



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

Instructions

Use this form to transfer funds from your current carrier to Security Benefit. Please type or print.

1. Complete the entire Incoming Funds Transfer form.
2. Please contact your current carrier for any requirements it may have for transferring money to another company.
Note: If you are 70½ or older this year and are unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
3. Obtain Signature Guarantee if required by your current carrier.
4. The documents mentioned above should be mailed to:

**Security Benefit
P.O. Box 750525
Topeka, KS 66675-0525**

5. Upon receiving this material Security Benefit will send an acceptance letter to the carrier.

Notice to Current Carrier

Please make check(s) payable to Security Benefit for the benefit of the Owner listed on this form and mail to:

**Security Benefit
P.O. Box 750525
Topeka, KS 66675-0525**

1. Provide Security Benefit Account Information

Application Attached or Account Number _____

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 _____

Please indicate the type of account you would like to transfer your funds to (check one).

- 403(b)(7)
 457
 Traditional IRA
 SEP-IRA
 SIMPLE IRA¹
 Roth IRA

¹ SIMPLE IRA accounts may only accept transfers from other SIMPLE IRA accounts.

Please Continue ➔

2. Provide Your Current Carrier Information

Please fill out the name and contact information for your current carrier.

Current Carrier's Name _____

Mailing Address _____
Street Address City State ZIP Code

Phone Number _____ Account Number for Current Carrier _____

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

- 401(a) 401(k) 403(b) 457
 Roth IRA SEP-IRA SIMPLE IRA Traditional IRA

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

- Annuity Bank CD Mutual Fund

3. Set Up Transfer/Rollover Options

Type of Transfer/Rollover

- Rollover (not like-to-like, for example 403(b) to IRA, etc.)
 Transfer (like-to-like, for example, 457 to 457, IRA to IRA, etc.)

Amount of Transfer/Rollover

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

Distribution Requirements (if applicable)

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

- Age 59½ Disabled Severance from employment on _____
Date (mm/dd/yyyy)

4. Provide Investment Directions

Please invest the funds (check one):

- As indicated on the enclosed application; or for an existing account, to the allocations on file.
 According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file.

- A Shares B Shares C Shares

_____% Security Alpha Opportunity	_____% Security Large Cap Value	_____% Security Small Cap Growth
_____% Security Cash	_____% Security Mid Cap Growth	_____% Security Small Cap Value*
_____% Security Equity	_____% Security Mid Cap Value	_____% Security US Intermediate Bond
_____% Security Global	_____% Security Select 25	Must Total 100%
_____% Security High Yield		

*Not available in B shares.

