



Business Entity Ownership Certification

1. _____ 2. _____
 Name(s) of Insured(s) or Annuitant Policy or Annuity Contract Number

3. _____ 4. _____ 5. _____
 Legal Name of Business Entity Date of Organization State of Organization

6. _____
 Business Street Address

7. _____
 Mailing Address, if different

8. Form of Business C Corporation S Corporation LLC Partnership Sole Proprietorship

9. Proposed insured(s)/annuitant's relationship to business entity/% ownership: _____

10. Nature of business: _____

11. Federal Tax I.D. No. _____

12. Please provide the following information regarding the business owners, partners, and executive officers:

Name	DOB	Title	<i>Required for new applications only</i>		
			Percent Ownership	Amount of Insurance In Force	Applied For
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please attach additional sheets if necessary)

13. Purpose of insurance or annuity:
 Executive Bonus Keyperson Insurance Debt Collateral Split Dollar Buy/Sell Agt.
 Deferred Compensation Keyperson for Venture Capital Financing Other: _____

(New applications only) If Buy/Sell: If insurance is not in force or applied for on each of the owners/stockholders, why not? _____

14. The undersigned certify to Security Mutual Life Insurance Company of New York (“Security Mutual”) that:

1. The business entity is in good standing under the laws of the jurisdiction in which it was organized;
2. The business entity has authorized the undersigned to sign documents on its behalf in connection with the purchase of the above-referenced Policy or Annuity Contract;
3. Those individuals named in Item 15 below are authorized to exercise all ownership rights provided by the Policy or Annuity Contract, including but not limited to, any right to surrender, make withdrawals from, collaterally assign or transfer ownership of the Policy or Annuity Contract;
4. Neither Security Mutual nor anyone acting on behalf of Security Mutual is responsible to determine the authority of the undersigned or the authority of any other person who purports to act on behalf of the business entity, or to inquire about or review the organizational documents of the business entity and shall not be charged with knowledge of any of them;
5. The undersigned will advise Security Mutual of any changes to Item 15 and agree that Security Mutual is not responsible to determine that any such change has been authorized by the business entity.

15. Any form required to exercise any rights under the Policy or Annuity Contract (check one):

must be signed by all of the following:

OR

may be signed by any one of the following:

Printed name and title

Signature

Printed name and title

Signature

Printed name and title

Signature

Printed name and title

Signature

may be signed by the following alone, who is authorized to act alone for the business entity:

Printed name and title

Signature

The undersigned, jointly and severally, indemnify Security Mutual and hold Security Mutual harmless from any liability for any action of any of the undersigned or any person named in item 15 above.

Name
Title: _____

Date: _____

Name
Title: _____

Date: _____