



SECURITY BENEFIT

SFR[®] 401(a) Plan

NON-ERISA
ENROLLMENT BOOKLET



To view this program's performance, scan the QR code
or visit SecurityBenefit.com/Performance.

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

Complete the entire form to establish a new 401(a) Governmental account. Provide your employer a copy of this form. Your financial professional can assist you in completing this form. Please type or print.

Step 1 – Provide Employer Information

Plan Name _____

Plan Number _____

Step 2 – Provide Personal Information

Participant Name _____ ☐ **Male** ☐ **Female**
First MI Last

Social Security Number _____ **Date of Birth** _____ **Marital Status** ☐ **Married** ☐ **Single**
(mm/dd/yyyy)

Mailing Address _____
Line 1 Line 2
City State Zip Code

Residential Address _____
Line 1 Line 2
City State Zip Code

(A Residential Address is required if the Mailing Address is different than the Mailing Address or is a PO Box.)

Cell Phone Number _____ **Home Phone Number** _____

Personal Email Address _____

Date of Hire _____
(mm/dd/yyyy)

Step 3 – Complete Waiver Election

Only complete this section if you are a new participant in a 414(h) Pick Up Plan and you elect to never participate.

☐ I understand that as a result of this irrevocable election, no contributions will ever be made for me under this Plan, including present mandatory employee contributions and any employer contributions, including additional contributions that may be made in the future. I fully understand that I can never change this election after the Enrollment Form is filed.

X _____
Signature Date (mm/dd/yyyy)

Continued on Next Page ►

Step 4 – Investment Instructions

Select **ONLY ONE** of the following three Allocation Elections.

1. Allocation Election 1: Asset Allocation Portfolios With Core Index Funds
2. Allocation Election 2: Target Portfolio by Mesirow Financial
3. Allocation Election 3: Personalized fund list

If no direction is provided, your existing account balance and future contributions will be invested in your employer's designated default fund.

<input type="radio"/>	Allocation Election 1: Asset Allocation Portfolios With Core Index Funds (Required to select ONLY ONE model from the list below)
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Only one of the models below may be selected. This is not a managed account. Work with your Financial Professional to update your account. An additional asset based fee of 0.45% applies to assets held in the Vanguard Funds. The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company (SBL), policy form GV4586 (12-03)U.

<input type="radio"/>	Conservative	
	60% Vanguard® Total Bond Market Index 20% JPMorgan U.S. Government Money Market or Fixed Account 13% Vanguard® 500 Index	5% Vanguard® Developed Markets Index 2% Vanguard® Mid Cap Index
<input type="radio"/>	Moderate Conservative	
	48% Vanguard® Total Bond Market Index 24% Vanguard® 500 Index 12% JPMorgan U.S. Government Money Market or Fixed Account	10% Vanguard® Developed Markets Index 4% Vanguard® Mid Cap Index 2% Vanguard® Small Cap Index
<input type="radio"/>	Moderate	
	34% Vanguard® Total Bond Market Index 33% Vanguard® 500 Index 16% Vanguard® Developed Markets Index	6% JPMorgan U.S. Government Money Market or Fixed Account 6% Vanguard® Mid Cap Index 5% Vanguard® Small Cap Index
<input type="radio"/>	Moderate Aggressive	
	36% Vanguard® 500 Index 25% Vanguard® Total Bond Market Index 22% Vanguard® Developed Markets Index	9% Vanguard® Mid Cap Index 8% Vanguard® Small Cap Index
<input type="radio"/>	Aggressive	
	42% Vanguard® 500 Index 26% Vanguard® Developed Markets Index 12% Vanguard® Mid Cap Index	10% Vanguard® Small Cap Index 10% Vanguard® Total Bond Market Index

Step 4 – Investment Instructions (continued)

☐ Allocation Election 2: Target Portfolio by Mesirow Financial (Required to select **ONLY ONE** model from the list below)

This is not a managed account. Work with your Financial Professional to update your account. Target Portfolios are updated annually but your account will not automatically update. An additional asset based fee of 0.45% applies to assets held in the Vanguard Funds. An additional asset based fee of 0.10% applies to assets held in American Funds. The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company (SBL), policy form GV4586 (12-03)U.

<input type="radio"/>	Conservative	
	30% Guggenheim Total Return Bond 30% Vanguard® Total Bond Market Index 20% JPMorgan U.S. Government Money Market or Fixed Account 4% American Century Disciplined Core Value	4% Pioneer 4% T. Rowe Price Growth Stock 3% American Funds® EuroPacific Growth 3% Vanguard® Developed Markets Index 2% Allspring Special Mid Cap Value
<input type="radio"/>	Moderate Conservative	
	24% Guggenheim Total Return Bond 24% Vanguard® Total Bond Market Index 12% JPMorgan U.S. Government Money Market or Fixed Account 6% American Funds® EuroPacific Growth 6% American Century Disciplined Core Value 6% T. Rowe Price Growth Stock	6% Vanguard® Developed Markets Index 5% Pioneer 5% Vanguard® 500 Index 2% Allspring Special Mid Cap Value 2% Allspring Special Small Cap Value 2% JPMorgan Mid Cap Growth
<input type="radio"/>	Moderate	
	17% Guggenheim Total Return Bond 17% Vanguard® Total Bond Market Index 10% American Funds® EuroPacific Growth 9% American Century Disciplined Core Value 9% Vanguard® Developed Markets Index 8% T. Rowe Price Growth Stock 7% Pioneer	7% Vanguard® 500 Index 6% JPMorgan U.S. Government Money Market or Fixed Account 3% Allspring Special Mid Cap Value 3% JPMorgan Mid Cap Growth 2% Allspring Special Small Cap Value 2% Invesco Discovery
<input type="radio"/>	Moderate Aggressive	
	13% American Funds® EuroPacific Growth 13% Guggenheim Total Return Bond 13% Vanguard® Developed Markets Index 12% Vanguard® Total Bond Market Index 9% American Century Disciplined Core Value 9% T. Rowe Price Growth Stock	8% Pioneer 8% Vanguard® 500 Index 4% Allspring Special Mid Cap Value 4% Allspring Special Small Cap Value 4% JPMorgan Mid Cap Growth 3% Invesco Discovery
<input type="radio"/>	Aggressive	
	16% American Funds® EuroPacific Growth 15% Vanguard® Developed Markets Index 10% American Century Disciplined Core Value 10% Pioneer 10% T. Rowe Price Growth Stock 10% Vanguard® 500 Index	6% Allspring Special Mid Cap Value 5% Allspring Special Small Cap Value 5% Guggenheim Total Return Bond 5% JPMorgan Mid Cap Growth 5% Vanguard® Total Bond Market Index 3% Invesco Discovery

Continued on Next Page ►

Step 4 – Investment Instructions (continued)

☐ Allocation Election 3: Personalized fund list

Select the funds from the list below by indicating the allocation percentage. Work with your Financial Professional to update your account. An additional asset based fee of 0.45% applies to assets held in all Vanguard funds. An additional asset based fee of 0.10% applies to assets held in American Funds and Pioneer.

The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company (SBL), policy form GV4586 (12-03)U. The Fixed Account Option is not available in all plans.

Percentage	Fund Name	Percentage	Fund Name	Percentage	Fund Name
_____ %	Allspring Discovery Small Cap Growth	_____ %	JPMorgan Large Cap Growth	_____ %	Vanguard® Developed Markets Index
_____ %	Allspring Income Plus	_____ %	JPMorgan Mid Cap Growth	_____ %	Vanguard® Emerging Markets Stock Index
_____ %	Allspring Special Mid Cap Value	_____ %	Loomis Sayles Global Allocation	_____ %	Vanguard® Mid Cap Index
_____ %	Allspring Special Small Cap Value	_____ %	MFS New Discovery Value	_____ %	Vanguard® Real Estate Index
_____ %	American Century Disciplined Core Value	_____ %	PIMCO High Yield Spectrum	_____ %	Vanguard® Small Cap Index
_____ %	American Century Focused Dynamic Growth	_____ %	PIMCO Income	_____ %	Vanguard® Target Retirement 2020
_____ %	American Century Global Small Cap	_____ %	PIMCO RAE Global ex-US	_____ %	Vanguard® Target Retirement 2025
_____ %	American Century Sustainable Equity	_____ %	PIMCO RAE US Small	_____ %	Vanguard® Target Retirement 2030
_____ %	American Funds® EuroPacific Growth	_____ %	Pioneer	_____ %	Vanguard® Target Retirement 2035
_____ %	American Funds® Inflation Linked Bond	_____ %	Pioneer Bond	_____ %	Vanguard® Target Retirement 2040
_____ %	American Funds® New World Fund®	_____ %	T. Rowe Price Global Stock	_____ %	Vanguard® Target Retirement 2045
_____ %	Baron Real Estate	_____ %	T. Rowe Price Growth Stock	_____ %	Vanguard® Target Retirement 2050
_____ %	BlackRock® Emerging Markets	_____ %	T. Rowe Price Integrated US Small-Cap Growth Equity	_____ %	Vanguard® Target Retirement 2055
_____ %	BlackRock® High Yield Bond	_____ %	T. Rowe Price Retirement 2010	_____ %	Vanguard® Target Retirement 2060
_____ %	BNY Mellon Midcap Index	_____ %	T. Rowe Price Retirement 2015	_____ %	Vanguard® Target Retirement 2065
_____ %	BNY Mellon Natural Resources	_____ %	T. Rowe Price Retirement 2020	_____ %	Vanguard® Target Retirement Income
_____ %	BNY Mellon S&P 500 Index	_____ %	T. Rowe Price Retirement 2025	_____ %	Vanguard® Total Bond Market Index
_____ %	ClearBridge Mid Cap	_____ %	T. Rowe Price Retirement 2030	_____ %	Vanguard® Total International Bond Index
_____ %	Guggenheim Macro Opportunities	_____ %	T. Rowe Price Retirement 2035	_____ %	Victory RS Global
_____ %	Guggenheim Total Return Bond	_____ %	T. Rowe Price Retirement 2040	_____ %	Virtus Global Allocation
_____ %	Invesco Corporate Bond	_____ %	T. Rowe Price Retirement 2045		
_____ %	Invesco Discovery	_____ %	T. Rowe Price Retirement 2050		
_____ %	Invesco Main Street Small Cap	_____ %	T. Rowe Price Retirement 2055		
_____ %	Janus Henderson Balanced	_____ %	T. Rowe Price Retirement 2060		
_____ %	Janus Henderson Enterprise	_____ %	Vanguard® 500 Index		

Plans may offer one of the following stable value options: Group Fixed Account or JPMorgan U.S. Government Money Market, but may not have more than one of those options. Either of these options can be used in addition to the funds listed above. Your allocation percentage will be directed to the available option. Please consult with your Financial Professional or employer to determine which fund is available in your plan.

_____ % Fixed Account **OR** JP Morgan U.S. Government Money Market

All Allocations Must Total 100%

Automatic Asset Rebalance (AAR)

Check one Frequency below only if you wish to establish Automatic Asset Rebalance. Your account will be rebalanced on the first business day of the month according to the frequency selected. Frequencies are based on a calendar year.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Step 5 – Provide Primary and Contingent Beneficiary(ies)

Provide beneficiary designations. Use whole percentages totaling 100% for Primary and 100% for Contingent.

	Primary Beneficiary Name (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must Total 100%

	Contingent Beneficiary (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must Total 100%

☐ I have additional beneficiary designations and have listed them, in this same format, on page 9 in the **Additional Information** section. **Beneficiary must be marked as Primary or Contingent.**

Continued on Next Page ►

Step 6 – Participant Signature

I understand and acknowledge that:

- I am permitted to direct my investments in this plan and I am responsible for the results of my investment directions.
- I have received and reviewed the information about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I should contact my financial representative to confirm the assessment of redemption fees and the availability of certain funds.
- Transactions may be requested via phone, Internet, or other electronic means by the Participant and/or financial representative based on instructions of the Participant. Security Distributors has established procedures reasonably designed to confirm that phone instructions are genuine. Neither the Fund nor Security Distributors will be liable for any loss, liability, or expenses arising out of any phone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

Investment Advisor Authorization

Please read the advisor authorization.

If an Investment Advisor was selected, the following authorizations, confirmation, and disclaimers will apply to your enrollment.

Information Disclosure Authorization.

I authorize Security Benefit Life Insurance Company, Security Financial Resources, Security Distributors and their affiliates ("Security Benefit") to release account information to the advisor listed above ("Advisor") and to comply with written, telephone, internet or faxed instructions from the Advisor listed for the account. I authorize Security Benefit to provide, or give access to, my account information to one or more third parties at the request of my Advisor as deemed necessary or desirable by my Advisor to service my account.

Fee Payment Authorization.

If authorized, fees will be deducted from the funds to which account value is allocated in the same proportion as the value is allocated among the investment options as of the date each fee is deducted.

I hereby authorize Security Benefit to:

- (a) Comply with written or electronic requests from the Advisor to liquidate a given dollar amount to pay advisory fees under the advisory fee services agreement between the Advisor and me.
- (b) Liquidate the additional percentage or dollar amounts necessary to cover any charges resulting from the deduction of advisory fees from my account.

I acknowledge and agree that:

- (a) Security Benefit is not responsible or liable to determine that the instructions received from the Advisor are in compliance with the agreement between my Advisor and me.
- (b) Security Benefit has no duty to inquire into the amount withdrawn or the manner in which it is withdrawn from your account.
- (c) Withdrawals to deduct fees may incur withdrawal charges. If charges are due as a result of a withdrawal initiated to pay advisory fees, Security Benefit will liquidate a larger percentage or dollar amount than the amount requested to pay for such charges.

Waiver of Confirmation

Your Advisor may provide financial reports for you that include all transactions in your account. Confirm with your Advisor that they provide these services. Please complete this section if this option is provided by your Advisor and you do not wish to receive confirmations from Security Benefit.

- ☐
- I understand that Rule 10b-10 under the Securities Exchange Act of 1934, as amended, requires that all security transactions involving variable annuities and other securities be confirmed in writing to me. In lieu of receiving such written confirmation from Security Benefit and its underwriters, I instruct Security Benefit to forward confirmation of securities transactions to Advisor on my behalf. I have an agreement with the Advisor pursuant to which they will prepare consolidated financial reports for me, and information concerning my investments will be included in such reports. I hereby release Security Benefit from any loss or liability relating thereto, including, without limitation, any loss or liability arising from or relating to the fact that confirmations are not sent to me, as well as any loss or liability arising from or relating to my Advisor’s use of this information.

Disclaimers

Security Benefit does not make any representation or warranty concerning the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise.

Security Benefit has no responsibility or liability for any taxes, penalties and/or interest that may be assessed by the Internal Revenue Service or other administrative tribunal or court arising out of this authorization.

Security Benefit is not involved in the selection of your Advisor, makes no representation or warranty regarding their services, and is not liable for their actions or inactions.

Provide Signatures

Your signature is required to authorize Security Benefit to activate this authorization.

I have read and understand the information contained in this form. I hereby release and hold Security Benefit harmless from any loss or liability arising out of any taxes, penalties, or interest resulting from any transaction initiated by my Advisor that I have authorized hereunder, including, but not limited to, (1) the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise; and (2) any taxes, penalties, and/or interest assessed by the Internal Revenue Service or other administrative tribunal or court arising out of my authorization. I further hereby release and hold Security Benefit harmless from any loss or liability arising from Security Benefit allowing third party access to my account and account information at the direction of my Advisor and from any loss or liability arising from the services provided by my Advisor and my Advisor’s actions or inactions with respect to my account. I understand and acknowledge that the account is solely responsible for the advisory fees set forth in the agreement between the Advisor and me.

This authorization shall remain in effect until the earlier of:

1.

the next valuation date following the receipt by Security Benefit of notice of termination of this authorization, either (a) written and signed, or (b) submitted electronically, by either the Participant or Advisor;
2.

the full surrender or total distribution of the account; or
3.

Security Benefit’s receipt of notification of the death of the Participant.

X

Signature of Employee

Date (mm/dd/yyyy)

(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)



Check all that apply

I elect to receive, electronically to my email address provided:

☐ Statements

☐ Confirms

☐ Fund Documents

☐ Tax Forms

Email Address

Continued on Next Page ►

Step 7 – Financial Professional Signature

This section of the enrollment form should be completed by your Financial Professional. Complete your information and sign.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE “CODE”), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA (“PLAN”) TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) (“IRA”), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor’s Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

- (1) acted in accordance with the “Impartial Conduct Standards,” including:
 - a. the investment advice I provided regarding the transaction was in the Participant’s best interest;
 - b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
 - c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.
- (2) made the following written disclosures to the Participant:
 - a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
 - b. a description of the services to be provided and my and my financial institution’s material conflicts of interests, that is accurate and not misleading in any material respect; and
 - c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.
- (3) am not ineligible to rely on PTE 2020-02; and
- (4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant’s transaction.

Financial Professional Name: _____

Financial Professional Number: _____

E-mail: _____ **Phone Number:** _____

Broker Dealer or Firm Name: _____

X _____
Signature of Financial Professional Date (mm/dd/yyyy)

Continued on Next Page ►

Additional Information

This space is provided for special instructions or additional beneficiary designations. Each Beneficiary designation must be in the same format and marked Primary or Contingent.

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

Visit us online at SecurityBenefit.com

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

Instructions

Use this form to transfer funds from your current carrier to Security Benefit. Complete the entire form.

Please type or print.

1. The Participant should complete this Incoming Funds Transfer form.
2. Please contact your current carrier for any form requirements it may have for transferring money to another company.
Note: If you are age 73 and unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
3. Obtain Signature Guarantee if required by your current carrier.
4. Upon receiving this material, Security Benefit will send this Incoming Fund Transfer Form, along with an acceptance letter to the carrier exchanging/transferring the assets.
5. If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

Notice to Current Carrier

This completed form and your current carrier's form along with a check made payable to Security Benefit for the benefit of the Participant listed on this should be mailed to:

Mail to:

Security Benefit Retirement Plan Services
P.O. Box 219141
Kansas City, MO 64121-9141

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
430 W. 7th Street STE 219141
Kansas City, MO 64105-1407

Provide Security Benefit Account Information

Plan Number _____ **Plan Name** _____

Name of Participant _____
First MI Last

Mailing Address _____
Line 1 Line 2
City State Zip Code

Social Security/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

Indicate the type of account you would like to transfer your funds to (check one).

- | | | |
|---------------------------------------|---|---|
| <input type="radio"/> 403(b)(7) | <input type="radio"/> 401(a) | <input type="radio"/> 457(b) Governmental |
| <input type="radio"/> Roth 403(b)(7)* | <input type="radio"/> 401(a) Governmental | <input type="radio"/> Roth 457(b)* |
| | <input type="radio"/> 401(k) | <input type="radio"/> 457(b) Tax Exempt |
| | <input type="radio"/> Roth 401(k)* | |

TPA Approval Required

**Roth assets can only be transferred to a Roth designated account.*

Continued on Next Page ►

Provide Your Current Carrier Information

Please fill out the name and contact information of your current carrier.

Current Carrier's Name _____

Mailing Address: _____
Line 1

Line 2

City

State

Zip Code

Phone Number _____ **Account Number for Current Carrier** _____

Indicate the account type you have with your current carrier (check one).

- ☐ 401(a) ☐ 403(b) TSA ☐ Roth 403(b)(7) ☐ 457(b) Tax Exempt* ☐ SEP-IRA
- ☐ 401(k) ☐ Roth 403(b) TSA ☐ 457(b) Governmental ☐ Traditional IRA ☐ SIMPLE IRA
- ☐ Roth 401(k) ☐ 403(b)(7) ☐ Roth 457(b)

Indicate the investment type you have with your current carrier (check one).

- ☐ Annuity ☐ Bank CD ☐ Mutual Fund

If this request involves an annuity and your entire account balance, please check one of the following. My policy is:

- ☐ Enclosed ☐ Lost/Destroyed

**Can only transfer to another 457(b) Tax Exempt.*

Set up Transfer/Rollover Options

403(b)/403(b)(7) accounts only:

Please indicate one of the following

- ☐ Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)
- ☐ Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's Plan)
- ☐ Rollover (not like to like, for example 457 to 403(b)(7), etc.)

All other accounts other than 403(b)/403(b)(7)

Type of Transfer/Rollover

- ☐ Rollover (not like-to-like, for example 457 to IRA, etc.)
- ☐ Transfer (like-to-like, for example, 457 to 457, IRA to IRA, etc.)

Amount of Transfer/Rollover

- ☐ Liquidate my entire Account: Estimated Value \$ _____
- ☐ Liquidate a specified amount: Amount to Transfer \$ _____
- ☐ Transfer over _____ years
- ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

- ☐ Age 59 ½ ☐ Disabled ☐ Severance from employment on _____
Date (mm/dd/yyyy)

Continued on Next Page ►

To view the investment options available for your contract, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select your contract's product name.



Provide Investment Direction

Indicate your investment preferences below using whole percentages totaling 100%.

- ☐ As indicated on the enrollment form; or for an existing account, to the allocations on file.
- ☐ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file or the plan's default option.

Percentage	Fund Name
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

Must Total 100%

Provide Signatures

As the Participant, I understand, acknowledge and certify that:

- I am responsible for tax consequences which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- I am aware of my right to receive information regarding my current account, including account values.
- I certify that the information provided is correct and complete.
- I should contact my Financial Professional to confirm the assessment of redemption fees and the availability of certain funds.

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 Plan Sponsor or Third Party Administrator (If applicable – Please consult your Financial Professional or employer)	_____ Date (mm/dd/yyyy)	_____ Title

Notice for persons residing in a community property state: (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner's spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

If you are transferring funds to or from an ERISA Plan or to or from an IRA, your Financial Professional must complete this section and sign below.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA ("PLAN") TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) ("IRA"), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor's Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

- (1) acted in accordance with the "Impartial Conduct Standards," including:
 - a. the investment advice I provided regarding the transaction was in the Participant's best interest;
 - b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
 - c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.
- (2) made the following written disclosures to the Participant:
 - a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
 - b. a description of the services to be provided and my and my financial institution's material conflicts of interests, that is accurate and not misleading in any material respect; and
 - c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.
- (3) am not ineligible to rely on PTE 2020-02; and
- (4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant's transaction.

X

Signature of Financial Professional

Date (mm/dd/yyyy)

Print name of Financial Professional

Continued on Next Page ►

Obtain Signature Guarantee

Please obtain a Signature Guarantee ONLY if required by your Current Carrier.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X _____
Signature of Guarantor Date (mm/dd/yyyy) Title or Name of Institution

Place Signature Guarantee Stamp Here

Security Benefit Acceptance

To be completed by Security Benefit. Security Benefit hereby agrees to accept the transfer of the proceeds identified on this form.

X _____
Signature of Accepting Carrier Date (mm/dd/yyyy) Title

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

Visit us online at [SecurityBenefit.com](https://www.SecurityBenefit.com)

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FACTS	WHAT DOES SECURITY BENEFIT DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies, including insurance companies and related insurance entities, choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. These laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number • account transactions • financial and health information • claims and payment information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information, the reasons we may choose to share, and whether you can limit this sharing.

Reasons we can share your personal information	Does Security Benefit share?	Can you limit this sharing?
For our everyday business purposes — Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	Yes, see "To limit our sharing" below
For our affiliates to market to you	Yes	Yes, see "To limit our sharing" below
For nonaffiliates to market to you	Yes	Yes, see "To limit our sharing" below

To limit our sharing	<p>To advise us of your preferences regarding our sharing your personal information with our affiliates and/or our non-affiliates you can:</p> <ul style="list-style-type: none"> • Call 1.800.888.2461 — our representatives will assist you with your choice. Please have your account information available when you call. • Go to www.SecurityBenefit.com <p>If you have already told us your choice of "No", we have it on file. Unless you are changing your choice back to "Yes", you will not need to tell us again.</p> <p>Please note: If you are a new customer, we can begin sharing your personal information 30 days from the date we sent this notice. However, you can contact us at any time to limit this sharing.</p>
Questions?	<ul style="list-style-type: none"> • Call 1.800.888.2461 • Go to www.SecurityBenefit.com • Email us at: privacy.inquiry@securitybenefit.com

Who we are	
Who is providing this notice?	Security Benefit (Security Benefit Life Insurance Company, Security Distributors, LLC, First Security Benefit Life Insurance and Annuity Company of New York, and Security Financial Resources, Inc.)
What we do	
How does Security Benefit protect my personal information?	<ul style="list-style-type: none"> • We work to keep your information correct and safe. We design our business systems to properly gather, store, and process your personal information. We also work to make your personal information safe through the use of technology and business practices. • Only our agents, employees, and those we share your personal information with as disclosed in this notice are authorized to access your personal information. Our policies help make sure that our employees and agents protect your personal information. Our employees and agents who break these policies and practices are dealt with appropriately.
How does Security Benefit collect my personal information?	<p>We collect your personal information by some of the ways listed below:</p> <ul style="list-style-type: none"> • information provided by you (including names, addresses, and financial information) • information about your business with us or our agents (including claims and payment information) • information from or about your transactions with third parties (including insurance application histories, health history, and salary information) • information from consumer reporting agencies
Why can't I limit all sharing?	<p>Federal laws give you the right to limit:</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your personal information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See <i>Other Important Information</i> below.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies, including financial service providers such as insurance companies and insurance-related entities, and non-financial companies such as technology, real estate, sports and media, and consumer-experience companies. For example, our affiliates include, but are not limited to, First Security Benefit Life Insurance and Annuity Company of New York.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. For example, companies seeking to market their services to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other important information

NOTICE OF INFORMATION PRACTICES

For residents of Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, New Jersey, Nevada, North Carolina, Ohio, Oregon, and Virginia. These states require insurers and agents to describe their information practices in addition to providing a Privacy Notice. The two notices are very similar, but in general our Information Practices include the following: Security Benefit may obtain information about you and any other persons applying for insurance. Some of this information will come from you and some may come from other sources. That information and any other information collected by Security Benefit may in some circumstances be disclosed to third parties, such as agents, affiliates, service providers and others without your specific consent. In some cases, we may need your direct authorization before sharing that information. Residents have the right to access, to correct and, in some states, to delete (if incorrect) the information collected about them, except information that relates to a claim or to a civil or criminal proceeding. If you are refused coverage or if your application is postponed, you may also have the right to receive the specific reason in writing. To exercise your rights or if you wish to have a more detailed explanation of our information practices required by your state, please submit a written request by email to: privacy.inquiry@securitybenefit.com. Additional information concerning our privacy policies can be found at <https://www.securitybenefit.com/legal/privacy> or call 1.800.888.2461.

STATE-SPECIFIC DISCLOSURES

Customer personal information will be collected, used, and stored as required by applicable federal privacy laws. If the Customer's state laws provide more protection of the Customer's personal information than federal privacy laws, Security Benefit will protect the Customer's personal information as required by such state law.

YOUR AUTHORIZATION REQUIRED

Arizona, California, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, and Virginia. We will not share your personal information with non-affiliated third parties (or, in some circumstances, our affiliates) other than our agents or service providers unless you authorize us to share it or the law otherwise permits us to share it. You have the right to authorize or not authorize this sharing of personal information.

FOR VERMONT CUSTOMERS

We will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at <https://www.securitybenefit.com/legal/privacy> or call 1.800.888.2461.

ADDITIONAL RIGHTS UNDER THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)

The California Consumer Privacy Act (CCPA) gives California residents certain privacy rights with respect to the limited non-public personal information we collect. These rights are:

- The right to notice of the personal information we collect
- The right to know the categories, sources and specific pieces of personal information we have collected about you in the past 12 months, including our purpose for collecting the information and the categories of third parties with whom we share that personal information, subject to certain exceptions.
- The right to delete some or all of the personal information we collect, subject to certain exceptions and
- The right to opt-out of our sale of your personal information, if we sell your personal information

CCPA rights are limited and do not apply to any of the NPI (described on Page 1) that we have collected from you and about you in connection with providing you an insurance or financial product or service.

The personal information we collect that is subject to the CCPA includes some of your internet and network activity (such as your browsing history, Internet Protocol address and interactions with our website) and inferences drawn about you from this information, such as your preferences, aptitudes and abilities. We may share this information with our service providers for a business purpose. We do not sell personal information about current or former customers to any third parties. We may allow third-party advertising cookies to be placed on your browser or mobile device when you visit our website. You may opt-out of third party cookies. To learn how to exercise your rights under the CCPA or if you wish to see a more detailed explanation of your rights, please visit our website at www.SecurityBenefit.com and click on "Privacy" on the home page or email us at: privacy.inquiry@securitybenefit.com.

NEVADA DO-NOT-CALL REGISTRY

If you are a Nevada resident, the following Telemarketing Notice applies to you. We may contact you by phone to offer additional financial products and services that may be of interest to you. You may elect to include your phone number on our internal Do-Not-Call list if you do not wish to receive telemarketing calls from us. If your telephone number is included on the Do-Not-Call list, we may still contact you for servicing purposes.

To include your phone number on our Do-Not-Call list, please follow the instructions in the "To Limit Our Sharing" box on page 1 of this document. Nevada residents may also call the Nevada Attorney General for further information about these rights by calling toll free **1.888.434.9989**.

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Your path *To and Through Retirement*[®] begins here.

Talk to your financial professional to learn more
or contact us at 800.888.2461.

Now Available: Track your retirement account progress with on-the-go access.
Download the My Security Benefit app today.



To access the app and content features, you must have a Security Benefit retirement plan account.
Google Play is a trademark of Google LLC.

Neither Security Benefit Corporation nor its affiliates are fiduciaries. This information is general in nature and intended for use with the general public. For additional information, including any specific advice or recommendations, please visit with your financial professional.