

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 Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year*
_____ % S&P 500® Monthly Sum Index Account	_____ % S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year*
_____ % S&P 500® Annual Point to Point Index Account	_____ % Morgan Stanley Dynamic Allocation 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*	100% TOTAL

*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

Continued on Next Page ►



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 To:
<input type="radio"/> Transfer Dollars (the 'From' and 'To' amounts must equal)	_____ Fixed Account
<input type="radio"/> Transfer Percents (Whole Percentages are required and the 'To' column must total 100%)	_____ S&P 500® Monthly Sum Index Account
_____ Fixed Account	_____ S&P 500® Annual Point to Point Index Account
_____ S&P 500® Monthly Sum Index Account	_____ S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year*
_____ S&P 500® Annual Point to Point Index Account	_____ S&P 500® Factor Rotator Daily RC2 7% Index Account – 2 Year*
_____ S&P 500® Factor Rotator Daily RC2 7% Index Account – 1 Year*	_____ S&P Multi-Asset Risk Control (MARC) 5% 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 – 2 Year*
_____ S&P Multi-Asset Risk Control (MARC) 5% Index Account – 1 Year*	_____ Morgan Stanley Dynamic Allocation Index Account*
_____ 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:

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

Continued on Next Page ►



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.

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

Mail to:

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

Visit us online at SecurityBenefit.com



This page left blank intentionally.

