

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

Instructions

Please type or print.

Use this form to transfer funds from your Security Benefit account to a new carrier. Please complete the entire form.

1. Complete this Outgoing Funds Request form and any applicable state-required replacement forms.
2. Please contact your new carrier for any requirements they may have for transferring money to them.
3. If the transfer amount is over \$25,000 obtain a Signature Guarantee.
4. The documents mentioned above should be mailed to:
 Security Benefit
 P.O. Box 750497
 Topeka, KS 66675-0497
5. If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

Charges may apply to withdrawals/transfers. This transaction will be processed as of the valuation date Security Benefit receives the request in proper form.

1. Provide General Account Information

Contract/Account Number _____ Plan Number or Name _____
(Applicable to Employer Retirement Plans only)

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

Marital Status: Single Married

2. Security Benefit Account Type

Please indicate the account type you have with your current carrier (check one).

- | | | | | |
|-----------------------------------|---------------------------------------|---|--|----------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 403(b) TSA | <input type="radio"/> Roth 403(b)(7) | <input type="radio"/> 457(b) Tax Exempt* | <input type="radio"/> Roth IRA |
| <input type="radio"/> 401(k) | <input type="radio"/> Roth 403(b) TSA | <input type="radio"/> 457(b) Governmental | <input type="radio"/> Non-Qualified | <input type="radio"/> SEP-IRA |
| <input type="radio"/> Roth 401(k) | <input type="radio"/> 403(b)(7) | <input type="radio"/> Roth 457(b) | <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE IRA |

Please indicate the investment type you have with your current carrier (check one).

- Annuity Bank CD Mutual Fund

If this request involves an annuity and your entire account balance, please check one of the following. My policy is:

- Enclosed Lost/destroyed

*Can only transfer to another 457(b) Tax Exempt.

3. Accepting Carrier Account Type

Please indicate the new account type at the accepting carrier (check one).

- | | | | | |
|-----------------------------------|---------------------------------------|---|--|----------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 403(b) TSA | <input type="radio"/> Roth 403(b)(7) | <input type="radio"/> 457(b) Tax Exempt* | <input type="radio"/> Roth IRA |
| <input type="radio"/> 401(k) | <input type="radio"/> Roth 403(b) TSA | <input type="radio"/> 457(b) Governmental | <input type="radio"/> Non-Qualified | <input type="radio"/> SEP-IRA |
| <input type="radio"/> Roth 401(k) | <input type="radio"/> 403(b)(7) | <input type="radio"/> Roth 457(b) | <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE IRA |

4. Provide Accepting Carrier Information

Company Name _____

Mailing Address _____
Street Address City State ZIP Code

Account Number _____

Phone Number _____

5. Accepting Carrier Signature

We hereby agree to accept the transfer of the above proceeds.

X _____
Signature of Carrier Title Date (mm/dd/yyyy)

6. Required Minimum Distribution (if applicable)

Only complete this section if you must satisfy your Required Minimum Distribution ("RMD") prior to transferring/rolling your funds. The RMD must be completed by Security Benefit prior to requesting this transfer of funds. Generally this is required if you are age 70½ or older this year and are unemployed. Please consult your financial representative.

Please indicate below how you will satisfy the RMD:

- Distribute my RMD to me prior to transferring/rolling over my account
- None of the amount to be transferred/rolled over will include minimum distribution amounts because the requirements for the current year have been met.

7. Type of Transfer/Exchange/Rollover

403(b)/403(b)(7) accounts only:

Please indicate one of the following

- Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)*
- Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's Plan)
- Rollover (not like to like, for example 403(b)(7) to 457, etc.)*

All other accounts other than 403(b)/403(b)(7):

Please select one:

- 1035 Exchange (Non-Qualified Annuity Only): I hereby make complete and absolute assignment and transfer all or the portion specified of my rights, title and interest of every nature and character in and to the Current Carrier Account in section 2 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 for the portion specified.
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.
- Rollover (not like-to-like, for example 457 to IRA, etc.)*
- Transfer (like-to-like, for example, 457 to 457, etc.)*

*Must complete Section 8.

8. Distribution Requirements (if applicable)

Complete this section only if your request is either a transfer or a rollover. See Section 7.

I certify that applicable requirements have been met for a distribution. Check all that apply:

- Age 59½ (applicable to Tax Sheltered Accounts only)
- Disabled
- Severance from employment on _____ (includes retirement, termination, change of employment)
Date (mm/dd/yyyy)
- Plan Termination
- In-service Distribution (Please consult your Plan Sponsor or financial representative regarding availability)
- Not applicable. Certain internal transfers within your plan may be permitted without a distributable event. Please consult your financial representative.

9. Amount

Please indicate the amount to be transferred:

- Liquidate my entire Account
- Liquidate a specified amount: \$ _____
- Transfer over _____ years Monthly Quarterly Semi-annually Annually

10. Loan Acknowledgement

If your account has an active loan and you are requesting a full withdrawal you must acknowledge the following statement by checking the box below.

- I understand in order to process this full withdrawal request all loans on the account must be paid in full, either by me or through a loan surrender. A loan surrender will result in a taxable event. If the loan is surrendered, a 1099 will be issued after year end, for the amount subject to taxation. This acknowledgement is required or my request will be denied.

11. Indicate the Reason

Please indicate the reason and provide details for this transfer (select all that apply):

- Fund Performance/Interest Rates
- Fund Variety/Availability
- Consolidation of Accounts
- Service _____

- Other _____

Please Continue ➔

12. Withdrawal Charge and Benefit Acknowledgement

Must be completed for individual annuity contracts. Please proceed to Section 13 if the product in question is not an annuity.

I understand that the requested transfer may result in (i) the assessment of a withdrawal charge, (ii) the forfeiture of a Credit Enhancement Benefit, and/or (iii) the forfeiture of one or more guaranteed minimum benefits. I understand further that guaranteed minimum benefits are generally more valuable when contract value has declined due to market performance and that such benefits will be forfeited with the surrender of this contract.

Security Benefit has populated the table below with applicable amounts that need to be acknowledged before this transaction can be processed. Should you have any questions about these amounts, please call our National Service Center at 1-800-888-2461.

If after review of these amounts, you wish to proceed with this request, please initial beside each of the amounts provided. **Your surrender request is not considered to be in good order if (i) any one of the applicable amounts is not initialed, or (ii) the completed form is returned to us more than 30 days from the date shown below.**

Contract Value _____ As of Date _____
(mm/dd/yyyy)

The charges and benefit amounts outlined below (i) are as of the date specified above, (ii) assume the full surrender of the contract, and (iii) are subject to change. The actual charge and forfeited benefit amounts will be calculated as of the date the transaction is processed.

	Applicable to Contract (yes/no)	Amount	Contract Owner(s) Initials (including joint owner, if applicable)
Withdrawal Charge ¹			
Death Benefit ²			
Extra Credit Forfeiture ³			
Guaranteed Minimum Income Benefit ⁴			
Guaranteed Minimum Withdrawal Benefit ⁵			

¹ This amount reflects the estimated Withdrawal Charge that would apply to the transaction. Withdrawal Charges follow the withdrawal charge schedule noted in the contract. Should a charge apply, it is because contract value is being withdrawn prior to the expiration of the withdrawal charge period. Withdrawal charges can be avoided by deferring the transaction until the withdrawal charge period has expired.*

² This amount reflects the estimated Death Benefit that would be payable upon the death of the life insured.*

³ This amount reflects all or part of any Credit Enhancement that has not yet vested. An amount equal to 1/7th of the Credit Enhancement vests each year under the contract.*

⁴ This amount reflects the Guaranteed Minimum Income Benefit (GMIB) amount associated with the GMIB Rider attached to the contract. The Rider provides for a guarantee with respect to income that can be generated from the contract. The GMIB amount is not available for withdrawal and is subject to change.*

⁵ This amount reflects the Remaining Benefit Amount (RBA) associated with the Guaranteed Minimum Withdrawal Benefit (GMWB) Rider attached to the contract. This Rider provides for a guarantee with respect to income that can be generated from the contract. Under this Rider, you may withdraw up to a specified amount each year until the RBA is depleted.*

*For additional information regarding Withdrawal Charges, Death Benefits, Credit Enhancements, and Riders, please see your contract or prospectus.

Every effort has been made to ensure that the above values are correct and apply to the contract. If you wish to confirm the values noted in the table above, please call our National Service Center at 1-800-888-2461.

Please Continue ➔

13. Provide Signatures

I understand, acknowledge and certify that:

- I am solely responsible for all tax obligations arising from this withdrawal/transfer, and for compliance with the laws, regulations and restrictions governing such withdrawals.
- Failure to follow the rules on a tax-qualified account can jeopardize the tax protected status of the account and result in the imposition of penalties, additional taxes and interest for which I will be solely responsible.
- Security Benefit is furnishing this form and participating in this transaction as an accommodation to me, and assumes no responsibility or liability for any tax consequences or other effect of this transaction.
- I am aware of my right to receive information regarding my existing contract, including contract values.
- I waive any applicable waiting period required by law before distribution can be made to me.
- The information provided within this form is accurate and true, including my tax identification number.

Required Signatures:

- IRA, Non-Qualified, 403(b) TSA and 403(b)(7) accounts – Owner Only
- 401(a), 401(k) and 403(b)(7) ERISA Plans – Both Participant and Plan Sponsor
- 457 Plans – Both Participant and Plan Sponsor (if applicable)

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

X _____ X _____
Signature of Owner/Participant Date (mm/dd/yyyy) Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

X _____
Signature of Plan Sponsor Date (mm/dd/yyyy) Title _____

X _____
Signature of Representative (optional) Date (mm/dd/yyyy) Print Name of Representative _____

Spousal Consent for Community Property States: If the owner/participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the owner/participant has no legal spouse.

X _____
Signature of Spouse Date (mm/dd/yyyy)

Spousal Consent for ERISA plans: If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the withdrawal(s) as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan.

X _____
Signature of Spouse Date (mm/dd/yyyy)

X _____
Witnessed by (Notary Public's signature) Date (mm/dd/yyyy)

Signature Guarantee:

A Signature Guarantee is required on all accounts if the amount of the transaction is \$25,000 or more.

X _____
Signature of Guarantor Date (mm/dd/yyyy)

Signature Guarantee Stamp

Please Continue ➔

14. Provide Employer/TPA Authorization – 403(b)/403(b)(7) accounts only

This section must be completed by your employer or Third Party Administrator before your request is processed. Please consult your financial representative or employer.

If a separate Third Party Administrator authorization is required and accompanies this request, that authorization will serve as completion of this section. If no such separate authorization is applicable this section must be completed before your request is processed. Check the following box if applicable.

Third Party Administrator authorization attached.

If a separate authorization is not provided please complete the following information.

I acknowledge that the employer and accepting carrier have entered into an Information Sharing Agreement.

X

Signature of: (Select one)

Date (mm/dd/yyyy)

Title

Employer

Third Party Administrator

or

A copy of the current Information Sharing Agreement is attached.

Mail to: Security Benefit • PO Box 750497 • Topeka, KS 66675-0497 or

Fax to: 1-785-368-1772

Visit us online at www.securitybenefit.com

