SECURITY BENEFIT℠

Investment Advisor Authorization

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

Instructions

Use this form to establish authority for your investment advisor. Complete the entire form. 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. Identify Investment Advisor

Name of Investment Advisor LVZ Advisors, Inc
First MI Last

Type of Advisor (check one): ☑ Firm ☐ Individual

Mailing Address 240 South River Ave Holland MI 49423
Street Address City State ZIP Code

Daytime Phone Number (616) 394-4994 Fax Number (616) 394-5986

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.

Transfer Authorization.
I authorize Security Benefit Life Insurance Company, 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.

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(b) Security Benefit has no duty to inquire into the amount withdrawn.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.

Please Continue ➲

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. Withdrawals/Tax Status

Please complete this section ONLY if your advisor deducts fees, as determined in section 3.

Check one of the following:

☐ **401 funding vehicles, 403(b)(7) custodial accounts, 457, SEP/IRA accounts or IRA custodial accounts:** I declare that the Account is solely responsible for the advisory fees set forth in the agreement which I have executed with the Advisor.

☐ **IRA Annuity, SEP/IRA Annuity or 403(b) Annuity:** I declare that I have entered into an agreement with the Advisor that states that the Contract is solely responsible for the advisory fees. Fee liquidations for these account types will not be reported to the IRS. However, Security Benefit reserves the right to change this tax reporting position at any time. If this position is changed, the Owner(s) and Advisor will receive written notice. In addition, any changes will not alter the future payments authorized under this form.

☐ **Non-qualified Annuity:** I understand that liquidation of accumulation units under the Contract to pay fees for non-qualified annuity contracts is considered to be constructive income to the extent of the Contract gain and therefore any such gain is subject to income tax and may be subject to penalty tax prior to attaining age 59½.

6. Access to Account/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 incurred by Advisor using this information.

7. 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.

8. Provide Signatures

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

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 Owner(s)/Participant or Advisor;

(2) the full surrender or total distribution of the Account; or

(3) the death of Owner/Participant.

X________________________________
Signature of Owner/Participant Date (mm/dd/yyyy)

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

X________________________________
Signature of Investment Advisor Firm/Individual Date (mm/dd/yyyy)

LVZ Advisors, Inc
Print Name of Investment Advisor Firm/Individual

X________________________________
Signature of Representative Date (mm/dd/yyyy)

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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