Security Benefit®

Agent/Financial Advisor Change Authorization

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

1. Client Information

Account Number(s)/Contract Number(s) _____

Social Security Number or Tax ID _____

Name _____ (Last Name (please print)) _____ (First Name (please print)) _____ (MI) _____ (Suffix)

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

Phone Number _____

2. New Agent/Financial Advisor Information

This section to be completed by the agent/financial advisor.

Name _____ (Last Name (please print)) _____ (First Name (please print))

_____ (Agent/Financial Advisor Number) _____ (Branch Number)

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

Phone Number _____ **Social Security Number** _____

Broker/Dealer Name Oakwood Capital Securities, Inc

3. Client Authorization

This section to be completed by the client(s).

I authorize Security Benefit to change the agent/financial advisor of record on my account to the one listed in Section 2 above.

X _____ (Client Signature) _____ (Date (mm/dd/yyyy))

X _____ (Client Signature) _____ (Date (mm/dd/yyyy))

Mail to:

Security Benefit

P.O. Box 750495

Topeka, Kansas 66675-0495

Fax to: 785.368.1374

Visit us online at SecurityBenefit.com