

Sales Literature Confirmation

Contractowner Name: _____ Annuitant/Participant: _____

Contract Number: _____ Tax ID Number: _____

This form is to be completed by the writing agent and must be submitted with all replacement cases. Applications for new contracts that are considered replacements and/or a 1035/Transfers will not be processed until all requirements, including this completed form, are received in proper order at Security Benefit.

1. Did you utilize any individualized sales materials (including illustrations) in your presentation to the client?
☐ Yes ☐ No Note: If you answered yes, copies of all material must be submitted to Security Benefit.
2. Security Benefit requires that a client receive the contents of a sales kit in order to make the sale. The contents of the kit should be left with the client. Please identify the product being sold and the state of issue below:

Kit given to Client: _____
Product Name Issue State

I certify that the responses herein are, to the best of my knowledge, accurate and complete:

X _____
Agent's Signature Printed Name

Date (mm/dd/yyyy)

Mail to: Security Benefit | P.O. Box 750497 | Topeka, Kansas 66675-0497

National Service Center 800.888.2461

Visit us online at SecurityBenefit.com

State insurance regulations require this form be completed, copied and distributed as follows:

1st Copy Home Office - 2nd Copy Applicant - 3rd Copy Financial Professional

