



Questions? Call our National Service Center at 1-866-747-3416.

Instructions

Complete the entire form to establish a new VEBA Account. Provide your employer a copy of this form. Please type or print in black ink.

- 1. Complete the entire form to establish a new VEBA Account.
2. Provide your employer a copy of this form.
3. If you have moved in the last 6 months or changed your name in the last 12 months, please include a completed Form W9 with this enrollment.

For information about the investments, a prospectus, fund fact sheets, or quarterly performance reports, visit our website at www.securitybenefit.com/Indiana.

1. Provide Employer Information

Employer Group Name (required) _____ Employer Plan Number (if known) _____

2. Provide Participant Information

Participant Name _____ Last First MI Male Female

Social Security Number _____

Mailing Address _____ Street Address City State ZIP Code

Residential Address _____ Street Address City State ZIP Code

Daytime Phone Number _____ Home Phone Number _____

Date of Birth (mm/dd/yyyy) _____ Date of Hire (mm/dd/yyyy) _____ Married Unmarried

E-mail Address _____

3. Provide Investment Directions

The default fund for participants who do not select an investment option for their existing account balance or future contributions will be the age appropriate T. Rowe Price Retirement fund. The fund will be selected based upon the year the client attains age 65. If the client is age 65 or over, or a date of birth is not indicated, the T. Rowe Price Retirement Income fund will be used.

- % Alger Midcap Growth Fd CI A
% American Funds EuroPacific Growth A
% American Funds Growth Fund of America A
% American Funds Income Fund of America A
% American Funds Washington Mutual Invs A
% Artisan Mid Cap Value Fd Investor Shs
% Baron Small Cap Fund
% BlackRock Intl Opp CI A
% BlackRock Mid-Cap Val Eq A
% BlackRock S&P 500 Stock Fund
% Calvert Income A
% Calvert Social Inv Fd Equity A
% Davis New York Venture A
% Fidelity Adv Mid Cap Stk CI A
% First Eagle Global Fund Class A
% Invesco Small Cap Growth Fund - A
% JP Morgan Mid Cap Value A Shs
% Loomis Sayles Fds Bond Fd CI Admin Tr I
% Lord Abbett Mid Cap Value Fund CI A
% Managers Cadence Emerging Companies Adm
% Nationwide S&P 500 Index A
% Oppenheimer Global Allocation Fund
% Oppenheimer Global Fund A
% Oppenheimer Main Street Fund Class A
% PIMCO Funds Total Return Fund Class A
% Pioneer High Yield Fd A
% Pioneer Select MidCap Growth A
% Royce Low Priced Stock Service
% Royce Total Return Service
% Security Benefit Fixed
% T. Rowe Price Retirement 2010 - R
% T. Rowe Price Retirement 2020 - R
% T. Rowe Price Retirement 2030 - R
% T. Rowe Price Retirement 2040 - R
% T. Rowe Price Retirement 2050 - R
% T. Rowe Price Retirement Income - R
% Templeton Foreign Fund Class A
% Touchstone Mid Cap Growth A
Must Total 100%

4. Provide IRS Qualified Dependent Information

For additional Qualified Dependents, please attach a separate list to the end of this enrollment form. For a definition of "Qualified IRS Dependent" see www.irs.gov.

	Dependent Name	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Participant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

5. Provide Signatures

I have read and understand the information on this form.

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

X _____
Authorized Plan Administrator Signature Date (mm/dd/yyyy)

Set Up Electronic Privileges

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

Reasonable procedures have been established by Security Distributors, Inc. 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, Inc. 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.

Disclosures

- I hereby acknowledge that I have been provided a Plan Summary from my employer which describes the new Security Benefit Health Reimbursement Arrangement (HRA) Indiana VEBA Plan.
- If I choose not to complete Section 3: Provide Investment Directions, I further understand that, as a default, monies invested into my account will be allocated to the age appropriate T. Rowe Price Retirement fund, as explained in Section 3 until such time as I elect to contact the Retirement Service Center at 1-866-740-7677 or by accessing the web site at <https://emjay.gwrs.com> to make an account change.
- Withdrawal restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

X _____
Enroller Name (if known) - please print Date (mm/dd/yyyy)

Mail to: Security Financial Resources • PO Box 758549 • Topeka, KS 66675-8549 or
Fax to: 1-785-438-4944
Visit us online at www.securitybenefit.com/Indiana • E-mail rpwf-veba@securitybenefit.com