

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

Instructions

Please type or print.

Use this form to transfer funds internally from an existing RateTrack[®] contract to another contract/account. This form and accompanying application can be submitted within 30 days of contract anniversary. Forms submitted before 30 days of contract anniversary will be considered not in good order.

1. Complete each section of this form prior to the time that a transfer of assets is requested. This agreement will prevent you from being in "constructive receipt" of the amount transferred.
2. Complete and submit a Security Benefit application and any applicable state-required replacement forms.
3. Mail all documents to:
Security Benefit
P.O. Box 750497
Topeka, KS 66675-0497

Once all required paperwork is received, Security Benefit will establish a new contract/account and will process the withdrawal from the current contract. The valuation date will be determined as of the date all paperwork is received in good order.

1. Provide General Account Information

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. Exchange Instructions

This exchange will occur upon contract anniversary date or upon receipt if received after anniversary date.

Indicate the contract number from where the funds will be distributed _____

Indicate where this distribution will be allocated:

- New Security Benefit contract/account
- Existing Security Benefit contract/account _____

Indicate the amount to be exchanged:

- Liquidate the entire value: Estimated Value \$ _____
- Liquidate a specific amount: \$ _____ or _____ %

Amount remaining in existing RateTrack[®] contract must be greater than \$5,000 (Non-qualified) or \$2,000 (Qualified).

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If you intend to exchange your existing RateTrack[®] contract into two new contract/accounts, you must complete two Internal Exchange forms and submit each one with the respective application.

At the time of this internal exchange will this distribution be divided across multiple Security Benefit contract/accounts?

Yes No

If Yes, please indicate the following:

New contract/account currently in process, contract/account number is not yet established

Existing contract/account number(s) _____

This is a transfer or rollover and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

Distribute my RMD to me prior to the transfer or rollover of my contract.

Proceed with the transfer or rollover because the requirements for the current year have been met.

3. Review Terms and Disclosures

The guarantees, expenses and charges associated with the new product you have selected may be different than your existing contract. Please see your Contract and/or Product Brochure for complete information about your new Security Benefit product, including the guarantees, expenses and charges.

The funds in the new contract/account will be allocated according to the allocation indicated on the new application.

4. Confirm Transfer Options

Select one of the following options:

1035 Exchange: I hereby make complete and absolute assignment and transfer all rights, title and interest of every nature and character in and to the existing account in section 1 to Security Benefit Life Insurance Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy.

If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with SBL under IRC Section 1035, any withdrawals from or changes in ownership to your SBL contract within 180 days of such partial exchange may have adverse tax consequences. Please consult your tax advisor.

Transfer: (includes trustee to trustee, custodian to custodian, etc.) I elect to transfer my entire current account balance to my new account with Security Benefit, for which I have already made application.

Severance of Employment on (for qualified plan to plan transfers) _____
Date (mm/dd/yyyy)

Direct Rollover: I elect a direct rollover of my entire current account balance to my new account with Security Benefit, for which I have already made application. I hereby certify that all applicable requirements for distribution have been met. Reason for distribution:

Age 59½ Disabled Severance of Employment on _____
Date (mm/dd/yyyy)

Roth IRA Conversion:

Age 59½ Disabled Severance of Employment on _____
Date (mm/dd/yyyy)



5. Select Automatic Transactions

To set up new automatic options, please complete the Scheduled Systematic Withdrawal form. However, you may continue automatic transactions on your new contract/account as they are currently set up for your existing contract by selecting below:

- Scheduled Systematic Withdrawal
- Required Minimum Distribution
-

6. Provide Signatures

I have read the Terms and Disclosures and understand, acknowledge and certify:

- I am responsible for tax consequences, which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- I have discussed my current circumstances with my financial professional and we have determined that this new contract/account better suits my current needs. My financial professional has explained the features of the new account to me and I believe it is suitable for my needs.

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

Notice for persons residing in a community property state: 1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner's spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

Mail to: Security Benefit P.O. Box 750497 Topeka, Kansas 66675-0497 Fax to: 785.368.1772	For expedited or overnight delivery: Security Benefit Mail Zone 497 One Security Benefit Place Topeka, Kansas 66636-0001
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Visit us online at SecurityBenefit.com



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