



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

## Secure Income Annuity Account Value Transfer Request

## Instructions

Please complete all sections. Use this form to allocate Account Value among the Fixed Account and Index Accounts.

**If you would like to make changes to your allocations, this form must be received within 21 days after your Contract Anniversary date for the changes to take effect. Please type or print.**

## 1. Provide General Account Information

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 Street Address City State Zip Code

**Social Security Number/Tax I.D. Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

## 2. Transfer of Investment Value (continued on page 2)

Please indicate how you would like to transfer or allocate among the Fixed Account and/or Index Accounts:

- Minimum of \$1,000 per allocation.
- Restrictions regarding transfer may apply. Please refer to your Contracts.
- Please reference your latest statement for available funds to move.
- Please only select Reallocation or Transfer option below.

**Reallocate the Accumulation Value to the following:** (Whole Percentages are Required)

- \_\_\_\_\_ % Fixed Account
- \_\_\_\_\_ % S&P 500® Monthly Sum Index Account
- \_\_\_\_\_ % S&P 500® Annual Point to Point Index Account
- \_\_\_\_\_ % S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year\*
- \_\_\_\_\_ % S&P 500® Factor Rotator Daily RC2 7% Index Account – 2 Year\*

_____	% S&P Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year*
_____	% S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year*
_____	% Morgan Stanley Dynamic Allocation Index Account*
100% _____	<b>TOTAL</b>

\*The following Index Accounts are not available to Iowa residents or for contracts issued in the state of Iowa, and if they are elected in Iowa the form will not be accepted:

Morgan Stanley Dynamic Allocation Index Account, S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year and 2 Year, S&P Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year and 2 Year

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## 2. Transfer of Investment Value (continued from page 1)

Please indicate how you would like to transfer or allocate among the Fixed Account and/or Index Accounts:

- Minimum of \$1,000 per allocation.
- Restrictions regarding transfer may apply. Please refer to your Contracts.
- Please reference your latest statement for available funds to move.
- Please only select Reallocation or Transfer option below.

**Transfer the Accumulation Value From:** (Only available funds will be moved for multi-year fund allocation)

- ☐ Transfer Dollars (the 'From' and 'To' amounts must equal)
- ☐ Transfer Percents (Whole Percentages are required and the 'To' column must total 100%)

\_\_\_\_\_ Fixed Account

\_\_\_\_\_ S&P 500® Monthly Sum Index Account

\_\_\_\_\_ S&P 500® Annual Point to Point Index Account

\_\_\_\_\_ S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year\*

\_\_\_\_\_ S&P 500® Factor Rotator Daily RC2 7% Index Account – 2 Year\*

\_\_\_\_\_ S&P Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year\*

\_\_\_\_\_ S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year\*

\_\_\_\_\_ Morgan Stanley Dynamic Allocation Index Account\*

**Transfer To:**

\_\_\_\_\_ Fixed Account

\_\_\_\_\_ S&P 500® Monthly Sum Index Account

\_\_\_\_\_ S&P 500® Annual Point to Point Index Account

\_\_\_\_\_ S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year\*

\_\_\_\_\_ S&P 500® Factor Rotator Daily RC2 7% Index Account – 2 Year\*

\_\_\_\_\_ S&P Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year\*

\_\_\_\_\_ S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year\*

\_\_\_\_\_ Morgan Stanley Dynamic Allocation Index Account\*

\*The following Index Accounts are not available to Iowa residents or for contracts issued in the state of Iowa, and if they are elected in Iowa the form will not be accepted:

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### 3. Provide Signatures

I understand and acknowledge that:

- Security Benefit must receive my transfer request within 21 days of the Contract Anniversary. If Security Benefit receives this form more than 21 days after the Contract Anniversary, the requested transfers will not be made. I will then be able to submit another Account Value Transfer Request Form on the next Contract Anniversary in order to allocate Account Value among the Fixed Account and Index Account options.
- I have read, understand, and authorize the transfers requested on this form.
- Completion of this form does not change Purchase Payment allocations. Any Purchase Payments received after a Contract Anniversary are allocated to the Fixed Account until the next Contract Anniversary and a completed Account Value Transfer Request Form is received by Security Benefit within the 21 day window.

<b>X</b>	_____ Signature of Owner	_____ Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ Signature of Joint Owner	_____ Date (mm/dd/yyyy)	
<b>X</b>	_____ Signature of Agent (optional)	_____ Date (mm/dd/yyyy)	

**Mail to:**

Security Benefit  
P.O. Box 750497  
Topeka, Kansas 66675-0497  
Fax to: 785.368.1772

Visit us online at [SecurityBenefit.com](https://www.SecurityBenefit.com)



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