SECURITY BENEFIT

Application for Appointment

REPRESENTATIVE FORM

For appointment with Security Benefit Life Insurance Company (SBL), please follow these simple steps.

For Variable Annuities (All states except New York)

- ☐ Complete the Application for Appointment (attached). You and an authorized person in the Broker/Dealer's office are required to sign this form.
- ☐ Complete the Fair Credit Reporting Act Disclosure and Authorization (attached).
- ☐ Attach copies of your current Life & Variable Annuity state insurance license(s).
- ☐ Attach a copy of your FINRA BrokerCheck showing current Broker/Dealer.

For Fixed Annuities (All states except New York)

- ☐ Complete the Application for Appointment (attached). You and an authorized person in the Broker/Dealer's or Agency's office are required to sign this form.
- ☐ Complete the Fair Credit Reporting Act Disclosure and Authorization (attached).
- ☐ Attach copies of your current Life state insurance license.

Fax these items to 785.368.1374 or return completed items to:

Security Benefit Life Insurance Company
Attn: Marketing Administration
One Security Benefit Place
Topeka, KS 66636-0001

Please allow 5 to 7 business days for processing. If you have questions, please contact Marketing Administration at 800.888.2461 or email SecurityBenefitLife@SE2.com. An Application for Appointment is not required to sell employer-sponsored retirement plans, but is required if SBL's group fixed annuity is to be included in such plans. The application may be photocopied for future use.

BROKER/DEALER – REPRESENTATIVE USE ONLY
The information provided herein is not intended to be and should not be construed as legal advice.

Security Benefit®
LIFE INSURANCE COMPANY

Application for Appointment

Questions? Call our Marketing Administration Dept. at 800.888.2461 ext. 7019.

Instructions

Use this form to provide your individual information to request an appointment. Attach a copy of your FINRA registration and state insurance license. Complete the entire form, including the Fair Credit Reporting Act Disclosure and Authorization section at the end. Please type or print.

1. Provide General Information

Print name as it appears on insurance license.

○ Mr. ○ Ms. ○ Mrs. _____ (First) _____ (MI) _____ (Last)

Business Address _____ (Street Address) _____ (City) _____ (State) _____ (Zip)

Phone Number _____ **Fax Number** _____

Resident Address _____ (Street Address) _____ (City) _____ (State) _____ (Zip)

Phone Number _____ **Email Address** _____

Date of Birth _____ (Date (mm/dd/yyyy))

National Producer Number _____

FINRA Registration CRD Number _____ **Representative Social Security Number** _____

Name of Broker/Dealer or Agency Oakwood Capital Securities, Inc

Representative No. Assigned by Broker/Dealer or Agency _____

2. Provide Due Diligence Information

Information to be PERSONALLY answered by Applicant.

(a) Have you ever been convicted or arrested (other than minor traffic violations)? ○ Yes ○ No
(if YES explain in detail)

_____

(b) Have you ever had an insurance or securities license suspended or revoked? ○ Yes ○ No
(if YES explain in detail)

_____

If I am convicted of a felony, subsequent to the date of this application, I will notify Security Benefit within 30 days of the conviction.

(c) Have you ever been declared bankrupt? ○ Yes ○ No (If so, when? _____)

Reason _____

If yes, what type? _____ Discharge Date _____

Continued on Next Page ▶

3. Signature of Representative

I certify the above information is correct and complete. I also understand and agree to the terms set forth on this form and have read and understand the Security Benefit Life Insurance Company (SBL) Replacement Policy.

I hereby authorize SBL and its affiliates to disclose to the Broker/Dealer or Agency listed in Section 1 (any anyone else in my proposed hierarchy) any information relating to my application for appointment, including, but not limited to, any consumer report and/or investigative report obtained by SBL in connection with my application, and any information contained in those reports. I further authorize SBL to include the Broker/Dealer or Agency on any communications, whether with me or with a third party, for the purpose of responding to information contained in a consumer report and/or investigative report. These communications may include, but are not limited to, any notice of pending or completed adverse action, and any request for additional information. I accept all liability for the results, direct or indirect, of such disclosure.

X _____ _____

Signature of Applicant | Date (mm/dd/yyyy)

4. Signature of Broker/Dealer or Agency

I hereby certify that to the best of my knowledge and belief the above information is correct and I further certify that I have investigated the applicant's business reputation, character and integrity and no unfavorable information was discovered or is known to me.

X _____ _____

Signature of Broker/Dealer or Agency | Date (mm/dd/yyyy)

Mail to:

Security Benefit Life Insurance Company
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1374

For expedited or overnight delivery:

Security Benefit
Mail Zone 497
One Security Benefit Place
Topeka, Kansas 66636-0001

Visit us online at SecurityBenefit.com

Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____

Security Benefit®
LIFE INSURANCE COMPANY

Replacement Policy

Over the past few years, many states have adopted laws and regulations requiring insurers to fully inform representatives/agents of the insurer's replacement policy. Some states have adopted a version of the NAIC's Life Insurance and Annuities Replacement Model Regulation, while others have adopted similar laws. Several of these enactments require Security Benefit Life Insurance Company (SBL) to provide you with a written statement regarding our position on the acceptability of replacements. SBL is also required to provide guidance as to the appropriateness of replacement transactions.

The term "replacement" has a unique meaning in the insurance industry and is described more fully below. SBL wants you to understand how a replacement can impact you, your clients and SBL.

A "replacement" occurs when a new life insurance policy or annuity contract is purchased and, in connection with the sale, an existing policy or contract is:

- Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;
- Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;
- Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
- Reissued with any reduction in cash value; or
- Used in a financed purchase. A financed purchase is the purchase of a new policy or contract involving the actual or intended use of funds obtained by the withdrawal (including penalty-free withdrawal) or surrender of, or by borrowing from values of an existing policy or contract to pay all or part of any premium due on the new policy or contract.

You should keep in mind that the receipt of funds from a previously existing annuity contract and the purchase of a new annuity contract need not occur simultaneously for a transaction to constitute a replacement. For example, withdrawing funds from a previously existing annuity contract, depositing those funds into a bank account, and then subsequently purchasing another annuity contract with a check written from that bank account is still a replacement. Some state laws specify that a replacement has occurred if funds taken from an existing annuity contract or life insurance policy are used to purchase a new annuity contract up to a year later.

It is incumbent upon you to ascertain the ultimate source of the funds that will be used to purchase a Security Benefit annuity. In other words, you should confirm with your client whether the funds being used were at any time taken from a previously existing annuity.

There are circumstances in which replacing an existing life insurance policy or annuity contract can benefit a contract owner. As a general rule, however, replacement is not in a contract owner's best interest. SBL does not encourage replacements, but we understand that your client's circumstances may change and that another product may better meet their current needs. Accordingly, you and your client should conduct a careful comparison of the costs and benefits of the existing policy or contract and the proposed policy or contract in order to determine whether a replacement is in your client's best interest.

A replacement may be appropriate if:

1. A careful comparison of the costs and benefits of the existing policy or contract and the proposed policy or contract determines the replacement adds clear value to the client in exchange for any new or increased costs/fees or contingent deferred sales charge (CDSC) exposure.
2. The replacement product's design or options (death benefit, subaccounts, fee structure, etc.) will better meet the customer's current or future investment and insurance objectives.
3. The replacement product has lower costs/fees than the existing product while still meeting the customer's investment and insurance objectives.

Continued on Next Page ▶

A replacement may not be appropriate for your customer if:

1. The replacement product offers no clear added benefit in exchange for any new or increased costs/fees or CDSC exposure.
2. The replacement causes a loss or reduction in value or benefits that is not offset by other increased value or benefits.

If you have questions about this Replacement Policy, please contact the Service Center at 800.888.2461.

FINANCIAL PROFESSIONAL USE ONLY
The information provided herein is not intended to be and should not be construed as legal advice.

Security Benefit®
LIFE INSURANCE COMPANY

Fair Credit Reporting Act Disclosure and Authorization

I understand that, in connection with my application for appointment to sell products manufactured by Security Benefit Life Insurance Company ("the Company"), the Company may request and obtain a consumer report and/or investigative report from a consumer reporting agency for "employment purposes," as that term has been interpreted by the Federal Trade Commission.[1] These reports may contain information about my character, general reputation, personal characteristics, and mode of living, including, but not limited to, my trustworthiness, creditworthiness, education, employment, prior job performance, social security verification, criminal and civil history, and any other public records available to the Company under federal and state law. These reports may involve personal interviews with sources such as my neighbors, friends, and associates. I understand that the Company is a covered financial institution under applicable federal law, and that a credit report will be sought based on the relationship of my credit history to the duties and responsibilities of my appointment.

I further understand that I have the right, pursuant to the Fair Credit Reporting Act, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by First Advantage by contacting First Advantage by mail at P.O. Box 105292, Atlanta, GA 30348 or by telephone at 1 800-845-6004, and to request *A Summary of Your Rights under the Fair Credit Reporting Act*. Information about First Advantage's privacy practices may be obtained at http://www.fadv.com/Privacy-Policy.aspx. The scope of this notice and authorization is all encompassing. I hereby authorize and allow the Company to obtain from any outside organization all manner of consumer reports and/or investigative reports now and throughout the course of my appointment to the extent permitted by law.

I acknowledge receipt of this FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION and certify that I have read and understand the disclosure. I hereby authorize the Company to obtain a consumer report and investigative report. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION shall be as valid as the original.

If you are a resident of California, Oklahoma, or Minnesota and would like a copy of your consumer report at no charge, please check the box below:

☐ Please provide me a copy of my consumer report

For residents of California: I have reviewed "A Summary of Your Rights under California Civil Code Section 1786.22," attached.

For residents of New York: I have reviewed New York Correction Law Article 23-A, attached.

I understand I have the right, upon request, to be informed whether or not a consumer report and/or investigative report was requested. I further understand that I may contact First Advantage to inspect or receive a copy of any investigative report obtained by the Company.

[1] The Federal Trade Commission has broadly interpreted the term "employment purposes" to include the hiring of independent contractors. This interpretation is for purposes of compliance with the Fair Credit Reporting Act and should not be construed as creating an employer-employee relationship between the applicant and the Company.

Continued on Next Page ▶

Personal Information

Full Name of Applicant _____ (First) _____ (MI) _____ (Last)

Current Address _____ (Street Address) _____ (City) _____ (State) _____ (Zip Code)

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

Signature of Applicant _____ Date _____ (mm/dd/yyyy)

Attachments:

- A Summary of Your Rights under California Civil Code 1786.22
- New York Correction Law Article 23-A: Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses
- A Summary of Your Rights Under the Fair Credit Reporting Act

A Summary of Your Rights under California Civil Code 1786.22

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

- In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
- By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
- A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

Continued on Next Page ▶

New York Correction Law Article 23-A: Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
5. "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.
No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

1. there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

   (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

   (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

   (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

   (d) The time which has elapsed since the occurrence of the criminal offense or offenses.

   (e) The age of the person at the time of occurrence of the criminal offense or offenses.

   (f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to ConsumerFinance.gov/LearnMoreor write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See ConsumerFinance.gov/LearnMore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See ConsumerFinance.gov/LearnMore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to ConsumerFinance.gov/LearnMore.

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identity theft victims and active duty military personnel have additional rights. For more information, visit ConsumerFinance.gov/LearnMore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

	Type of Business	Contact
1.	a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. **Consumer Financial Protection Bureau** 1700 G Street, N.W. Washington, DC 20552
	b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. **Federal Trade Commission** **Consumer Response Center** 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2.	To the extent not included in item 1 above:	
	a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. **Office of the Comptroller of the Currency** **Customer Assistance Group** 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
	b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	b. **Federal Reserve Consumer Help Center** P.O. Box 1200 Minneapolis, MN 55480
	c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. **FDIC Consumer Response Center** 1100 Walnut Street, Box #11 Kansas City, MO 64106
	d. Federal Credit Unions	d. **National Credit Union Administration** Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3.	Air carriers	**Asst. General Counsel for Aviation Enforcement & Proceedings** **Aviation Consumer Protection Division** Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4.	Creditors Subject to the Surface Transportation Board	**Office of Proceedings, Surface Transportation Board** **Department of Transportation** 395 E Street, S.W. Washington, DC 20423
5.	Creditors Subject to the Packers and Stockyards Act, 1921	**Nearest Packers and Stockyards Administration area supervisor**
6.	Small Business Investment Companies	**Associate Deputy Administrator for Capital Access** **United States Small Business Administration** 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7.	Brokers and Dealers	**Securities and Exchange Commission** 100 F Street, N.E. Washington, DC 20549
8.	Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	**Farm Credit Administration** 1501 Farm Credit Drive McLean, VA 22102-5090
9.	Retailers, Finance Companies, and All Other Creditors Not Listed Above	**Federal Trade Commission** **Consumer Response Center** 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357