

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

Instructions

This form is for use with Strategic Growth, Strategic Growth Plus, and Strategic Growth 7 contracts issued without the Rate Buy Up Feature.

Please complete all sections. Use this form to reallocate the 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 Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

Email Address _____

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2. Reallocation of Account Value

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

- Minimum of \$1,000 per allocation.
- Restrictions regarding reallocation may apply. Please refer to your Contract.
- Please reference your latest statement for available funds to move.
- For Iowa residents or for contracts issued in Iowa, the following crediting options are available: Fixed Account, S&P 500® Annual Point to Point Index Account (with Cap), S&P 500® Annual Point to Point Index Account (with Participation Rate), S&P 500® Annual Point to Point Index Account (with Participation Rate and Spread), NASDAQ-100® Annual Point to Point Index Account, Russell 2000® Small Cap Annual Point to Point Index Account, MSCI EAFE Annual Point to Point Index Account.

Reallocate the Account Value to the following:

(Whole Percentages are Required)

Fixed Crediting Option		
Crediting Term	Crediting Option	Allocation
1-Year	Fixed Account	

Index Crediting Options		
Crediting Term	Crediting Option	Allocation
1-Year	S&P 500® Annual Point to Point Index Account (with Cap)	_____ %
	S&P 500® Annual Point to Point Index Account (with Participation Rate)	_____ %
	S&P 500® Annual Point to Point Index Account (with Participation Rate and Spread)	_____ %
	S&P 500® Dynamic Intraday TCA Index Account	_____ %
	NASDAQ-100® Annual Point to Point Index Account	_____ %
	Russell 2000® Small Cap Annual Point to Point Index Account	_____ %
	MSCI EAFE Annual Point to Point Index Account	_____ %
	S&P 500® Factor Rotator Daily RC2 7% Index Account	_____ %
	S&P Multi-Asset Risk Control (MARC) 5% Index Account	_____ %
	Morgan Stanley Global Equity Allocator Index Account	_____ %
	Morningstar Wide Moat Barclays VC 7% Index Account	_____ %
	UBS Market Pioneers Index Account	_____ %
	UBS Multi Asset Inflation Aware Index Account	_____ %
2-Year	S&P 500® Dynamic Intraday TCA Index Account	_____ %
	S&P 500® Factor Rotator Daily RC2 7% Index Account	_____ %
	S&P 500® Low Volatility Daily Risk Control 5% Index Account	_____ %
	S&P Multi-Asset Risk Control (MARC) 5% Index Account	_____ %
	Morgan Stanley Global Equity Allocator Index Account	_____ %
	Morningstar Wide Moat Barclays VC 7% Index Account	_____ %
	UBS Market Pioneers Index Account	_____ %
	UBS Multi Asset Inflation Aware Index Account	_____ %
Total Allocation Must Equal 100%		

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3. Provide Signatures

I understand and acknowledge that:

- Security Benefit must receive my reallocation request within 21 days of the Contract Anniversary. If Security Benefit receives this form more than 21 days after the Contract Anniversary, the requested reallocation will not be made. I will then be able to submit another Account Value Reallocation Request Form on the next Contract Anniversary in order to allocate the Account Value among the Fixed Account and Index Account options.
- I have read, understand, and authorize the reallocation 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 Reallocation 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 (if applicable)	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X	_____ Signature of Financial Professional (optional)	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

Mail to:

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Fax to: 785.368.1772

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



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