Security Benefit®

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

Workplace Retirement Program for ERISA Plans (CS) Incoming Funds Request

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:	**For expedited or overnight delivery:**
Security Benefit Retirement Plan Services	Security Benefit Retirement Plan Services
P.O. Box 219141	801 Pennsylvania Ave Suite 219141
Kansas City, MO 64121-9141	Kansas City, MO 64105

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).

○ 403(b)(7) ERISA	○ 401(a)
○ Roth 403(b)(7)*	○ 401(k)
TPA Approval Required	○ 457(b) Tax Exempt
	○ Roth 401(k)*

**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 ○ 457(b) Tax Exempt ○ SEP-IRA ○ Roth 401(k) ○ Roth 403(b)(7)

○ 401(k) ○ 403(b)(7) ○ SIMPLE IRA ○ Traditional IRA ○ Roth 403(b)

Set up Transfer/Rollover Options

Type of Transfer/Rollover

○ Rollover (not like-to-like, for example 403(b) 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 ▶

Provide Investment Direction

Refer to the Quarterly Performance sheet and indicate your investment preferences below.

Please invest the funds (check one):

○ 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 | Signture 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 | Title | Signature Date (mm/dd/yyyy)
(If applicable – Please consult your Financial Professional or employer)

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.

Continued on Next Page ▶

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 | Signature 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 | Signature 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 | Signature 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
801 Pennsylvania Ave Suite 219141
Kansas City, MO 64105

Visit us online at SecurityBenefit.com