



FORM OF SERVICE AWARD BENEFIT
ELECTION AGREEMENT

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: losap@mcneilandcompany.com

Plan Name: _____ Date of Participation: _____
Participant's Name: _____ Date of Birth: _____ Male Female
Social Security Number: _____ Home Phone: _____

The undersigned wishes to elect the form of Service Award Benefit which will be payable under the 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. Form of Service Award Benefit - As provided by Section 6.02 of the Program, I elect to receive my Service Award Benefit, when payable, as: (select 3a or one option in 3b)
 - a. Election Deferred. If an election is not made one year prior to entitlement age, the form of the Service Award Benefit shall be as specified in the Program.

****WE STRONGLY RECOMMEND THAT YOU REVIEW YOUR ELECTION/OPTION CHOICES WITH A QUALIFIED FINANCIAL CONSULTANT. FIRST SECURITY BENEFIT DOES NOT CONSULT OR GIVE FINANCIAL ADVICE ON THE ELECTION/OPTION THAT WILL BE MADE BY THE PARTICIPANT. FSB IS NOT HELD LIABLE FOR ANY ELECTION/OPTION THAT IS CHOSEN IN ERROR. ****

- b. Lump Sum. (The whole amount can be made payable to the participant or the whole amount can be rolled over into an IRA. Please provide proof of IRA from Financial institution)
 - Fixed Period for ____ Years. (5 or 10) At the end of the designated number of years, the payment terminates. If the policyholder dies before the end of the fixed period payment continues to the beneficiary.
 - Life Annuity. Payment is made to the participant for life. Payment terminates upon the death of the participant. No beneficiary designations can be made.
 - Life Annuity with a 10 Year Period Certain. The period certain guarantees that if the participant dies during the period certain, the payment continues to the beneficiary until the end of the period certain; otherwise, the payment continues to the participant for life.
 - Life with 100% Survivor Benefits. Payment is made to the participant for life and then continues to the survivor for life. Payment is calculated using the ages of the participant and the designated survivor.

4. Effective Date and Change of Election - The Election Agreement shall be effective on the date it is signed by me. This Election Agreement is IRREVOCABLE.

Date

Participant's Signature

Please Mail Check Payable To:

Withholding Election:
 Do not withhold Federal Income Tax
 Please withhold Federal Income Tax _____%
(10% unless otherwise specified.)

**First Security Benefit Life Insurance and Annuity Company of New York
c/o McNeil & Company – LOSAP Administrator
P.O. Box 5670
Cortland, NY 13045
(800) 822-3747 Ext. 255**



OPTION DEFINITIONS

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: losap@
mcneilandcompany.com

****CHANGES CANNOT BE MADE TO OPTIONS ONCE PAYMENT BEGINS:**

NON-LIFE OPTIONS

FIXED AMOUNT:

The policyholder selects the amount of payment to be received monthly. First Security Benefit will calculate the number of payments the accumulated fund value will support, not to exceed 25 years. If the policyholder dies before all payments are made, the monthly payment continues to the beneficiary.

FIXED PERIOD:

The policyholder selects the number of years to receive the monthly payment not to exceed 25 years. First Security Benefit calculates the amount of the monthly payment using the accumulated fund value, the age **last** birthday and the number of payments selected. At the end of the fixed period, the payment terminates. If the policyholder dies before the end of the period, the payment continues to the beneficiary.

LIFE INCOME OPTIONS

PERIOD CERTAIN WITH LIFE:

The policyholder may select a life payment with a **10-year period certain**. If the policyholder dies during the period certain, the payment continues to the beneficiary until the end of the period certain; otherwise, the payment continues to the policyholder for life.

STRAIGHT LIFE:

Payment is made to the policyholder for life. Payment terminates upon the death of the policyholder.

JOINT & SURVIVOR: 100%

Payment is calculated using the ages of the policyholder and the designated survivor. Payment is made to the policyholder for life and then continues to the survivor for life. The **100% payment** means that the payment amount is the same for both the policyholder and the survivor.

I acknowledge that I have read and understand the list of benefit payment options available to me.

Participant Name: _____

Participant Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**VOLUNTEER FIREFIGHTERS DIVISION
 FIRST SECURITY BENEFIT LIFE INSURANCE AND ANNUITY COMPANY OF NEW YORK
 C/O MCNEIL & COMPANY – LOSAP ADMINISTRATOR, P.O. BOX 5670,
 CORTLAND, NY 13045 - (800) 822-3747 Ext. 255**

BENEFICIARY DESIGNATION

Fire Department Name: _____ SSN: _____

Name of Member/Participant: _____ Date of Birth: _____

SERVICE AWARD PROGRAM

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

Primary Beneficiary(ies)

Name/Address	Relationship	DOB	Percentage %

Percentage must total 100%

Secondary Beneficiary(ies)

The Beneficiary(ies) who will receive the proceeds if the Primary Beneficiary has pre-deceased the Participant.

Name/Address	Relationship	DOB	Percentage %

Percentage must total 100%

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.

Address of Member/Participant

Signature of Member/Participant

Date Signed

This information will also be used to calculate the 100% Joint/Survivor option (Beneficiary cannot be changed). This form should also be completed when a member is electing any of the following options - Fixed Period, Life Annuity with a Period Certain, Life with 100% Survivor.

FIRST SECURITY BENEFIT LIFE INSURANCE AND ANNUITY COMPANY OF NEW YORK
Electronic Deposit/ACH Transfer Forms
(Please Print Clearly)

Vendor ID: _____

To Enroll in Electronic Deposit for your **Monthly LOSAP Annuity** payments, simply fill out the form and mail it to:

First Security Benefit
c/o McNeil and Company
LOSAP Administrator
P.O. Box 5670
Cortland, NY 13045-5670

Participants' Name: _____

Participants' Social Security Number: _____

Participants' Phone Number: _____



Account Information:

Bank Name: _____

Bank City / State / Zip Code: _____

Routing Number: _____

Account Number: _____

Account Type (Check One): Checking Savings

Notes:

1. Forms will **not be accepted** without a voided check if you have a checking account (no deposit slips). If you have a savings account, a letter from your bank with its ACH transfer instructions will be needed.
2. An ACH transfer may take up to 2-3 business days to be deposited into your account.

Participant Certification:

I hereby authorize **First Security Benefit (hereinafter "FSB")** to deposit any monthly LOSAP annuity amounts owed to me by initiating credit to my account at the financial institution (**hereinafter "Bank"**) indicated on this form. Further I hereby authorize the Bank to accept and credit any credit entries indicated by FSB to my account. In the event that FSB deposits funds erroneously into my account, I authorize FSB to debit my account for the amount not to exceed the amount of the erroneous credit. This authorization will remain in effect until FSB has received written notice from me to terminate the electronic deposit transfer to the Bank.

Participants' Signature

Date Signed