

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to request periodic exchanges from one investment option to one or more 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 Dollar Cost Averaging

Complete each sub-section.

A. Effective Date _____
Date (mm/dd/yyyy)

Exchanges will occur on the first business day of the month according to the frequency selected.

B. Frequency – Frequencies are based on a calendar year.

- ☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually

C. Amount

☐ \$ _____ per transfer over _____ months/years

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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

Transfer From _____

Transfer To (indicate whole percentages totaling 100%):

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

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

Must Total 100%

4. Provide Signatures

I understand and/or authorize:

- the transaction(s) requested on this form.
- that the Dollar Cost Averaging option may be affected if I initiate any transaction involving the account in which the transfer is coming from.
- 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
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Visit us online at SecurityBenefit.com