



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

Instructions

Use this form to activate or update electronic banking. Complete the entire form and please note the following:

- Electronic Bank Deposit – Funds can be sent from your Security Benefit account to your bank account and arrive within 3 business days after the withdrawal.
- Electronic Bank Withdrawals – Funds can only be drafted from your bank account to be deposited as a contribution into a Roth IRA, Traditional IRA or other non-qualified account types. You may also request funds to be withdrawn to make loan payments. Loan payments must be for an amount equal to your scheduled loan payment. Deposits to your Security Benefit account will be allocated according to the future allocations on file.

Please type or print.

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 _____

2. Select Your Option

Please indicate your option:

- Update my bank information.
- Activate Electronic Bank Deposits from my Security Benefit account to my bank.
- Activate Electronic Bank Withdrawals from my bank account for:
 - Type: Contribution Loan Payment
 - Frequency: Monthly Quarterly Semiannually Annually

Amount: \$ _____

Beginning on: _____ (loan payments must be on or prior to the next due date)
(mm/dd/yyyy – must be between the 1st and 28th of the month)

If no date is indicated, or date is prior to date of receipt, the first EFT will occur on the date the request is received in proper form.

Please Continue ➡

3. Provide Bank Information

Please provide your bank information below. If any information is missing your request may be delayed. You may also attach a void check to ensure necessary information is provided.

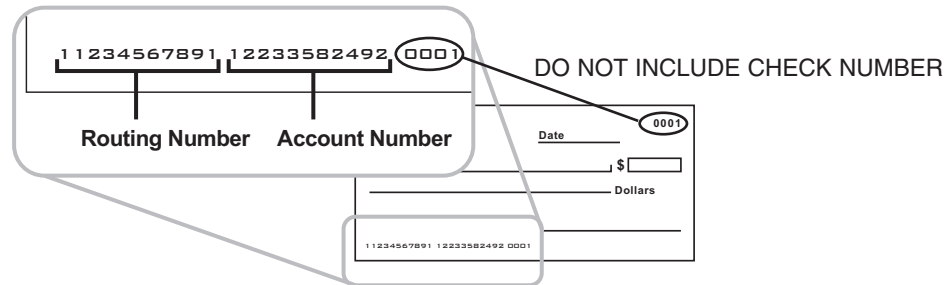
Bank Account Type (please check one): Checking Savings

Bank Name _____

Name on Bank Account _____

Bank Routing Number _____

Bank Account Number (Do not include the check number) _____



4. Provide Signatures

I understand and authorize:

- Security Benefit, or its subsidiaries, will initiate electronic transactions to/from my bank account as indicated on this form. Security Benefit may make additional attempts to deposit/withdrawal if the initial attempt fails. I understand that I will be liable for any costs associated with these additional attempts.
- This service is established solely for my convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until Security Benefit receives cancellation. The cancellation will be effective within 30 days of receipt of the notice.
- All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit and I hereby authorize the bank to make such refund from the account indicated.

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

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

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