



FIRST SECURITY BENEFIT LIFE INSURANCE AND ANNUITY COMPANY OF NEW YORK

FORM OF LOSAP II BENEFIT ELECTION AGREEMENT

Plan Name: _____ Date of Participation: _____

Participant's Name: _____ Date of Birth: _____ Male: ___ Female: ___

Social Security Number: _____ Home Telephone Number: _____

Address: _____ City _____ State ___ Zip _____

The undersigned wishes to elect the form of Service Award Benefit which will be payable under the Length of Service Award Program ("Program") referenced above. All terms contained in this Election Agreement and defined by the Program shall have the meanings ascribed to them by the Program.

1. Applicability of Plan – I understand that this Election Agreement and all terms and conditions of my participation in the Program and my rights to amounts credited to me are subject to the provisions of the Program.
2. Taxation of Benefits – I understand that all amounts received by me under this Program are taxable to me as ordinary income in the year received.
3. "Length of Service Award Benefit II" – When payable will be in a Lump Sum payment.
4. Effective Date and Change of Election – The Election Agreement shall be effective on the date it is signed by me.

Date Signed

Participant's Signature

Withholding Election:

- Do not withhold Federal Income Tax
 Please withhold Federal Income Tax
 _____ % / Default 10%

(Note: Failure to complete this information will cause us to automatically withhold 10% of the disbursement)

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