

Questions? Call our National Service Center at 1.866.747.3416

Use this form to activate or update electronic banking. Complete the entire form and please note the following:

- Electronic Bank Deposit – Funds can be sent from your Security Benefit account to your bank account and arrive within 3 business days after the withdrawal.

Please type or print in black ink.

Provide the General Account Information

Please provide the following information as it currently exists on the account.

Employer Group Name _____
(required)

Employer Plan Number _____
(if known)

Social Security Number _____

Name of Participant _____
Last First MI

Current Mailing Address on Account _____
Line 1 Line 2

_____ City State Zip Code

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

Email _____

Select Your Option

Please Indicate your option:

Update my bank information.

Activate Electronic Bank Deposits from my Security Benefit account to my bank.

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Provide Bank Information

Please provide your bank information below. If any information is missing your request may be delayed. You may also attach a void check to ensure necessary information is provided.

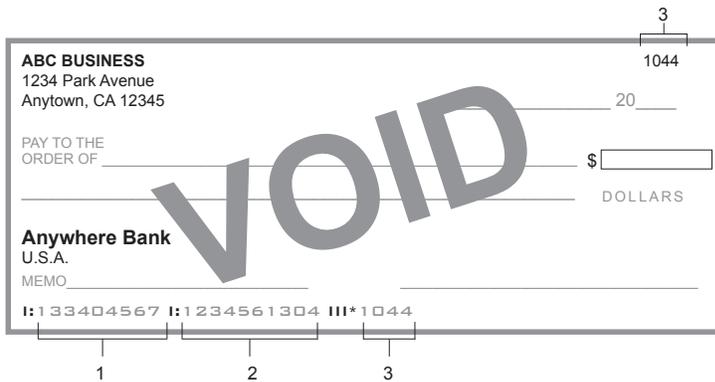
Bank Account Type (please check one): Checking Savings

Name of Bank _____

Name on Bank Account _____

Bank Routing Number _____

Checking Account Number (Do not include the check number) _____



DO NOT INCLUDE CHECK NUMBER

1. Routing Number (requires 9 digits)
2. Bank Account Number (not to exceed 17 digits)
3. Check Number

Provide Signatures

I understand and authorize:

- Security Benefit, or its subsidiaries, will initiate electronic transactions to my bank account as indicated on this form. Security Benefit may make additional attempts to deposit if the initial attempt fails. I understand that I will be liable for any costs associated with these additional attempts.
- This service is established solely for my convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until Security Benefit receives cancellation. The cancellation will be effective within 30 days of receipt of the notice.
- All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit and I hereby authorize the bank to make such refund from the account indicated.

X _____ Date (mm/dd/yyyy)

Signature of Participant

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