

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  
SECURITY BENEFIT LIFE INSURANCE COMPANY  
ONE SW SECURITY BENEFIT PLACE  
TOPEKA, KS 66636  
800-888-2461

1 Gross distribution  
**\$24,600.00**  
2a Taxable amount  
**\$24,600.00**

OMB No. 1545-0119  
**2023**  
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S TIN  
48-0409770

RECIPIENT'S TIN  
[REDACTED]

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
STANLEY D ELLZEY  
[REDACTED]

2b Taxable amount not determined ☒

Total distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

**\$4,920.00**

5 Employee contributions/Designated Roth contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution code(s)  
7

IRA / SEP / SIMPLE ☒

8 Other

%

9a Your percentage of total distribution  
%

9b Total employee contributions

**Copy B**  
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

14 State tax withheld

**\$1,476.00**

15 State/Payer's state no.

[REDACTED]

16 State distribution

**\$24,600.00**

10 Amount allocable to IRR within 5 years

11 1st year of design. Roth contrib.

12 FATCA filing requirement ☐

17 Local tax withheld

18 Name of locality

19 Local distribution

Account number (see instructions)  
[REDACTED]

13 Date of payment

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service