

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

## Instructions

Use this form to establish a new SIMPLE IRA or SEP IRA plan with Security Benefit.

- Complete all applicable sections and attach the required IRS form, if applicable.
- Provide accurate employer, banking and contact information.
- Designate users for plan sponsor web access.
- Review and sign before submitting.
- Email the completed form to [NewPlanReview@SecurityBenefit.com](mailto:NewPlanReview@SecurityBenefit.com).

Your financial professional can assist with product selection and completion.

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### 1. Select Plan Type

- SEP** – Attach Form 5305-SEP
- SIMPLE IRA** – Attach Form 5304-SIMPLE

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### 2. Select Product

Select the Security Benefit Advisor Mutual Fund product type that applies to your plan. If uncertain, consult your financial professional.

- Option 3**    **Fee Based**

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### 3. Employer & Payroll Contact Information

**Employer Name** \_\_\_\_\_ **Tax I.D.** \_\_\_\_\_

**Authorized Individual Name** \_\_\_\_\_  
First MI Last

**Employer Address** \_\_\_\_\_  
Line 1 Line 2  
City State Zip Code

**Daytime Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Authorized Individual and Payroll Contact are the same person**

**Payroll Contact Name** \_\_\_\_\_  
First MI Last

**Daytime Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

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### 4. 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** \_\_\_\_\_

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### 5. Plan Sponsor Web Access

List individuals who should have access to the Plan Sponsor Website.

Name	Title	Email	Full Access	Payroll Access
_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>

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### 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 Signature Date (mm/dd/yyyy)

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### 7. Financial Professional Information

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

**Print Name of Financial Professional** \_\_\_\_\_

**Financial Professional Number** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Broker Dealer or Firm Name** \_\_\_\_\_

Submit completed form: Email to [NewPlanReview@SecurityBenefit.com](mailto:NewPlanReview@SecurityBenefit.com)