement fund, as explained in Section 3 until such time as I elect to contact the Retirement Service Center at 1.866.740.7677 or by accessing the web site at <https://emjay.gwrs.com> to make an account change.
 - Withdrawal restrictions – I understand that the Internal Revenue Code (the “Code”) and/or my employer’s Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.
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X	_____	_____
	Enroller Name (if known) – please print	Date (mm/dd/yyyy)

Mail to: Security Financial Resources | P.O. Box 758549 | Topeka, KS 66675-8549 or **Fax to:** 785.438.4944

Email: RPWF-VEBA@SecurityBenefit.com

Visit us online at SecurityBenefit.com/Indiana

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