



Questions? Call our National Service Center at  
1-800-747-3942 or visit us at [SecurityBenefit.com](https://www.SecurityBenefit.com).

# Security Benefit Advisor Mutual Fund Program Fee Based Participant Enrollment Form

Complete the entire form to establish your account. Your financial professional can assist you in completing this form.

## Step 1 – Investment Advisor Information

Complete with the Investment Advisor information and select one of the Fee Policy options below. Note, there are additional disclosures in the Participant Signature section (see Investment Advisor Authorization) the participant attests to.

Name of Investment Advisory Firm \_\_\_\_\_

Name of Investment Advisor  
First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Type of Advisor (check one): ☐ Firm ☐ Individual RIA Number \_\_\_\_\_

Investment Advisory Fee Policy – Select **ONLY ONE** of the options below.

- ☐ No advisory fees will be deducted from my account.
- ☐ Advisory fees ( if applicable) will be deducted from my account. \$ \_\_\_\_\_

## Step 2 – Provide Account Information

Select **ONLY ONE** of the following account options.

<input type="radio"/> 403(b)7	<input type="radio"/> Traditional IRA	<input type="radio"/> SEP IRA
<input type="radio"/> SIMPLE IRA	<input type="radio"/> Roth IRA	
<input type="radio"/> 457	<input type="radio"/> Beneficiary IRA	
	<input type="radio"/> Beneficiary Roth IRA	
Requires Salary Reduction section to be completed	Requires Contribution Information section to be completed	Complete the Contribution Information section for employer contributions. Employee contributions are not allowed.

## Step 3 – Provide Employer Information

Name of Employer \_\_\_\_\_

Plan Number \_\_\_\_\_

Employer EIN Number \_\_\_\_\_  
(Optional)

Mailing Address  
Line 1 \_\_\_\_\_ Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Primary Phone Number \_\_\_\_\_

## Step 4 – Provide Personal Information

**Participant Name**    ☐ Male ☐ Female  
First MI Last

**Social Security Number**  **Date of Birth**  **Marital Status** ☐ Married ☐ Single  
(mm/dd/yyyy)

**Mailing Address**  
   
Line 1 Line 2  
    
City State Zip Code

**Residential Address**  
   
Line 1 Line 2  
    
City State Zip Code

*(A Residential Address is required if the Mailing Address is different than the Residential Address or is a PO Box.)*

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

**Personal Email Address**

**Date of Hire**  **I am retired and my retirement date was**   
(mm/dd/yyyy) (provide only if applicable) (mm/dd/yyyy)

## Step 5 – Beneficiary IRA Information

If this account is being set up as a Beneficiary IRA, please complete the following information for the Decedent:

**Name**    **Date of Birth**   
First MI Last (mm/dd/yyyy)

**Social Security/Tax I.D. Number**  **Date of Death**   
(mm/dd/yyyy)

**Choose one Required Minimum Distribution (RMD) option:**

- ☐ RMD is not applicable.
- ☐ RMD has been satisfied for the current year.
- ☐ RMD has not been satisfied. The information below is required.

Prior year end account value \$

Complete and return the **Custodial Account Required Minimum Distribution Form (32-79400-05)**

## Step 6 – Contribution Instructions for Salary Reduction

Complete this section ONLY if you are contributing through salary reduction. Provide your employer a copy of this form to serve as your salary reduction agreement. The availability of the Roth and Catch-up Contributions needs to be verified with your employer.

Indicate all that apply:

### Salary Reduction per pay period

Pre-tax Qualified Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

After-tax Roth Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

### Catch-Up\* Amount per pay period

Pre-tax Qualified Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

After-tax Roth Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

**Total** \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

### \* Additional Catch-up Amounts:

☐ **15 years of service catch up contributions** (Note: Applicable to (403(b)(7) plans only)

\$ \_\_\_\_\_

☐ **3 years before retirement age** (Note: Applicable to 457(b) Governmental and 457 Tax-exempt plans only)

Expected retirement date \_\_\_\_\_  
(mm/dd/yyyy)

## Step 7 – Contribution Information

### Indicate how your contributions will be applied:

Contributions can be made as a single deposit or on a recurring basis. Contributions can be made using an ACH draft from your checking/savings account or a check can be submitted with this enrollment form. The minimum amount required to establish an account is \$7,000 or as noted below for recurring contributions.

- ☐ **ACH Bank Draft** – elect a recurring draft, a one-time draft or both. If no date is indicated, or date is prior to date of receipt, the contribution will occur on the business day following the date the request is received in proper form.

#### Recurring Contributions

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_  
(mm/dd/yyyy) – Between the 1st and 28th of the month

#### Frequency (Must select One)

- ☐ Monthly (\$100 Minimum)  
☐ Quarterly (\$300 Minimum)  
☐ Semiannually (\$600 Minimum)  
☐ Annually (\$1,200 Minimum)  
☐ Twice Monthly:

1st Date \_\_\_\_\_ 2nd Date \_\_\_\_\_  
(mm/dd/yyyy) Between the 1st and 28th of the month

#### Initial Contribution (One-time)

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_  
(mm/dd/yyyy) – Between the 1st and 28th of the month

Contributions will be applied as current year unless otherwise designated.

Current year contribution \$ \_\_\_\_\_

Prior year contribution \$ \_\_\_\_\_

### Provide Bank Information:

Bank Account Type (check one): ☐ Checking ☐ Savings

Name of Bank: \_\_\_\_\_

Bank Account Owner Name(s): \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

3

YOUR NAME  
123 YOUR STREET  
YOUR CITY, STATE, ZIP  
(123) 456-7980

9-5678/1234

DATE \_\_\_\_\_

0301

PAY TO  
THE ORDER OF

YOUR FINANCIAL INSTITUTION  
ANYTOWN, USA

MEMO \_\_\_\_\_ MP

I: 133404567 I: 1234561304 III\* 0301

1 2 3

VOID

DOLLARS

Security Features  
Available on back.

1. Routing Number  
(requires 9 digits)
2. Bank Account Number  
(not to exceed 17 digits)
3. Check Number

You should notify your bank that you are going to use this service to ensure they accept preauthorized electronic drafts. Please be aware that withdrawals from your account may occur up to 3 business days before the scheduled date of investment in the fund.

- ☐ **Check or Incoming Transfer/Rollover** – minimum initial amount is \$7,000. Contributions are applied as current year contributions unless otherwise designated.

Check for current year contribution \$ \_\_\_\_\_

Check for prior year contribution \$ \_\_\_\_\_

Estimated rollover amount \$ \_\_\_\_\_

## Step 8 – Automatic Asset Rebalance

Check one Frequency below only if you wish to establish Automatic Asset Rebalance. Your account will be rebalanced on the first business day of the month according to the frequency selected. Frequencies are based on a calendar year.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

## Step 9 – Investment Instructions

Select **ONLY ONE** of the following three Allocation Elections.

1. Allocation Election 1: Passive Portfolios with Vanguard Funds
2. Allocation Election 2: Target Portfolio by Mesirow Financial
3. Allocation Election 3: Personalized fund list

If no direction is provided, your existing account balance and future contributions will be invested in the JP Morgan US Government Money Market Fund.

<input type="radio"/>	<b>Allocation Election 1: Passive Portfolios with Vanguard Funds</b> <i>(Required to select ONLY ONE model from the list below)</i>	
	Only one of the models below may be selected. This is not a managed account. Work with your Financial Professional to update your account. An additional asset based fee of 0.45% applies to assets held in the Vanguard Funds.	
<input type="radio"/>	<b>Conservative</b>	
	<b>20%</b> JPMorgan U.S. Government Money Market MJGXX <b>6%</b> Vanguard® Developed Markets Index VTMGX <b>60%</b> Vanguard® Total Bond Market Index VBT LX	<b>12%</b> Vanguard® 500 Index VFIAX <b>2%</b> Vanguard® Mid Cap Index VIMAX
<input type="radio"/>	<b>Moderate Conservative</b>	
	<b>12%</b> JPMorgan U.S. Government Money Market MJGXX <b>12%</b> Vanguard® Developed Markets Index VTMGX <b>2%</b> Vanguard® Small Cap Index VSMAX	<b>22%</b> Vanguard® 500 Index VFIAX <b>4%</b> Vanguard® Mid Cap Index VIMAX <b>48%</b> Vanguard® Total Bond Market Index VBT LX
<input type="radio"/>	<b>Moderate</b>	
	<b>6%</b> JPMorgan U.S. Government Money Market MJGXX <b>19%</b> Vanguard® Developed Markets Index VTMGX <b>4%</b> Vanguard® Small Cap Index VSMAX	<b>31%</b> Vanguard® 500 Index VFIAX <b>6%</b> Vanguard® Mid Cap Index VIMAX <b>34%</b> Vanguard® Total Bond Market Index VBT LX
<input type="radio"/>	<b>Moderate Aggressive</b>	
	<b>34%</b> Vanguard® 500 Index VFIAX <b>8%</b> Vanguard® Mid Cap Index VIMAX <b>25%</b> Vanguard® Total Bond Market Index VBT LX	<b>26%</b> Vanguard® Developed Markets Index VTMGX <b>7%</b> Vanguard® Small Cap Index VSMAX
<input type="radio"/>	<b>Aggressive</b>	
	<b>40%</b> Vanguard® 500 Index VFIAX <b>11%</b> Vanguard® Mid Cap Index VIMAX <b>10%</b> Vanguard® Total Bond Market Index VBT LX	<b>31%</b> Vanguard® Developed Markets Index VTMGX <b>8%</b> Vanguard® Small Cap Index VSMAX

## Step 9 – Investment Instructions (continued)

### ☐ Allocation Election 2: Target Portfolio by Mesirow Financial (Required to select ONLY ONE model from the list below)

This is not a managed account. Work with your Financial Professional to update your account. Target Portfolios are updated annually but your account will not automatically update. An additional asset based fee of 0.45% applies to assets held in the Vanguard Funds. An additional asset based fee of 0.10% applies to assets held in American Funds.

#### ☐ Conservative

4% American Funds® Washington Mutual Investors FundSM WSHFX	4% BlackRock® Equity Dividend MDDVX
20% Guggenheim Core Bond SIUSX	20% Guggenheim Total Return Bond GIBAX
3% Janus Henderson Overseas JIGRX	2% JPMorgan Mid Cap Equity JCMAX
20% JPMorgan U.S. Government Money Market MJGXX	4% T. Rowe Price Growth Stock RRG SX
3% Vanguard® Developed Markets Index VTMGX	20% Vanguard® Total Bond Market Index VBT LX

#### ☐ Moderate Conservative

5% American Funds® Washington Mutual Investors FundSM WSHFX	2% Avantis® U.S. Small Cap Value AVUVX
6% BlackRock® Equity Dividend MDDVX	4% Fidelity® Advisor International Capital Appreciation FIATX
16% Guggenheim Core Bond SIUSX	16% Guggenheim Total Return Bond GIBAX
4% Janus Henderson Overseas JIGRX	4% JPMorgan Mid Cap Equity JCMAX
12% JPMorgan U.S. Government Money Market MJGXX	6% T. Rowe Price Growth Stock RRG SX
5% Vanguard® 500 Index VFIAX	4% Vanguard® Developed Markets Index VTMGX
16% Vanguard® Total Bond Market Index VBT LX	

#### ☐ Moderate

7% American Funds® Washington Mutual Investors FundSM WSHFX	2% Avantis® U.S. Small Cap Value AVUVX
9% BlackRock® Equity Dividend MDDVX	6% Fidelity® Advisor International Capital Appreciation FIATX
10% Guggenheim Core Bond SIUSX	12% Guggenheim Total Return Bond GIBAX
2% Invesco Discovery OPOCX	7% Janus Henderson Overseas JIGRX
6% JPMorgan Mid Cap Equity JCMAX	6% JPMorgan U.S. Government Money Market MJGXX
8% T. Rowe Price Growth Stock RRG SX	7% Vanguard® 500 Index VFIAX
6% Vanguard® Developed Markets Index VTMGX	12% Vanguard® Total Bond Market Index VBT LX

#### ☐ Moderate Aggressive

8% American Funds® Washington Mutual Investors FundSM WSHFX	4% Avantis® U.S. Small Cap Value AVUVX
9% BlackRock® Equity Dividend MDDVX	8% Fidelity® Advisor International Capital Appreciation FIATX
8% Guggenheim Core Bond SIUSX	9% Guggenheim Total Return Bond GIBAX
3% Invesco Discovery OPOCX	9% Janus Henderson Overseas JIGRX
8% JPMorgan Mid Cap Equity JCMAX	9% T. Rowe Price Growth Stock RRG SX
8% Vanguard® 500 Index VFIAX	9% Vanguard® Developed Markets Index VTMGX
8% Vanguard® Total Bond Market Index VBT LX	

#### ☐ Aggressive

10% American Funds® Washington Mutual Investors FundSM WSHFX	5% Avantis® U.S. Small Cap Value AVUVX
10% BlackRock® Equity Dividend MDDVX	10% Fidelity® Advisor International Capital Appreciation FIATX
2% Guggenheim Core Bond SIUSX	4% Guggenheim Total Return Bond GIBAX
3% Invesco Discovery OPOCX	11% Janus Henderson Overseas JIGRX
11% JPMorgan Mid Cap Equity JCMAX	10% T. Rowe Price Growth Stock RRG SX
10% Vanguard® 500 Index VFIAX	10% Vanguard® Developed Markets Index VTMGX
4% Vanguard® Total Bond Market Index VBT LX	

## Step 9 – Investment Instructions (continued)

### Allocation Election 3: Personalized fund list

Select the funds from the list below by indicating the allocation percentage. An additional asset based fee of 0.45% applies to assets held in the Vanguard funds. An additional asset based fee of 0.10% applies to assets held in American funds.

The list of funds is continued on the next page. Make sure the total of all allocations equals 100%.

Percentage	Fund Name	Percentage	Fund Name
_____ %	☞ American Century Large Cap Equity AFDAX	_____ %	Fidelity® Advisor Capital & Income FAHYX
_____ %	☞ Calvert Core Bond CLDAX	_____ %	Fidelity® Advisor International Capital Appreciation
_____ %	☞ Calvert Emerging Markets Equity CVMAX	_____ %	FIATX
_____ %	☞ Calvert Flexible Bond CUBAX	_____ %	Fidelity® Advisor Stock Selector Mid Cap FMCAX
_____ %	☞ Calvert Growth Allocation CAAAX	_____ %	Franklin High Income FHQRX
_____ %	☞ Calvert Small-Cap CCVAX	_____ %	Franklin Income FKIQX
_____ %	☞ ClearBridge Sustainability Leaders CLSUX	_____ %	Goldman Sachs Emerging Markets Equity GEMSX
_____ %	Allspring Large Cap Core EGOAX	_____ %	Goldman Sachs Government Income GSOSX
_____ %	Allspring Small Company Value SCVAX	_____ %	Guggenheim Core Bond SIUSX
_____ %	American Century Equity Income TWEAX	_____ %	Guggenheim Floating Rate Strategies GIFAX
_____ %	American Century Heritage ATHAX	_____ %	Guggenheim High Yield SIHAX
_____ %	American Century International Growth TWGAX	_____ %	Guggenheim Macro Opportunities GIOAX
_____ %	American Century Select TWCAx	_____ %	Guggenheim Managed Futures Strategy RYMFx
_____ %	American Century Short Duration Strategic Income	_____ %	Guggenheim Multi-Hedge Strategies RYMSX
_____ %	ASADX	_____ %	Guggenheim Total Return Bond GIBAX
_____ %	American Century Strategic Allocation: Aggressive	_____ %	Invesco Comstock ACSTX
_____ %	ACVAX	_____ %	Invesco Core Plus Bond ACPsx
_____ %	American Century Strategic Allocation: Conservative	_____ %	Invesco Discovery OPOCX
_____ %	ACCAX	_____ %	Invesco Energy IENAX
_____ %	American Century Strategic Allocation: Moderate	_____ %	Invesco Equity and Income ACEIX
_____ %	ACOAX	_____ %	Invesco EQV Emerging Markets All Cap GTDDX
_____ %	American Century Ultra® TWUAX	_____ %	Invesco Global OPPAX
_____ %	American Funds The Bond Fund of America® BFAFX	_____ %	Invesco Gold & Special Minerals OPGSX
_____ %	American Funds® American Balanced Fund® BALFX	_____ %	Invesco International Small-Mid Company †† OSMAX
_____ %	American Funds® American Mutual Fund® AMFFX	_____ %	Invesco Small Cap Growth GTSAX
_____ %	American Funds® New Perspective Fund® NPFFX	_____ %	Invesco Value Opportunities VVOAX
_____ %	American Funds® Washington Mutual Investors Fund <sup>SM</sup>	_____ %	Janus Henderson Absolute Return Income Opportunities
_____ %	WSHFX	_____ %	JUCSX
_____ %	AMG River Road Mid Cap Value CHTTX	_____ %	Janus Henderson Global Equity Income HFQsx
_____ %	Avantis® Emerging Markets Equity AVEEX	_____ %	Janus Henderson Global Life Sciences JFNsx
_____ %	Avantis® U.S. Small Cap Value AVUVX	_____ %	Janus Henderson Mid Cap Value JMVIX
_____ %	Baron Asset BARAX	_____ %	Janus Henderson Overseas JIGRX
_____ %	Baron Real Estate BREFX	_____ %	JPMorgan Growth Advantage VHIAx
_____ %	BlackRock® Equity Dividend MDDVX	_____ %	JPMorgan Income JGIAX
_____ %	BlackRock® Global Allocation MDLOX	_____ %	JPMorgan Mid Cap Equity JCMAX
_____ %	BNY Mellon Appreciation DGAGX	_____ %	JPMorgan Short Duration Core Plus JSDHX
_____ %	BNY Mellon Dynamic Value DAGVX	_____ %	JPMorgan Small Cap Growth †† PGSGX
_____ %	Calamos® Growth and Income CVTRX	_____ %	JPMorgan U.S. Government Money Market MJGXX
_____ %	Calamos® Market Neutral Income CVSIX	_____ %	JPMorgan US Small Company JTUAX
_____ %	ClearBridge Small Cap Growth †† SASMX	_____ %	Macquarie Asset Strategy WASAX
_____ %	Donoghue Forlines Risk Managed Income FLOAX	_____ %	Macquarie High Income WHIAx
_____ %	Federated Hermes Corporate Bond FDBAX	_____ %	Macquarie International Core Equity IIVAX
_____ %	Federated Hermes Prudent Bear BEARX	_____ %	Macquarie Large Cap Growth WLGAX
_____ %	Fidelity Advisor® Technology FATEX	_____ %	Macquarie Mid Cap Growth WMGAX

☞ ESG funds noted with this symbol are funds identified by Morningstar as ESG funds pursuant to the Morningstar criteria. Morningstar defines “Sustainable Investment” as a fund that explicitly indicates any kind of sustainability, impact, or ESG strategy in their prospectus or offering documents. “ESG Funds” incorporate environmental, social, and governance (ESG) principles into the investment process or engagement activities. “Impact Funds” seek to make a measurable impact with investments on specific issue areas like Gender Diversity or Community development alongside financial return. “Environmental Sector Funds” are non-diversified funds that invest in environmentally oriented industries like renewable energy or water.

††Closed to new and additional investments.



### Allocation Election 3: Personalized fund list

#### Percentage Fund Name

_____ %	NAA Large Core SECEX
_____ %	NAA Risk Managed Real Estate GURAX
_____ %	NAA SMid Cap Value SEVAX
_____ %	Needham Aggressive Growth NEAIX
_____ %	Neuberger Berman Large Cap Value NBPBX
_____ %	Northern Global Tactical Asset Allocation BBALX
_____ %	Northern Large Cap Core †† NOLCX
_____ %	PGIM Global Total Return GTRAX
_____ %	PGIM Jennison Mid-Cap Growth PEEAX
_____ %	PGIM Jennison Utility PRUAX
_____ %	PIMCO All Asset PATRX
_____ %	PIMCO CommodityRealReturn Strategy PCRAX
_____ %	PIMCO Emerging Markets Bond PAEMX
_____ %	PIMCO International Bond (U.S. Dollar-Hedged) PFRRX
_____ %	PIMCO Real Return PRRRX
_____ %	Royce Small-Cap Opportunity RYOFX
_____ %	Royce Small-Cap Value RYVFX
_____ %	Swan Defined Risk SDRAX
_____ %	T. Rowe Price Capital Appreciation PACLX
_____ %	T. Rowe Price Growth Stock RRG SX
_____ %	T. Rowe Price Retirement 2010 RRTAX
_____ %	T. Rowe Price Retirement 2015 RRTMX
_____ %	T. Rowe Price Retirement 2020 RRTBX
_____ %	T. Rowe Price Retirement 2025 RRTNX
_____ %	T. Rowe Price Retirement 2030 RRTCX
_____ %	T. Rowe Price Retirement 2035 R RTPX
_____ %	T. Rowe Price Retirement 2040 RRTDX
_____ %	T. Rowe Price Retirement 2045 RRTRX
_____ %	T. Rowe Price Retirement 2050 RRTFX
_____ %	T. Rowe Price Retirement 2055 RRTVX
_____ %	T. Rowe Price Retirement 2060 TRRX
_____ %	T. Rowe Price Retirement 2065 RRSUX
_____ %	T. Rowe Price Retirement Balanced RRTIX
_____ %	Templeton Global Bond TPINX
_____ %	Vanguard® 500 Index VFIAX

#### Percentage Fund Name

_____ %	Vanguard® Developed Markets Index VTMGX
_____ %	Vanguard® Emerging Markets Stock Index VEMAX
_____ %	Vanguard® Growth Index VIGAX
_____ %	Vanguard® Information Technology Index VITAX
_____ %	Vanguard® Mid Cap Index VIMAX
_____ %	Vanguard® Mid-Cap Growth Index VMGMX
_____ %	Vanguard® Mid-Cap Value Index VMVAX
_____ %	Vanguard® Real Estate Index VGS LX
_____ %	Vanguard® Short-Term Inflation-Protected Securities Index VTAPX
_____ %	Vanguard® Small Cap Index VSMAX
_____ %	Vanguard® Small-Cap Growth Index VSGAX
_____ %	Vanguard® Small-Cap Value Index VSIAX
_____ %	Vanguard® Target Retirement 2020 VTWNX
_____ %	Vanguard® Target Retirement 2025 VTTVX
_____ %	Vanguard® Target Retirement 2030 VTTHX
_____ %	Vanguard® Target Retirement 2035 VTTHX
_____ %	Vanguard® Target Retirement 2040 VFORX
_____ %	Vanguard® Target Retirement 2045 VTIVX
_____ %	Vanguard® Target Retirement 2050 VFIFX
_____ %	Vanguard® Target Retirement 2055 VFFVX
_____ %	Vanguard® Target Retirement 2060 VTTSX
_____ %	Vanguard® Target Retirement 2065 VLXVX
_____ %	Vanguard® Target Retirement 2070 VSVNX
_____ %	Vanguard® Target Retirement Income VTINX
_____ %	Vanguard® Total Bond Market Index VBT LX
_____ %	Vanguard® Total International Bond Index VTABX
_____ %	Vanguard® Value Index VVIAX
_____ %	Victory Pioneer Strategic Income PSRAX
_____ %	Victory RS Partners RSPFX
_____ %	Victory RS Science and Technology RSIFX
_____ %	Victory RS Value RSVAX
_____ %	Virtus Ceredex Mid Cap Value Equity SAMVX
_____ %	Virtus KAR Mid-Cap Growth PHSKX
_____ %	Virtus SGA Global Growth SGAAX

Step 10 – Provide Primary and Contingent Beneficiary(ies)

Provide beneficiary designations. Use whole percentages totaling 100% for Primary and 100% for Contingent.

	Primary Beneficiary Name (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must total 100%

	Contingent Beneficiary (Full Legal Name)	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant	% of Benefit
1.					
2.					
3.					
4.					
5.					

Must total 100%

## Step 11 – Participant Signature

### I understand and acknowledge that:

- My Employer will reduce my salary as indicated on this form and will continue until further notice.
- I am permitted to direct my investments in this plan, and I am responsible for the results of my investment directions.\*
- I have received and reviewed the information in my enrollment kit about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I understand that I should contact my financial professional to confirm the assessment of redemption fees and the availability of certain funds.
- I hereby acknowledge receipt and adoption of the Trust Agreement or Custodial Agreement, as applicable, and consent to the fees outlined therein.
- Transactions may be requested via phone, internet, or other electronic means by the Participant and/or financial professional based on instructions of the Participant. Security Distributors has established procedures reasonably designed to confirm that phone instructions are genuine. Neither the Fund nor Security Distributors will be liable for any loss, liability, or expenses arising out of any phone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

\*If my plan is an ERISA section 404(c) Plan, I understand that I should refer to ERISA section 404(c) for complete details regarding the ability to exercise control of investment direction.

### Tax Identification Number Certification

#### Under penalties of perjury I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

*You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

### Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Investment Advisor Authorization

Please read the advisor authorization.

The following authorizations, confirmation, and disclaimers will apply to your enrollment.

Information Disclosure Authorization.

I authorize Security Benefit Life Insurance Company, Security Financial Resources, Security Distributors and their affiliates ("Security Benefit") to release account information to the advisor listed above ("Advisor") and to comply with written, telephone, internet or faxed instructions from the Advisor listed for the Account. I authorize Security Benefit to provide, or give access to, my account information to one or more third parties at the request of my Advisor as deemed necessary or desirable by my Advisor to service my account.

Fee Payment Authorization.

If authorized, fees will be deducted from the funds to which account value is allocated in the same proportion as the value is allocated among these funds as of the date each fee is deducted.

I hereby authorize Security Benefit to:

- (a) Comply with written or electronic requests from the Advisor to liquidate a given dollar amount to pay advisory fees under the advisory fee services agreement between the Advisor and me.
- (b) Liquidate the additional percentage or dollar amounts necessary to cover any charges resulting from the deduction of advisory fees from my account.

I acknowledge and agree that:

- (a) Security Benefit is not responsible or liable to determine that the instructions received from the Advisor are in compliance with the agreement between my Advisor and me.
- (b) Security Benefit has no duty to inquire into the amount withdrawn or the manner in which it is withdrawn from your account.
- (c) Withdrawals to deduct fees may incur withdrawal charges. If charges are due as a result of a withdrawal initiated to pay advisory fees, Security Benefit will liquidate a larger percentage or dollar amount than the amount requested to pay for such charges.

Disclaimers

Security Benefit does not make any representation or warranty concerning the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise.

Security Benefit has no responsibility or liability for any taxes, penalties and/or interest that may be assessed by the Internal Revenue Service or other administrative tribunal or court arising out of this authorization.

Security Benefit is not involved in the selection of your Advisor, makes no representation or warranty regarding their services, and is not liable for their actions or inactions.

Provide Signatures

Your signature is required to authorize Security Benefit to activate this authorization.

I have read and understand the information contained in this form. I hereby release and hold Security Benefit harmless from any loss or liability arising out of any taxes, penalties, or interest resulting from any transaction initiated by my Advisor that I have authorized hereunder, including, but not limited to, (1) the tax treatment of payment of advisory fees under the Internal Revenue Code of 1986, as amended, or otherwise; and (2) any taxes, penalties, and/or interest assessed by the Internal Revenue Service or other administrative tribunal or court arising out of my authorization. I further hereby release and hold Security Benefit harmless from any loss or liability arising from Security Benefit allowing third party access to my account and account information at the direction of my Advisor and from any loss or liability arising from the services provided by my Advisor and my Advisor's actions or inactions with respect to my account. I understand and acknowledge that the Account is solely responsible for the advisory fees set forth in the agreement between the Advisor and me.

This authorization shall remain in effect until the earlier of:

- 1. the next valuation date following the receipt by Security Benefit of notice of termination of this authorization, either (a) written and signed, or (b) submitted electronically, by either the Participant or Advisor;
- 2. the full surrender or total distribution of the Account; or
- 3. Security Benefit's receipt of notification of the death of the Participant.

X

Signature of Employee

Date (mm/dd/yyyy)

(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)



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**Check all that apply**

I elect to receive, electronically to my email address provided:

☐ Statements   ☐ Confirms   ☐ Fund Documents   ☐ Tax Forms

Email Address

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## Step 12 – Financial Professional Signature

This section of the enrollment form should be completed by your Financial Professional. Complete your information and sign.

**THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE “CODE”), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA (“PLAN”) TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) (“IRA”), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA**

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor’s Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

- (1) acted in accordance with the “Impartial Conduct Standards,” including:
  - a. the investment advice I provided regarding the transaction was in the Participant’s best interest;
  - b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
  - c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.
- (2) made the following written disclosures to the Participant:
  - a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
  - b. a description of the services to be provided and my and my financial institution’s material conflicts of interests, that is accurate and not misleading in any material respect; and
  - c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.
- (3) am not ineligible to rely on PTE 2020-02; and
- (4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant’s transaction.

**Financial Professional Name:** \_\_\_\_\_ **Financial Professional Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Broker Dealer or Firm Name:** \_\_\_\_\_

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Financial Professional (mm/dd/yyyy)

**Financial Professionals – Upload transaction forms securely by logging into your account at SecurityBenefit.com**

**Mail to:**

Security Benefit Retirement Plan Services  
P.O. Box 219141  
Kansas City, MO 64121-9141  
**Fax to:** 816.701.7626

**For expedited or  
overnight delivery:**

Security Benefit Retirement Plan Services  
801 Pennsylvania Ave Suite 219141  
Kansas City, MO 64105