Security Benefit®

SFR® Program 457 Participant Enrollment Form

Questions? Call our National Service Center at 800.747.3942.

Instructions

Complete the **entire** form to establish a new 457 Account. Be sure your contribution amounts do not exceed IRS contribution limits. Your financial representative can assist you in completing this form. Please type or print.

1. Sign Up

Plan Number ______________________ **Plan Name** ______________________

Participant Name ______________ First ______ MI ______________ Last ○ **Male** ○ **Female**

Social Security Number ______________________ **Date of Birth** ______________ (mm/dd/yyyy)

Mailing Address ______________ Line 1 ______________ Line 2

______________ City ______________ State ______________ Zip Code

Residential Address ______________ Line 1 ______________ Line 2

______________ City ______________ State ______________ Zip Code

(If different from mailing address)
(Residential Address is a required field if Mailing Address is a PO Box)

Day Time Phone Number ______________ **Mobile/Home Phone Number** ______________

Date of Hire ______________ (mm/dd/yyyy) **Email** ______________

2. Contribute

Please complete this section ONLY if you are contributing through salary reduction. Provide your employer a copy of this form to serve as your salary reduction agreement.

Deferrals can start no earlier than the first day of the month following the month the application is signed.

Choose all that apply. Verify with your employer the availability of Roth and Catch-up 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 of $ __________.
- ☐ After-tax Roth Contribution of $ __________.

**If you indicated a catch-up amount, please select one of the following:*

○ Age 50+

○ 3 years before retirement age. Expected retirement date: ______________ (mm/dd/yyyy)

Total $ __________ or ________% per pay period.

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3. Set Up Electronic Privileges

Transactions may be requested via telephone, Internet, or other electronic means by the Participant and/or servicing sales representative based on instructions of the Participant.

Reasonable procedures have been established by Security Distributors to confirm that instructions communicated by telephone are genuine and may be liable for any losses due to fraudulent or unauthorized investors if it fails to comply with its procedures. Neither the Fund nor Security Distributors will be liable for any loss, liability, cost or expenses arising out of any telephone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

4. Invest

Select only one.

○ Option 1 – Choose the Professional Money Management Program – 100% of your account will be professionally managed on your behalf (additional enrollment form required).

○ Option 2 – Choose your portfolio of investments by indicating your investment preferences below. Please use whole percentages totaling 100%.

If no direction is provided, your existing account balance and future contributions will be invested in the default fund for your plan

Percentage Fund Name

______ % American Beacon Small Cap Value
______ % American Funds® EuroPacific Growth*
______ % American Funds® New World Fund®*
______ % American Funds® Washington Mutual Investors Fund℠*
______ % BlackRock® High Yield Bond
______ % BNY Mellon Midcap Index
______ % BNY Mellon Natural Resources
______ % BNY Mellon S&P 500 Index
______ % Federated Bond
______ % Goldman Sachs Emerging Markets Equity Insights
______ % Guggenheim Macro Opportunities[1]
______ % Guggenheim Risk Managed Real Estate
______ % Guggenheim Total Return Bond[1]
______ % Invesco Equity and Income
______ % Invesco Oppenheimer Global Opportunities Fund
______ % Invesco Small Cap Growth[2]
______ % Janus Henderson Enterprise[3]

Percentage Fund Name

______ % Janus Henderson Triton
______ % JPMorgan Equity Income
______ % JPMorgan Large Cap Growth
______ % JPMorgan Mid Cap Growth
______ % JPMorgan U.S. Government Money Market[1]
______ % JPMorgan US Small Company
______ % Loomis Sayles Global Allocation
______ % Natixis U.S. Equity Opportunities
______ % Nuance Mid Cap Value
______ % PIMCO High Yield Spectrum
______ % PIMCO Income
______ % PIMCO RAE Global ex-US
______ % PIMCO RAE US Small
______ % PIMCO Real Return
______ % PIMCO StocksPLUS® Small Fund
______ % Pioneer Bond
______ % T. Rowe Price Global Stock
______ % T. Rowe Price Growth Stock

Percentage Fund Name

______ % T. Rowe Price QM U.S. Small Cap Growth Equity
______ % T. Rowe Price Retirement 2010
______ % T. Rowe Price Retirement 2015
______ % T. Rowe Price Retirement 2020
______ % T. Rowe Price Retirement 2025
______ % T. Rowe Price Retirement 2030
______ % T. Rowe Price Retirement 2035
______ % T. Rowe Price Retirement 2040
______ % T. Rowe Price Retirement 2045
______ % T. Rowe Price Retirement 2050
______ % T. Rowe Price Retirement 2055
______ % T. Rowe Price Retirement 2060
______ % Templeton Global Bond
______ % Victory RS Global
______ % Wells Fargo Large Cap Core
______ % Wells Fargo Special Mid Cap Value
______ % Wells Fargo Special Small Cap Value
______ % Fixed Account[1]
Must Total 100%

* To cover the cost of additional recordkeeping, an additional asset based fee of 0.10% applies to assets held in American Funds.

[1] May not be available in your plan.

[2] This fund not available to plans established after July 8, 2011.

[3] This fund is not available to plans established after January 27, 2017.

For questions please consult with your financial professional.

5. Automatic Asset Reallocation

Only Complete this section 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

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6. Provide Primary and Contingent Beneficiary(ies)

Provide beneficiary designations.

Use whole percentages totaling 100% for Primary and 100% for Contingent

	Primary Beneficiary Name (Full Legal Name)	**Social Security No.**	**DOB (mm/dd/yyyy)**	**Relationship to Participant**	**% of Benefit**
1					
2					
3.					
4.					
5.					

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	Contingent Beneficiary Name (Full Legal Name)	**Social Security No.**	**DOB (mm/dd/yyyy)**	**Relationship to Participant**	**% of Benefit**
1					
2					
3.					
4.					
5.					

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7. 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.
- I have received and reviewed the information in my enrollment kit about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I am responsible for the results of my investment directions.
- I understand that I should contact my representative to confirm the assessment of redemption fees and the availability of certain funds.

X ______________________________ ______________
Signature of Participant Date (mm/dd/yyyy)

Name of Financial Representative ______________________________

Financial Representative Number ______________________________

Financial Representative Email ______________________________

X ______________________________ ______________
Signature of Financial Representative Date (mm/dd/yyyy)

Check all that apply

GO PAPERLESS

I elect to receive, electronically to my email address provided:

☐ Statements ☐ Confirms ☐ Fund Documents ☐ Tax Forms

Email Address ______________________________

8. Financial Representative Use Only

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Mail to:

Security Benefit Retirement Plan Services
P.O. Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
430 W. 7th Street STE 219141
Kansas City, MO 64105-1407

Visit us online at SecurityRetirement.com

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