

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

Use this form to request a one time account rebalance, future allocation change or transfer of investment options.

This form can also be used to establish a Dollar Cost Average program or recurring Asset Reallocation program. These transactions may be subject to the provisions of your contract and the current prospectus.

To request an online investment allocation change, scan the QR code or visit **SecurityBenefit.com/Signin**.



### Step 1 – Provide Contract Information

Contract Number \_\_\_\_\_

Name of Owner \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Line 1 Line 2

City State Zip Code

Social Security Number/Tax I.D. Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Personal Email Address \_\_\_\_\_

### Step 2 – Request a Change in Allocations

Complete this section if you wish to change your future allocations, change current investment allocations or establish an Automatic Asset Reallocation program.

Effective Date \_\_\_\_\_  
Date (mm/dd/yyyy - must be between 1st and 28th of the month)

*If no date is indicated, or the date indicated is prior to the date of receipt, the first transaction will occur on the date the request is received.*

**Select all that apply:**

- Change the investment allocations for future contributions
- Create a one-time reallocation of the current account balance
- Change allocations for the existing Automatic Asset Reallocation program
- Establish (or update) a recurring Asset Reallocation program

Frequency of reallocations (**select only one**):

- Monthly  Quarterly  Semi-Annually  Annually

Continued on Next Page ►





### Step 3 – Request Exchange of Investments (continued)



To view the investment options available for your contract, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select your contract's product name.

Transfers can be established as either a percentage or dollar amount. When using percentages only whole numbers may be requested and all percentage must equal 100%. The total dollar amounts in the **Transfer From** section need to be equal the dollar amount in the **Transfer To** section.

#### Transfer From

| Fund Name                               | Allocation % |
|---|--------------|
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
| <b>Total Allocation Must Equal 100%</b> | %            |

OR

| Allocation Dollar    |
|----------------------|
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| <b>Total Dollars</b> |

#### Transfer To

| Fund Name                               | Allocation % |
|---|--------------|
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
|   | %            |
| <b>Total Allocation Must Equal 100%</b> | %            |

OR

| Allocation Dollar    |
|----------------------|
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| \$                   |
| <b>Total Dollars</b> |

Dollar Amounts Must Be Equal

### Step 4 – Provide Signatures

I understand and authorize the transaction(s) requested on this form.

X \_\_\_\_\_ Date (mm/dd/yyyy) (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)  
 Signature of Owner

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

X \_\_\_\_\_ Date (mm/dd/yyyy) Print Name of Financial Professional  
 Signature of Financial Professional (optional)



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 Visit us online at [SecurityBenefit.com](http://SecurityBenefit.com) | Fax to: 785.368.1772

