

457 Participant Enrollment Form

Attn: Retirement Plan Services – Security Benefit Group Retirement ProgramSM

1. SOCIAL SECURITY NUMBER _____

Annual Income \$ _____ Occupation _____

Name _____
Last First MI

Mailing Address _____
Number & Street

City _____ State _____ Zip Code _____

Residence Address (Complete if different from mailing address) _____
Number & Street

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Ext. _____

Date of Birth _____ - _____ - _____ Date of Hire _____ - _____ - _____ Email Address _____

2. EMPLOYER INFORMATION (Required)

Plan Number _____

Employer Name _____

3. DEFERRAL SUMMARY

Deferrals can start no earlier than the first day of the month following the month this application is signed.

Start Deferral on: _____

Deferral Amount \$ _____ or % _____

+ Catchup Amount \$ _____ or % _____

= Total Deferral \$ _____ or % _____

4. CATCH-UP Provision Utilized:

Yes, Age 50+ Yes, 3-year No
_____ Expected retirement date

5. ELECTRONIC PRIVILEGES

This privilege authorizes the trustee or its agent to make exchanges between funds, and changes to your address based on instructions received via either telephone or the internet.

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.

6. INITIAL INVESTMENT / ALLOCATION OF CONTRIBUTIONS

Indicate below how you want your **future contributions** invested. The percentages must be whole numbers, not fractions, and total 100%. **If you do not select investments for your future contributions, these dollars will be invested in the ABN AMRO Income Plus Fund. (\$25 minimum contribution, \$10 minimum per fund.)**

_____ % AIM Technology	_____ % Security Mid Cap Value	_____ % Allianz AMM Asset Allocation
_____ % AIM Global Health Care	_____ % Security Large Cap Growth	_____ % PIMCO High Yield
_____ % Fidelity Advisor Intl Cap App ³	_____ % Van Kampen Emerging Growth	_____ % Security High Yield
_____ % Dreyfus Premier Intl Value	_____ % Marsico Focus	_____ % Wells Fargo Advtg Govt Sec
_____ % Security Global	_____ % American Century Ultra	_____ % Security Diversified Income
_____ % Security Small Cap Growth	_____ % Marsico Growth	_____ % Dreyfus Bond Market Index
_____ % AIM Small Cap Growth	_____ % Security Social Awareness	_____ % PIMCO Total Return
_____ % Fidelity Advisor Small Cap	_____ % Fidelity Advisor Div Growth	_____ % Federated Fund for US Govt Sec
_____ % Fidelity Advisor Value Strat	_____ % AIM Premier Equity	_____ % Security Income Opportunity
_____ % Dreyfus Smallcap Stock Index	_____ % Dreyfus S&P 500 Stock Index	_____ % ABN AMRO Income Plus
_____ % Wells Fargo Advtg SmCp Value	_____ % Security Equity	_____ % Fixed Account ¹
_____ % Security Mid Cap Growth	_____ % Federated Capital Appreciation	Must Total 100%
_____ % AIM Dynamics	_____ % Allianz CCM Cap App	¹ The Fixed Account may not be available in your plan or state. If unavailable, elections will default to the ABN AMRO Income Plus Fund.
_____ % Fidelity Advisor Mid Cap ²	_____ % Dreyfus Appreciation	² Fund is not available in all plans. Please consult with your financial representative.
_____ % Van Kampen Aggressive Growth	_____ % Security Alpha Opportunity	³ Investments in this fund that are withdrawn or transferred may be assessed a redemption fee, which is retained by the fund. Please consult with your financial representative.
_____ % Federated Kaufmann	_____ % Allianz OCC Value	
_____ % Wells Fargo Advtg Opportunity	_____ % AIM Basic Value	
_____ % Dreyfus Midcap Index	_____ % Van Kampen Comstock	
_____ % AIM Mid Cap Core Equity	_____ % Security Large Cap Value	
_____ % Allianz OCC Renaissance	_____ % Van Kampen Equity and Income	

7. BENEFICIARY INFORMATION - If you would like to designate more than one beneficiary, please use the Beneficiary Election/Change Form.

Primary Beneficiary _____
Name (Please Print) Social Security Number Relationship Date of Birth

8. SIGNATURE

I authorize my Employer to reduce my salary by the above amount which will be credited to my Employer's Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The withholding of my deferred amount by my Employer and its payment to the designated investment option(s) will be reflected in the first pay period following the processing of this application by the Plan Administrator and the set-up time required by my payroll center. The reduction is to be allocated to the funding options in the percentages indicated above.

Participating Employee's Signature _____ Date _____

9. REPRESENTATIVE INFORMATION

Rep Name _____ Rep Signature _____ Rep Number _____