Security Benefit®

Custodial Account Limited Power of Attorney

Questions? Call our National Service Center at 800.747.3942.

Instructions

This form gives the authority set forth in section 3 to another person ("attorney in fact") to act on your behalf for the Account Number identified below. This authorization must be on file with Security Benefit before we will activate this authority. Please type or print.

1. Provide General Account Information

Plan Number _____ **Plan Name** _____

Participant Name _____ (First) _____ (MI) _____ (Last)

Mailing Address _____ (Line 1) _____ (Line 2)

_____ (City) _____ (State) _____ (Zip Code)

Social Security Number _____

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

2. Name the Attorney in Fact

The undersigned, participant of the account listed hereby appoint(s)

_____ (Print Name of Attorney in Fact) **X** _____ (Signature of Attorney in Fact) _____ (Date (mm/dd/yyyy))

as the undersigned's true and lawful attorney in fact to execute the actions defined in the Authorization section with full power and authority and to act with respect thereto in the place and stead of the undersigned with the same effect as if the undersigned has taken such action.

3. Establish Authorization

Please read the authorization and disclaimers.

I authorize Security Benefit Life Insurance Company, Security Financial Resources, Security Distributors, and their affiliates ("Security Benefit") to release account information to the individual listed as the attorney in fact and to comply with his/her written, telephone, internet or faxed instructions to:

- change the allocation of payments between and among the investment options; and
- elect to convert all or part of the assets from one or more investment options to any other investment option as provided in the account.

4. Disclaimers

Security Benefit shall not be required to inquire into the basis of any such action and may receive and accept the authorization of the attorney in fact listed with regard to such action without further inquiry.

This Limited Power of Attorney shall be binding upon the undersigned and the successor or successors thereof and may be relied upon by Security Benefit as being in full force and effect until notice of revocation thereof and it shall be the responsibility of the undersigned and the successor or successors thereof to give such notification of revocation in writing.

The undersigned hereby indemnifies and agrees to hold said Security Benefit and its agents and employees harmless from and against any and all loss, expense, cost or liability of any nature arising as a result of any action taken by said Security Benefit or its agents and employees in reliance upon this Limited Power of Attorney.

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5. Provide Signatures

Your signature is required to authorize Security Benefit to activate this agreement:

This authorization shall remain in effect until the earlier of:

1. receipt of termination notice to this authorization signed by either the Participant or financial professional as described above,
2. the full surrender or total distribution of the Account or
3. the death of Participant.

X _____ _____
Signature of Participant | Date (mm/dd/yyyy)

X _____ _____ _____
Signature of Financial Professional (optional) | Date (mm/dd/yyyy) | Print Name of Financial Professional

Signature of Notary Public:

STATE OF _____ COUNTY OF _____ On this _____ day of _____ , 20 ___ , before me, a Notary Public, in said County, personally appeared _____ known to me to be the same person described herein, and who executed the foregoing instrument and who acknowledged the same to be his/her free act and deed.

X _____ _____
Signature of Notary Public | Date (mm/dd/yyyy)

My Commission Expires on _____
Date (mm/dd/yyyy)

Place Stamp Here:

Mail to:

Security Benefit Retirement Plan Services
PO 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