



Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Use this form to establish authority for your investment advisor. Complete the entire form. Please type or print.

1. Provide General Account Information

Plan Number _____ Social Security Number _____

Participant Name _____
First Name MI Last Name

Mailing Address _____
Street Address City State ZIP Code

Daytime Phone Number _____ Home Phone Number _____

2. Identify Investment Advisor

Name of Investment Advisory Firm _____

Name of Investment Advisor _____
First Name MI Last Name

Type of Advisor (check one): Firm Individual RIA Number _____

Mailing Address _____
Street Address City State ZIP Code

Daytime Phone Number _____ Fax Number _____

3. Confirm Advisor Fees

Please indicate your investment advisor's policy:

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

Note: Complete section 5 if advisory fees will be deducted.

4. Establish Advisor Authorization

Please read the advisor authorization.

Information Authorization.

I authorize Security Benefit Life Insurance Company (SBL), Security Financial Resources, Inc., Security Distributors, Inc. and their affiliates ("Security Benefit") to release account information to the 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 Advisor to service my Accounts.

Fee Payment Authorization.

If authorized, fees will be deducted from the Investment Options in the same proportion as the Value is allocated among these Investment Options as of the date each fee is deducted. I acknowledge and understand that:

- (a) Security Benefit is not responsible or liable to determine that the instructions received from the Advisor are in compliance with the advisory services agreement.
- (b) Security Benefit has no duty to inquire into the amount withdrawn.
- (c) Partial withdrawals to deduct fees may incur withdrawal charges. If charges are required, Security Benefit will liquidate a larger percentage or dollar amount than the amount requested.

4. Establish Advisor Authorization (continued)

I hereby authorize Security Benefit to:

- (a) Comply with written requests from the Advisor to liquidate a given dollar amount to pay Advisor fees ("fees") under an advisory services agreement executed by the Owner(s).
- (b) Liquidate the additional percentage or dollar amounts required as a withdrawal charge.

5. Waiver of Confirmation

Your Advisor may provide financial reports for you. Please confirm with your representative that your Advisor provides these services. Please complete this section if this option is provided by your Advisor.

- I understand that Rule 10b-10 under the Securities Exchange Act of 1934, as amended, requires that all security transactions involving variable annuities and other securities be confirmed in writing to me. In lieu of receiving such written confirmation from Security Benefit and its underwriters, I instruct Security Benefit to forward confirmation of securities transactions to Advisor on my behalf. I expect the Advisor to prepare consolidated financial reports for me and that information concerning my investment will be included in such reports. I acknowledge by doing this, I release Security Benefit from any loss I incur by reason of my confirmations being provided to Advisor rather than me.

6. Disclaimers

Security Benefit does not make any representation or warranty, by accepting instructions concerning the tax treatment of payment of 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.

I hereby release Security Benefit from any taxes, penalties and/or interest (individually and collectively referred to as "Loss") arising out of any Advisor-initiated transfer or partial surrender.

7. Provide Signatures

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

I declare that the Account is solely responsible for the advisory fees set forth in the agreement which I have executed with the Advisor.

This authorization shall remain in effect until the earlier of:

- (1) the next valuation date following the receipt of termination notice to 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) the death of Participant.

X

Signature of Participant

Date (mm/dd/yyyy)

Mail to:

Security Benefit
P.O. Box 55976
Boston, MA 02205-5976
Fax to: 1-816-701-7626

Overnight delivery:

Security Benefit
30 Dan Road Suite #55976
Canton, MA 02021-2809

Visit us online at www.securityretirement.com