

Questions? Call our National Service Center at 800.747.3942.

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## Instructions

Use this form to modify your existing and/or future investment allocations. You must complete sections 1, 2, 5 and any of the following that apply:

- Future Allocation Change and/or Current Investment Allocation Change – Section 3
- Exchange of Investment Value – Section 4

Restrictions may apply; refer to the Fund Prospectus. Please type or print.

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## 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 \_\_\_\_\_

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## 2. Select the Effective Date

Effective Date \_\_\_\_\_ If no date is indicated, or date indicated is prior to the date of receipt, the transaction will  
Date (mm/dd/yyyy) occur on the date the request is received in proper form.

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## 3. Change Future / Current Investment Allocations

Complete this section if you wish to change your future allocations and/or change current investment allocations. Select all that apply:

- ☐ Allocate future contributions as indicated in this section.
- ☐ Change current account balance as indicated in this section.
- ☐ Change allocations for the existing Automatic Asset Reallocation as indicated in this section.

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

| Percentage | Fund Name |
|------------|-----------|
| _____%     | _____     |
| _____%     | _____     |
| _____%     | _____     |
| _____%     | _____     |
| _____%     | _____     |
| _____%     | _____     |

**Must Total 100%**

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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.



4. Exchange of investment value

Complete this section if you wish to exchange funds within your account. Indicate your investment preferences below using whole percentages totaling 100%.

Select one option:

- ☐ **Transfer Dollar Amounts** (the 'From' and 'To' amounts must equal)
- ☐ **Transfer Percentages** (use whole percentages and the 'To' column must total 100%)

Transfer From:

| \$ / % | Fund Name |
|--------|-----------|
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |

Transfer To:

| \$ / % | Fund Name |
|--------|-----------|
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |
|        |           |

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5. Provide Signatures

I understand and authorize the transaction requested on this form.

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

|   |   |
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| <b>Mail to:</b><br><br>Security Benefit Retirement Plan Services<br>PO Box 219141<br>Kansas City, MO 64121-9141<br>Fax to: 816.701.7626 | <b>For expedited or overnight delivery:</b><br><br>Security Benefit Retirement Plan Services<br>430 W 7th Street STE 219141<br>Kansas City, MO 64105-1407 |
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Visit us online at [SecurityBenefit.com](https://SecurityBenefit.com)

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