

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

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.

<p>Reallocate the Account Value to the following: (Whole Percentages are Required)</p> <p>_____ % Fixed Account</p> <p>_____ % S&P 500® Annual Point to Point Index Account</p> <p>_____ % S&P 500® Monthly Sum Index Account</p> <p>_____ % S&P Low Vol Daily Risk Control 5% 1-Year</p> <p>_____ % S&P Low Vol Daily Risk Control 5% 2-Year</p> <p>_____ % UBS Market Pioneers 1-Year</p> <p>_____ % UBS Market Pioneers 2-Year</p> <p>_____ 100% TOTAL</p>	<p>Transfer the Account Value From: (Only available funds will be moved for multi-year fund allocation)</p> <p><input type="radio"/> Transfer Dollars (the 'From' and 'To' amounts must equal)</p> <p><input type="radio"/> Transfer Percents (Whole Percentages are required and the 'To' column must total 100%)</p> <p>_____ Fixed Account</p> <p>_____ S&P 500® Annual Point to Point Index Account</p> <p>_____ S&P 500® Monthly Sum Index Account</p> <p>_____ S&P Low Vol Daily Risk Control 5% 1-Year</p> <p>_____ S&P Low Vol Daily Risk Control 5% 2-Year</p> <p>_____ UBS Market Pioneers 1-Year</p> <p>_____ UBS Market Pioneers 2-Year</p> <p>Transfer To:</p> <p>_____ Fixed Account</p> <p>_____ S&P 500® Annual Point to Point Index Account</p> <p>_____ S&P 500® Monthly Sum Index Account</p> <p>_____ S&P Low Vol Daily Risk Control 5% 1-Year</p> <p>_____ S&P Low Vol Daily Risk Control 5% 2-Year</p> <p>_____ UBS Market Pioneers 1-Year</p> <p>_____ UBS Market Pioneers 2-Year</p>
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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 _____ X _____
Signature of Owner Date (mm/dd/yyyy) 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
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1772

Visit us online at SecurityBenefit.com

