

Questions? Call our National Service Center at 800.747.3942.

Instructions

Complete the entire form and email to newplanreview@securitybenefit.com. Your financial professional can assist you in completing this form. Please type or print.

1. Select Plan Type

- ☐ **SEP — IRS Form 5305-SEP must accompany this for any new SEP Plan**
- ☐ **SIMPLE IRA — IRS Form 5304-SIMPLE must accompany this for any new SIMPLE Plan**
- ☐ **Non-ERISA 403(b)**

2. Select Product

Security Benefit Advisor Mutual Fund

- ☐ **Option 3** ☐ **Option 4** ☐ **Fee Based**

3. Provide Employer Information

Employer Name _____ **Tax ID** _____

Authorized Individual Name _____
First MI Last

Employer Address _____
Line 1 Line 2
City State Zip Code

Daytime Phone Number _____ **Email Address** _____

Payroll Contact Name _____
First MI Last

Daytime Phone Number _____ **Email Address** _____

4. Provide Bank Information

In order to process payroll contributions online provide bank information below.

Name of Bank _____

Name on Bank Account _____

Bank Routing Number _____ **Bank Account Number** _____

5. Web Access

The following individuals shall have access to the Security Benefit Plan Sponsor Site for the Plan.

	User Name	Title	Email Address
1.	_____	_____	_____
		<input type="radio"/> Full Access <input type="radio"/> Payroll Access	
2.	_____	_____	_____
		<input type="radio"/> Full Access <input type="radio"/> Payroll Access	
3.	_____	_____	_____
		<input type="radio"/> Full Access <input type="radio"/> Payroll Access	
4.	_____	_____	_____
		<input type="radio"/> Full Access <input type="radio"/> Payroll Access	

6. Provide Signatures

Through its authorized representative signing below, the Employer hereby acknowledges that it understands and authorizes:

- Security Benefit Corporation, or its subsidiaries ("Security Benefit"), to initiate periodic electronic transactions to/from the Employer's bank account as indicated on this form, to reflect the Employer's Plan contribution liabilities for each payroll period, determined in accordance with the terms of the Plan and applicable employee deferral elections. Security Benefit will determine the amount of such contributions based solely upon payroll information provided by the Employer with respect to each payroll period. Security Benefit may make additional attempts to withdraw contribution amounts provided by the Employer if the initial attempt fails. The Employer understands that it will be liable for any costs associated with these additional attempts or costs incurred as a result of incorrect payroll and/or contribution information provided by the Employer.
- This service is established solely for the Employer's convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until Security Benefit receives notice of intent to cancel from the Employer. The cancellation will be effective within 30 days of receipt of the notice.

My signature below indicates the information provided within this form is accurate and true.

X _____
Signature of Authorized Individual Date (mm/dd/yyyy)

7. Financial Professional Information

Print Name of Financial Professional _____

Financial Professional Number _____

E-mail _____ Phone Number _____

Broker Dealer or Firm Name _____