

OFG Financial Services, Inc.
457 Plan Transmittal

Representative Name: _____

Representative Number: _____

Broker-Dealer: OFG Financial Services, Inc.

Entity Name: _____

Entity Address: _____

- School District
- Other Governmental Employer

Please select which product will be utilized. Check all that apply.

- NEA Valuebuilder Mutual Fund 457
- Security Benefit Advisor Mutual Fund 457
- Security Benefit Variflex Variable Annuity

Please include copy of:

1. Board Resolution adopting the plan
2. Signed Adoption Agreement