

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

Instructions

Please complete all sections. Use this form to reallocate 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 only fill out either the Reallocate Section 2a or Transfer Section 2b not both.

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 Contract.
- Please reference your latest statement for available funds to move.

2a Reallocate the Account Value to the following:

(Whole Percentages are Required)

_____ % Fixed Account	_____ % BNP Paribas High Dividend Plus Index Account – 1 Year
_____ % S&P 500® Annual Point to Point Index Account	_____ % BNP Paribas High Dividend Plus Index Account – 2 Year
_____ % S&P 500® Low Volatility Daily Risk Control 5% Index Account – 1 Year	_____ % 5 Year Annuity Linked TVI Index Account
_____ % S&P 500® Low Volatility Daily Risk Control 5% Index Account – 2 Year	_____ % Guggenheim RBP Blended Index Account – 5 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	_____ 100% TOTAL

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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 Contract.
- Please reference your latest statement for available funds to move.

2b Transfer the Account Value From: (Only available funds will be moved for multi-year fund allocation)	_____ % Guggenheim RBP Blended Index Account – 5 Year
<input type="radio"/> Transfer Dollars (the 'From' and 'To' amounts must equal)	Transfer To:
<input type="radio"/> Transfer Percents (Whole Percentages are required and the 'To' column must total 100%)	_____ % Fixed Account
_____ % Fixed Account	_____ % S&P 500® Annual Point to Point Index Account
_____ % S&P 500® Annual Point to Point Index Account	_____ % S&P 500® Low Volatility Daily Risk Control 5% Index Account – 1 Year
_____ % S&P 500® Low Volatility Daily Risk Control 5% Index Account – 1 Year	_____ % S&P 500® Low Volatility Daily Risk Control 5% Index Account – 2 Year
_____ % S&P 500® Low Volatility Daily Risk Control 5% 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 – 1 Year	_____ % S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year
_____ % S&P Multi-Asset Risk Control (MARC) 5% Index Account – 2 Year	_____ % BNP Paribas High Dividend Plus Index Account – 1 Year
_____ % BNP Paribas High Dividend Plus Index Account – 1 Year	_____ % BNP Paribas High Dividend Plus Index Account – 2 Year
_____ % BNP Paribas High Dividend Plus Index Account – 2 Year	_____ % 5 Year Annuity Linked TVI Index Account
_____ % 5 Year Annuity Linked TVI Index Account	_____ % Guggenheim RBP Blended Index Account – 5 Year

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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.

X _____ Signature of Owner	_____ Date (mm/dd/yyyy)	X _____ Signature of Joint Owner (if applicable)	_____ Date (mm/dd/yyyy)
X _____ Signature of Agent (optional)	_____ Date (mm/dd/yyyy)	_____ Print Name of Agent	

Mail to:

Security Benefit
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Topeka, Kansas 66675-0497
Fax to: 785.368.1772

Visit us online at SecurityBenefit.com



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