

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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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.

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

ABC BUSINESS 1234 Park Avenue Anytown, CA 12345	3 1044
PAY TO THE ORDER OF _____	20 _____
\$ _____	DOLLARS
<div style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg); position: relative; z-index: 1;">VOID</div> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%); background-size: 3px 3px; z-index: 2;"></div>	
Anywhere Bank U.S.A. MEMO _____	
I: 1 33404567 I: 1234561304 III*1044	

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

- 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 _____
Signature of Participant _____ Date (mm/dd/yyyy) _____

Visit us online at SecurityBenefit.com/Indiana