

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

Complete the entire form to establish your SFR Program retirement account. Be sure your contribution amounts don't exceed IRS contribution limits. Your financial representative can assist you in completing this form. Provide your employer a copy of this form to serve as your salary reduction agreement. Please type or print.

Step 1: Sign Up

Participant Name _____ ☐ Male ☐ Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

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

Social Security Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Date of Hire _____ E-mail _____
(mm/dd/yyyy)

Plan Number _____ Plan Name _____

Provide Primary and Secondary Beneficiary(ies)

For additional Beneficiaries, please attach a separate list to the end of this enrollment form. If you are married and would like to designate someone other than your spouse as beneficiary, please contact your financial representative for the Non-Financial Change form.

| | <i>Primary Beneficiary Name</i> | <i>Address (city, state, zip)</i> | <i>Phone No.</i> | <i>Social Security No.</i> | <i>DOB (mm/dd/yyyy)</i> | <i>Relationship to Participant</i> | <i>% of Benefit</i> |
|----|-------------------------------------|---------------------------------------|------------------|--------------------------------|-----------------------------|--|-------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | <i>Secondary Beneficiary Name</i> | <i>Address (city, state, zip)</i> | <i>Phone No.</i> | <i>Social Security No.</i> | <i>DOB (mm/dd/yyyy)</i> | <i>Relationship to Participant</i> | <i>% of Benefit</i> |
|----|---------------------------------------|---------------------------------------|------------------|--------------------------------|-----------------------------|--|-------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Please Continue ➡

Step 1. Sign Up

Step 2. Contribute

Step 2: Contribute

Salary Reduction Information

Choose all that apply. Verify with your Plan Sponsor availability of Roth contributions. _____

☐ Deduct from my salary:

☐ Pre-tax Qualified Contribution of \$ _____ or _____ % per pay period.

☐ After-tax Roth Contribution of \$ _____ or _____ % per pay period.

☐ Catch-Up Amount

☐ Pre-tax Qualified Contribution – Age 50 \$ _____

☐ After-tax Roth Contribution – Age 50 \$ _____

☐ Pre-tax Qualified Contribution – 15 Years Service \$ _____

☐ After-tax Roth Contribution – 15 Years Service \$ _____

Total \$ _____ or _____ % per pay period.

☐ I choose not to contribute at this time.

Select One of the Investment Options listed below: If no direction is provided, your existing account balance and future contributions will be invested in your employer's designated default fund.

Step 3: Invest – Option 1

Choose Your Own Investment Strategy – Please use whole percentages.

• Invest into a Fixed Account* which offers a guaranteed interest rate (allocate up to 100% of your investments). _____ %

• Choose a Target Date Fund based upon the year you would like to retire (allocate 100% of your investments between a target date fund and/or the fixed account). _____ %

Fund Name _____

*If this option is not available within your plan or state, then your election will be made to the employer designated default fund.

Step 3: Invest – Option 2

Use a professional Money Management program (Attach form if needed) _____ %

A money manager will choose your investments on your behalf.

Money Manager
Total must be 100%

Step 3: Invest – Option 3

Choose a Target Portfolio (allocate 100% of your between a target portfolio and the fixed account).

(Portfolio Letter) _____ % _____ %
Portfolio Allocation Fixed Account*
Total must be 100%

Or Choose your portfolio of investments

(Refer to the Fund List sheet and indicate your investment preferences below)

Fund Name

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

Total Must be 100%

Automatic Asset Reallocation

Check one of the boxes below only if you wish to establish Automatic Asset Reallocation. Your account will be rebalanced on the first business day of the month according to the frequency selected. Frequencies are based on a calendar year. Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Please Continue ➞

Provide Signatures

I understand and acknowledge that:

- My Employer will reduce my salary as indicated on this form, and will continue until further notice.
- I am permitted to direct my investments in this plan and I am responsible for the results of my investment directions.
- I have received and reviewed the information about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I understand that I should contact my representative to confirm the assessment of redemption fees and the availability of certain funds.
- Transactions may be requested via phone, Internet, or other electronic means by the Participant and/or sales representative based on instructions of the Participant. Security Distributors, Inc. (SDI) has established procedures reasonably designed to confirm that phone instructions are genuine. Neither the Fund nor SDI will be liable for any loss, liability, or expenses arising out of any phone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

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

Name of Representative _____ Representative Number _____

Representative Phone Number _____ Broker/Dealer Name _____

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

Mail to:
 Security Benefit
 P.O. Box 750560
 Topeka, Kansas 66675-0560
 Fax to: 1-785-368-1772

For expedited or overnight delivery:
 Security Benefit
 Mail Zone 560
 One Security Benefit Place
 Topeka, Kansas 66636-0001

Visit us online at www.securityretirement.com

