

Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Please complete the hierarchy information for each Agent contracting with Security Benefit Life Insurance Company (SBL). This sheet must accompany all new contracting agreements. List all hierarchy levels including the agent/agency.

1. Marketing Organization Information

Name of Agent _____
(as it appears on license) First MI Last

- ☐ New Agent – Individual
- ☐ New Agent – Corporation
- ☐ Hierarchy Change. Please explain _____

	Security Benefit Agent Code	SSN or Tax ID Number	Security Benefit Hierarchy Level
Top Upline Name (Required)			
Immediate Upline Name (Required) <small>(Required if immediate upline is NOT the Top Upline)</small>			
Agent/Agency Name (Required)			

2. If New Business is Submitted with or Prior to Contracting Application or Contract Change, Please Complete the Below:

Owner's Name(s) _____
First MI Last

Date Submitted _____
(mm/dd/yyyy)

Issue State _____

Policy Number (if known) _____

3. Signature and Acknowledgment Accepted and Agreed to:

X _____
Authorized Signature – Distributor (IMO) Date (mm/dd/yyyy)

Financial Professionals — Upload transaction forms securely by logging into your account at SecurityBenefit.com

<p>Mail to:</p> <p>Security Benefit P.O. Box 750497 Topeka, KS 66675-0497 Fax to: 785.368.1772</p>	<p>For expedited or overnight delivery:</p> <p>Security Benefit Mail Zone 497, One Security Benefit Place Topeka, KS 66636-0001</p>
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