AEA Valuebuilder Program — Alabama Education Association

SECURITY BENEFIT℠

Non-Financial Change

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

Instructions

Use this form to modify or change information regarding the roles on your account. You must complete sections 1, 6 and any of the following that apply:

- Owner/Participant – Section 2
- Joint Owner (Not applicable to Employer Retirement Plans) – Section 3
- Annuitant (applicable to Annuity Contracts only) – Section 4
- Beneficiary – Section 5
- Signature Guarantee (applicable to Mutual Fund Accounts only) – Section 7

1. Provide the General Account Information

Please provide the following information as it currently exists on the account.

Contract/Account Number _____ Plan 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 _____

Marital Status: ☐ Single ☐ Married

2. Provide Changes to the Owner/Participant

Select One: ☐ Modify Existing Owner/Participant Information
☐ Change to New Owner

New Name _____
First MI Last

If this is a name change only, please indicate the reason for this change:

☐ Death ☐ Divorce ☐ Married ☐ Other _____

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Please Continue ➲

3. Provide Changes to the Joint Owner

Select One: ☐ Modify Existing Joint Owner Information

☐ Change to New Joint Owner

New Name _____
First MI Last

If this is a name change only, please indicate the reason for this change:

☐ Death ☐ Divorce ☐ Married ☐ Other _____

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

4. Provide Changes to the Annuitant (applicable to Annuity Contracts only)

Changing the Annuitant is not allowed on all products. Please refer to the Prospectus.

Select One: ☐ Annuitant Same as Owner

☐ Modify Existing Annuitant Information

☐ Change to New Annuitant

New Name _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

5. Provide Changes to the Beneficiary*

For additional Beneficiaries, please attach a separate list to the end of this form.

☐ Change the Primary Beneficiary to:

	Primary Beneficiary Name	*Social Security No.*	*DOB (mm/dd/yyyy)*	*Relationship to Owner*	*% of Benefit*
1.					
2.					
3.					
4.					

*Not applicable to a Non Retirement Mutual Fund account.

Please Continue ➲

5. Provide Changes to the Beneficiary (continued)

☐ Change the Contingent Beneficiary to:

	Contingent Beneficiary Name	*Social Security No.*	*DOB (mm/dd/yyyy)*	*Relationship to Owner*	*% of Benefit*
1.					
2.					

6. Provide Signatures

I understand and authorize the changes requested on this form. If any changes are made to the beneficiary:

- Security Benefit may rely on written representations it deems official, including my attorneys, the personal representative of my estate, the attorneys for the personal representative, my spouse, or one or more surviving children in determining the beneficiary.
- I understand Security Benefit cannot independently verify beneficiaries and on behalf of myself and all beneficiaries, I release it from liability for distribution errors based on such written representations. In the event of good faith doubt, the Insurer or Custodian may retain its own counsel to assist in beneficiary determinations, and may apply for instructions from a court of competent jurisdiction, with the costs of counsel or the proceeding charged to my account.

Tax Identification Number Certification

Instructions: You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

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 the IRS has notified me that I am no longer subject to backup withholding; **and** (3) I am a U.S. Person (including a U.S. Resident Alien).

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

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

X_____ Signature of New Owner Date (mm/dd/yyyy)

X_____ Signature of New Joint Owner (if applicable) Date (mm/dd/yyyy)

X_____ Signature of Existing Owner/Participant Date (mm/dd/yyyy)

X_____ Signature of Existing Joint Owner (if applicable) Date (mm/dd/yyyy)

X_____ Signature of Representative (if applicable) Date (mm/dd/yyyy)

_____ Print Name of Representative

Please Continue ➲

7. Obtain Signature Guarantee

Please obtain a Medallion Signature Guarantee if you have named a new Owner or Joint Owner for your mutual fund account.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X_____ _____

Signature of Guarantor | Date (mm/dd/yyyy) | Title or Name of Institution

Place Signature Guarantee Stamp Here

Mail to: Security Benefit • PO Box 750497 • Topeka, KS 66675-0497 or
Fax to: 1-785-368-1772
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