

Traditional and Roth IRA Application

Questions? Call Scarborough at 1-800-223-7608.

Instructions

Use this form to establish a new Traditional IRA or Roth IRA. Please type or print.

Please make check(s) payable to: **Security Benefit**

All checks and forms should be mailed to: **Scarborough Securites, One Bridge Street, Irvington, NY 10533**

1. Provide Account Owner Information

Plan Number 132014

Name _____ Male Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Marital Status: Single Married Divorced/Widowed Email Address _____

Union _____ Local No. _____ Employer _____

2. Provide Account Type Information

Please select one:

- Rollover IRA
- Traditional IRA (for tax year _____)
- Roth IRA (for tax year _____)

Please indicate your contribution amount

- Estimated Rollover Amount \$ _____
- Current year contribution \$ _____
- Prior year contribution \$ _____

For rollovers, please indicate type of account that funds are coming from:

- 401(k) Pension
- Roth IRA Traditional IRA Other _____

Contributions are made as current year contributions unless otherwise designated.

Please Continue...

3. Select Model Portfolio

- Conservative
 Growth

- Conservative Growth
 Aggressive Growth

- Moderate Growth

By selecting one of the model portfolios listed above you hereby acknowledge and authorize Scarborough, by execution of this form, to allocate your account value among the funds according to the allocation for the model portfolio you have selected.

Restrictions (optional)

If there are any funds that you would like Scarborough to exclude from its allocations, please list them below. Please note, if Scarborough cannot accommodate your request, a Scarborough representative will contact you.

Fund Name

Fund Name

Fund Name

4. Automatic Rebalancing

If you have selected a model portfolio, you may elect automatic rebalancing so that your account will be reallocated to the model percentages at the selected frequency.

- Enroll me in Automatic Rebalancing

Frequency: Annual Semi-Annual Quarterly

5. Investment Options/Allocation of Contributions

Complete this section only if you did not select a model portfolio in Section 3. This application is for all of the funds listed below and will apply to any funds added in the future. The Stable Value Account will be used as the default fund if participants do not select investments for their existing account balance or future contributions.

____ % American Century Equity Growth
____ % American Century Equity Income
____ % Ariel®
____ % Aston/TAMRO Small Cap
____ % Dodge & Cox Income
____ % Dodge & Cox International Stock
____ % Janus Growth and Income
____ % Janus Mid Cap Value
____ % Janus Orion
____ % Janus Overseas¹

____ % Jennison Small Company
____ % Jennison Value
____ % T. Rowe Price Growth Stock
____ % T. Rowe Price New Horizons
____ % T. Rowe Price Real Estate¹
____ % T. Rowe Price Value
____ % Wells Fargo Advantage Mid Cap Disciplined
____ % Stable Value Account²

Must Total 100%

¹ Investments in this fund that are withdrawn or transferred may be assessed a redemption fee, which is retained by the fund. For questions please call Scarborough at 800-223-7608.

² Group unallocated fixed annuity, form GV4586, issued by Security Benefit Life Insurance Company.

6. Electronic Authorization

Transactions may be requested via telephone, internet, or other electronic means by the Owner and/or customer service representative based on instructions of the participant.

Reasonable procedures have been established by Scarborough Securities Corporation 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 Scarborough Securities Corporation 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.

- I do not want the Electronic Authorization Option.

Please Continue...

7. Provide Primary and Contingent Beneficiary(ies)

For additional Beneficiaries, please complete a Beneficiary Designation Form.

| | <i>Primary Beneficiary Name</i> | <i>Social Security No.</i> | <i>DOB (mm/dd/yyyy)</i> | <i>Relationship to Owner</i> | <i>% of Benefit</i> |
|----|---------------------------------|----------------------------|-------------------------|------------------------------|---------------------|
| 1. | | | | | |
| 2. | | | | | |

| | <i>Contingent Beneficiary Name</i> | <i>Social Security No.</i> | <i>DOB (mm/dd/yyyy)</i> | <i>Relationship to Owner</i> | <i>% of Benefit</i> |
|----|------------------------------------|----------------------------|-------------------------|------------------------------|---------------------|
| 1. | | | | | |
| 2. | | | | | |

8. Certification and Signature

I hereby: (1) appoint UMB Bank, n.a., as Custodian; (2) acknowledge receipt and adoption of the Custodial Agreement, including the asset-based charges and annual account fee set forth in the document titled "Expense and Other Important Information," and receipt of the applicable IRA Disclosure Statement; and (3) acknowledge receipt of the privacy policies of Scarborough Securities Corporation and Security Distributors, Inc. and their respective affiliates.

If you have not received any of the above-referenced documents, please contact your financial representative and obtain these documents before signing this application.

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Tax Identification Number Certification

Under penalties of perjury I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. Person, (including a U.S. resident alien).

You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature

Date (mm/dd/yyyy)