



Third Party Authorization

Attn: Annuity Administration - AdvisorDesigns

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-888-2461 ext. 3339.

1. General Account Information

Contract Number

Group Certificate (if applicable)

Name of Owner/Participant
(First) (MI) (Last)

Address

City

State Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 6:00pm CST)

E-Mail Address

Single Married (please check one)

2. Advisory Fees

- No advisory fees will be deducted
- Advisory Fees (if applicable) are to be made payable and sent to:

Name of Investment Advisor (firm/individual) circle one

Address

City

State Zip Code

Phone Number (for confidential calls between 8:00am and 6:00pm CST)

Fax Number

Note: Complete section 3.2a and 3.2b if advisory fees will be deducted.

3. Adviser Authorization

If applicable, check the appropriate box(es).

1. Transfer Authorization. I/We hereby authorize Security Benefit Life Insurance Company ("Security Benefit") to (a) release account information to Adviser and (b) comply with written, telephone, internet or faxed transfer instructions by the Adviser with respect to the Contract. This authorization shall remain in effect until the earlier of (1) the termination of this authorization by either the Owner(s) or Adviser or (2) the full surrender or total distribution of the Contract.

2. Fee Payment Authorization. I/We hereby authorize Security Benefit to comply with written requests by Adviser to liquidate a given dollar amount in the Annuity to pay adviser fees ("fees") under an advisory services agreement executed by Owner(s). Security Benefit has no responsibility or liability to determine that instructions received from the Adviser are in compliance with such agreement.

Unless directed otherwise by the Owner(s), fees will be deducted from Contract Value in the Subaccounts of the Contract in the same proportion as Contract Value is allocated among the Subaccounts as of the date that such fees are deducted. I/We acknowledge and understand that partial withdrawals to deduct fees may incur withdrawal charges, which will require Security Benefit to liquidate a larger percentage or dollar amount than the amount required to pay the fees. I/We expressly authorize Security Benefit to liquidate such percentage or dollar amounts. Security Benefit has no duty to inquire into the amount of Contract Value withdrawn.

2a. Withdrawals/Tax Status.

401 funding vehicles, 403(b)(7) custodial accounts, SEP/IRA accounts or IRA custodial accounts: I/We declare that the Contract is solely responsible for the fees and that I have executed an agreement with the Adviser and Custodian which so states.

IRA Annuity, SEP/IRA Annuity or 403(b) Annuity: I/We declare that the Contract is solely responsible for the fees and that I have executed an agreement with the Adviser which so states. Security Benefit will not report fee liquidations from IRA Annuity, SEP/IRA Annuity, and 403(b) Annuity contracts, but reserves the right to change this tax reporting position at any time upon written notice to the Owner and Adviser. Such a change will not alter the future payments authorized under this form.

Non-qualified Annuity: I/We 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.

3. Adviser Authorization (continued)

2b. Withholding. Federal law requires Security Benefit to withhold income tax from any distribution that is subject to tax unless the Owner(s) requests that Security Benefit not withhold. Withholding applies only to the portion of your payment that is subject to federal income tax. The Owner(s) may not elect out of withholding unless Owner(s) has provided Security Benefit with a social security/tax identification number and certified that he/she is not subject to backup withholding. If you elect no withholding, or if you do not have enough tax withheld from the distribution, you may have to pay an estimated tax. If your withholding and estimated tax payments are insufficient, you may be penalized under the estimated tax rules. Some states have enacted state tax withholding. Generally, however, an election out of federal tax withholding is an election out of state withholding. I/We elect the following with respect to the payment of fees under this authorization:

- I/We do not want Federal Income Tax withheld from these withdrawals.
- I/We understand that Federal Income Tax will be withheld from these withdrawals. Please withhold ____% Federal and ____% State income tax from any taxable portion of the withdrawal. If no amount is stated, Security Benefit will withhold the required maximum amount under Federal and State Law.

3. Access to Account/Waiver of Confirmation.

I/We expect that Adviser will prepare consolidated financial reports for me and that information concerning the Annuity will be included in such reports. I/We instruct Security Benefit to forward records of all Contract transactions to Adviser, and I/we hold Security Benefit harmless from any loss occasioned by Adviser's use of this information. I/We understand that Rule 10b-10 under the Securities Exchange Act of 1934, as amended, provides that all securities transactions involving variable annuities and other securities must be confirmed in writing to me. In lieu of receiving such written confirmation from Security Benefit and its underwriters, I/we instruct Security Benefit to forward confirmation of securities transactions to Adviser on my behalf.

4. Disclaimer and Indemnification. 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 which may be assessed by the Internal Revenue Service or other administrative tribunal or court arising out of this authorization. I/We hereby indemnify and hold Security Benefit harmless from taxes, penalties and/or interest (individually and collectively referred to as "Loss") arising out of any Adviser-initiated transfer or partial surrender. Security Benefit is not responsible and has no liability for any Loss incurred by Owner(s) as a result of

the transactions contemplated by this authorization except in the event the Owner(s) suffers any such Loss as a result of the willful misconduct of Security Benefit, its employees or agents in processing transfer or partial surrender requests made by Adviser.

4. Investment Allocation Services Agreement

Applicable only to an IRA Annuity, SEP/IRA Annuity or 403(b) Annuity.

4.1 The Owner(s) and the Adviser described above agree that the cost of any investment advisory services provided by the Adviser will be deducted from the assets of the Contract from time to time as described above in Section 3. 4.2 The Owner(s) and the Adviser agree that the Contract shall be solely responsible for the payment of the fee and that neither the Owner(s) nor Security Benefit shall have any liability whatsoever for payment thereof. The fee shall be deducted directly from the assets of the Contract and forwarded by Security Benefit to the Adviser.

4.3 Under no circumstances shall the Owner(s) or Security Benefit be held liable for payment of the fee. If the assets of the Contract should fail to be sufficient to pay the fee or if the fee should fail to be paid for any reason whatsoever, the Adviser shall have no right to collect the fee from either the Owner(s) or Security Benefit. The Adviser shall have a cause of action for payment of the fee solely against the assets of the Contract.

4.4 The Owner(s) acknowledges that Security Benefit makes no representation or warranty, either by accepting any instructions from the Adviser to reallocate among the investment options provided under the annuity (the "Services") or otherwise, concerning the tax treatment of the deduction of the cost of the Services described herein under the Internal Revenue Code or otherwise. Security Benefit has no responsibility or liability with respect to the transactions contemplated by this Agreement.

5. Signature

(Your signature is required to authorize Security Benefit to activate this Third Party Investment Adviser Authorization Agreement). This authorization will remain in full force and effect until revoked by me/us by a written notice received at Security Benefit's home office.

X
Signature of Owner(s) _____ Date _____

X
Signature of Joint Owner(s) (if applicable) _____ Date _____

X
Signature of Investment Advisor (firm) _____ Date _____

X
Signature of Investment Advisor (individual) _____ Date _____