

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to modify or change non-financial account information.

1. Provide the General Account Information

Provide the following information as it currently exists on the account.

Plan Number _____ Social Security Number _____

Participant Name _____
First MI Last

Mailing Address _____
Line 1 Line 2

City State Zip Code

Daytime Phone Number _____ Mobile/Home Phone Number _____

Marital Status: Single Married Email Address _____

2. Provide Participant Changes

Provide changes to existing participant information.

New Name _____
First MI Last

Please indicate the reason for this name change:

Divorce Marriage Other _____ Date of Event _____
(mm/dd/yyyy)

New Mailing Address _____
Line 1 Line 2

City State Zip Code

Residential Address (if different from mailing address.) (Residential Address is a required field if Mailing Address is a PO Box)

Line 1 Line 2

City State Zip Code

Daytime Phone Number _____ Mobile / Home Phone Number _____

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3. Provide Changes to the Beneficiary

For additional Beneficiaries, please attach a separate list to the end of this form.

Change the Primary Beneficiary to:

Please use whole percentages totaling 100%

	Primary Beneficiary Name	Social Security Number	DOB (mm/dd/yyyy)	Relationship to Owner	% of Benefit
1.					
2.					
3.					
4.					
5.					

Change the Secondary Beneficiary to:

Please use whole percentages totaling 100%

	Secondary Beneficiary Name	Social Security Number	DOB (mm/dd/yyyy)	Relationship to Owner	% of Benefit
1.					
2.					
3.					
4.					
5.					

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4: Provide Signatures

I understand and authorize the changes requested on this form. If any changes are made to the beneficiary:

- Security Benefit may rely on written representations it deems official, including my attorneys, the personal representative of my estate, the attorneys for the personal representative, my spouse, or one or more surviving children in determining the beneficiary.
- Security Benefit cannot independently verify beneficiaries and on behalf of myself and all beneficiaries, I release it from liability for distribution errors based on such written representations. In the event of good faith doubt, the insurer or custodian may retain its own counsel to assist in beneficiary determinations, and may apply for instructions from a court of competent jurisdiction, with the costs of counsel or the proceeding charged to my account (as applicable).

Tax Identification Number Certification

Instructions: You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

Under penalties of perjury I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Note: The signature(s) of any irrevocable beneficiary is required below.

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

X _____ Date (mm/dd/yyyy) X _____ Date (mm/dd/yyyy)
Signature of Irrevocable Beneficiary Signature of Irrevocable Beneficiary

X _____ Date (mm/dd/yyyy) _____
Signature of Plan Sponsor (optional) Print Name of Plan Sponsor (optional)

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

Spousal Consent for Community Property States: If the participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the participant has no legal spouse.

X _____ Date (mm/dd/yyyy)
Signature of Spouse

Spousal Consent for ERISA plans: If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the changes as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan.

X _____ Date (mm/dd/yyyy)
Signature of Spouse

X _____ Title _____ Date (mm/dd/yyyy)
Witnessed by (Notary Public's signature)



Check all that apply

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

Statements Confirms Fund Documents Tax Forms

Email Address _____

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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 SecurityRetirement.com