



SECURITY FLEX 125 ELECTRONIC REMITTANCE INSTRUCTIONS

WIRE TRANSFER / ACH INSTRUCTIONS

Please contact your bank to set up the transfer of funds to Security Benefit via ACH/wire.

BANK NAME:	UMB BANK
BANK ADDRESS:	KANSAS CITY, MO
ACCOUNT NAME:	SECURITY BENEFIT LIFE
TRANSIT ROUTING NUMBER:	101000695
ACCOUNT NUMBER:	9870848783

ACH (to have money pulled from account)

We need to have a completed Authorization Agreement on file in order to process ACH debits. E-mail ebdept@securitybenefit.com and tracy.anguiano@securitybenefit.com the ACH instructions with the date and amount to be withdrawn from your account. (the billing/invoice must either be uploaded on our SFTP, see below, or emailed with the ACH instructions)

SPENDING INSTRUCTIONS

Prior to each wire please e-mail your payroll instructions in an excel format. Please note any changes from the previous billing.

E-mail to: ebdept@securitybenefit.com & tracy.anguiano@securitybenefit.com.

SFTP SITE

We have the ability to set your group up on a secure ftp site that files can be saved instead of emailing the file. This is a more secure way to exchange information electronically on your employees.

If you would like to be set up for ftp submission, please contact Tracy.

CONTACT INFORMATION

Tracy Anguiano
Phone: 800-888-2461 Ext. 3909
Fax: 785-368-1719
Email: tracy.anguiano@securitybenefit.com.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

Company Tax ID Number: _____

Company Address: _____

Phone Number: _____

I (we) hereby authorize Security Distributors, Inc. (SDI) to initiate Automated Clearing House (ACH) debits or to draw debit checks against the designated financial institution account listed below. I (we) understand that this service is governed by the rules of the ACH Association, as amended from time to time, and established solely for our convenience. This service may be suspended, terminated, or modified at any time with written notification and delivered to SDI:

Depository Name (Bank): _____

Branch: _____

Address: _____

Routing Number: _____

Account Number: _____

I (we) agree to be bound by any rules imposed by our designated financial institution regarding preauthorized electronic funds transfers. In consideration of Security Distributors, Inc. providing the service established on this form, the undersigned agrees to defend, hold harmless and indemnify Securities Distributors, Inc., its officers, agents, employees, affiliates and successors from any losses, claims, expenses and liabilities that any of them may suffer arising from, or as a result of Security Distributors, Inc. acceptance of transaction instructions through these services. By signing below, I (we) hereby agree to the terms set forth on this document.

Authorized Name on Account

Title

Authorized Signature on Account

Date

Please return this form to: Security Benefit Group
One Security Benefit Place
Topeka, KS 66636-0001