

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to automatically transfer account values to maintain a specific percentage allocation among your current and/or future investment options. Complete the entire form. Please type or print.

1. Provide General Account Information

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 _____

2. Set Up Asset Reallocation

Check all that apply.

A. Number of Reallocations:

☐ One-time reallocation, effective _____
Date (mm/dd/yyyy)

If no date is indicated, or date indicated is prior to the date of receipt, the first transfer will occur on the date the request is received in proper form.

☐ Recurring – reallocation will occur on the first business day of the next month according to the frequency selected.
Frequencies are based on a calendar year.

- ☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually

B. Future Allocations (select one):

- ☐ Allocate future contributions according to the percentages indicated on this form.
- ☐ Do not change the allocation of future contributions.
If no option is indicated above, the allocation of future contributions will not be changed.

C. Automatic Asset Reallocation (select one):

- ☐ Cancel
- ☐ Update Automatic Asset Reallocation to funds indicated in Section 3.

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To view the investment options available for your contract, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select your contract's product name.



3. Provide Investment Directions

Indicate your investment preferences below using whole percentages totaling 100%.

Percentage	Fund Name
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

Must Total 100%

4. Provide Signatures

I understand, acknowledge and certify that:

- the transaction(s) requested on this form.
- that the recurring Asset Reallocation option will not be cancelled if I choose to initiate any future non-scheduled transfer of assets in my account.
- that I should contact my financial professional to confirm the assessment of redemption fees and the availability of certain funds.

X _____ Signature of Participant	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact).
X _____ Signature of Financial Professional (optional)	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

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