



BENEFICIARY DESIGNATION - SERVICE AWARD PROGRAM

FIRE DEPARTMENT NAME: _____ Participation Date: _____

Participant's Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby designate as Primary Beneficiary: (Please print clearly – all blanks must be filled in)

Table with 4 columns: Name/Address, Relationship, DOB / Percentage, SSN. Contains 3 empty rows for beneficiary information.

I hereby designate as Secondary Beneficiary: Please print clearly – all blanks must be filled in.

(The Secondary Beneficiary receives the proceeds if the Primary Beneficiary has pre-deceased the Participant)

Table with 4 columns: Name/Address, Relationship, DOB / Percentage, SSN. Contains 3 empty rows for secondary beneficiary information.

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

Signature of Participant

Date of Signature

General Conditions of Designation

This Designation of Beneficiaries may be changed by filing a new Designation. No Designation shall be effective unless filed with the Company or Sponsor if Service Award Program. Where more than one Primary Beneficiary has been designated, distribution will be made in equal amounts, unless otherwise indicated, among those Primary Beneficiaries who are alive at the time of the participant's death. If the designated Primary Beneficiary is not alive at the time of the participant's death, his/her share will be added to the share of each surviving Primary Beneficiary in proportion to the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the participant's death, distribution will be made on the same basis to the designated Secondary Beneficiaries.

FIRST SECURITY BENEFIT LIFE INSURANCE AND ANNUITY COMPANY OF NEW YORK
C/O LOSAP Administrator
MCNEIL & COMPANY
67 MAIN STREET, P. O. BOX 5670
CORTLAND, NEW YORK 13045
800-822-3747 X 255