

SURVIVORSHIP



Agent's Guide

A flexible premium joint and last survivor
universal life insurance policy for the
estate and business planning markets.

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Introduction and Executive Summary

Survivorship UL is a joint and last survivor flexible premium universal life insurance policy designed for the estate-planning market. Also known as last-to-die or second-to-die universal life, the Survivorship UL insures two lives and pays the death benefit after both insureds have died.

Federal estate taxes may dramatically reduce the value of a married couple's estate. Survivorship UL can play an important role in preserving the estate, by providing cash liquidity precisely when it is needed. Simply put, the death benefit is paid when federal estate taxes come due, that is, after both husband and wife have died.

Additionally, Survivorship UL may be useful in family business succession planning. Parents are often forced to choose between those children who are actively involved in the family business and those who aren't. Survivorship UL can provide the mechanism to help equalize the size of the inheritance, creating parity for the children not involved in the business.

Survivorship UL can be helpful in protecting against catastrophic loss of key performers, and may be appropriate for certain buy-sell arrangements, particularly for family businesses.

Survivorship UL also offers a Term Life Insurance Rider, a single life rider available for issue on each or either of the insureds. The rider features an additional element of flexibility in developing your clients' financial plan. The rider can provide more financial security for a surviving spouse because there will be death benefit proceeds from the rider available to pay costs associated with the first death.

Survivorship UL offers flexible premiums and death benefits to help meet your clients' needs. With your guidance, this valuable financial-planning tool can be used to create the cash liquidity needed to pay federal estate taxes, minimize estate shrinkage and conserve estate assets.

SURVIVORSHIP UL At-A-Glance

Description: A joint and last survivor flexible premium life insurance policy that insures two lives and pays the death benefit after both insureds have died. Policy Form Nos. 2091, 2091-NY, ICC08-2091.

Markets: Primarily used in estate planning for married couples. Also effective in business-planning situations, including family business succession planning.

Issue Ages: 18-90. Age Nearest Birthday for each insured. No restrictions or limitations on the differences in ages of the two insureds.

Issue Classifications: Preferred Plus Nonsmoker, Preferred Nonsmoker, Standard Nonsmoker, Preferred Smoker and Smoker. Note: Same sex insureds are permitted.

Rated Classes: A substandard table rating may be assessed for certain health conditions (Substandard Tables 1-16). Flat extra premiums may be used in certain situations. Substandard table ratings may not be applied to Preferred Plus or Preferred risk classes.

Uninsurable Life: One uninsurable life may be considered, provided the other insured is not rated higher than rated class 4 (i.e., Table 4). Consult the Underwriting Department for determination of uninsurable status.

Death Benefit: Choice of two death benefit options:

- Option A – The death benefit will be the greater of the specified amount or the accumulated value multiplied by the applicable death benefit factor.
- Option B – The death benefit will be the greater of the specified amount plus the accumulated value, or the accumulated value multiplied by the applicable death benefit factor.

Changing Death Benefit Options: The owner may change the death benefit option subject to Company rules in effect at the time of the change. The Company may require evidence of insurability.

Maturity Date: The policy maturity date will be that policy anniversary following the younger insured's age 121.

Note: Taxation of benefits from a life insurance policy after the younger insured's attained age 100 is unclear. Your clients are encouraged to consult counsel and other competent tax advisors for more complete information before continuing the policy after the younger insured's attained age 100.

Changes at First Death:

None. Basis for determining premiums, cash values, cost of insurance charges, expenses, and death benefits remains unchanged following the first death.

Minimum Specified Amount:

\$250,000 (\$500,000 for some states)

Interest Rate:

Minimum Guaranteed Rate: 3 percent. Current interest rates are set from time to time by the Company but will never be less than 3 percent.

Premiums:

Flexible. The amount and frequency of the premium payments may be changed to meet the policyowners' needs. Premiums are subject to certain minimum and maximum amounts. The policy's cash surrender value must be sufficient to pay the policy's monthly charge, or the policy may lapse.

Target Premium is calculated based on the insureds' risk classifications and is the maximum fully commissionable premium.

Note: Target premium cannot exceed \$50/\$1000.

Minimum premium provides a 5-year no lapse guarantee. Refer to page 8 for more information.

Premium Modes:

Annual, Semi-Annual, Quarterly, Monthly (EFT) and List Bill Monthly.

Expenses:

Percent of Premium Charge –

- Policy Years One through Three:
 - Up to target premium 67 percent
 - In excess of target premium 3 percent
- Policy Years Four and Later 3 percent

Monthly Policy Charge – \$7.00 per month, all years.

Policy Loans:

Available at any time when there is a Loan Value. Policy loans reduce the available benefits including both death proceeds and cash surrender value.

Policy Loan Interest Rate:

The rate is set monthly by the Company and is based on Moody's Corporate Bond Yield Average—Monthly Average Corporate Index. The rate charged will not be more than 2 percent greater than the current interest rate on the policy anniversary declared by the Company on the accumulated value.

**Partial
Withdrawals:**

Available after the first policy year as long as the remaining coverage is no less than the minimum specified amount of \$250,000 and the remaining cash surrender value is no less than \$1,000.

Withdrawal must be at least \$1,000 and be effective on any monthly anniversary day. Limited to three withdrawals each policy year. Administrative charge of \$25 applies to each Partial Withdrawal.

Under Death Benefit Option A, the specified amount is reduced by an amount equal to the Partial Withdrawal.

Riders:

Living Benefits Rider, Split Option Rider—Divorce, Split Option Rider—Federal Estate Tax Changes, Term Life Insurance Rider (available as a single life rider on each or either of the insureds).

Policy Features

Survivorship UL is a joint and last survivor universal life insurance policy also known as second-to-die or last-to-die universal life insurance. The policy insures two individuals and pays the death benefit when the last of the two insureds dies, that is, after both insureds have died. Survivorship UL uses the 2001CSO Mortality Table to establish guaranteed policy values and charges. Most commonly, Survivorship UL is used to address estate-planning needs of married couples.

Because Survivorship UL is a universal life product, premiums and death benefits are flexible within certain limits. The interest rate credited to the accumulated value may change from time to time but in no event will it ever be less than 3 percent. Expenses include a premium charge and a monthly policy charge. Cost of insurance charges are based on the age, sex and risk classification of each insured.

In addition to being used primarily in estate-planning for families, Survivorship UL may also be effective in certain business situations including business succession planning.

Risk Classifications

The two prospective insureds are underwritten independently. Each will be assigned a risk classification or underwriting class as with an individual policy.

Risk classifications include Preferred Plus Nonsmoker, Preferred Nonsmoker, Standard Nonsmoker, Preferred Smoker and Standard Smoker. Substandard table ratings may be assigned to Standard Smoker and Standard Nonsmoker classes, when appropriate.

A flat extra premium may be assigned when appropriate.

One uninsurable may be considered in certain circumstances as long as the other insured is not rated higher than Rated Class 4.

Death Benefit

The death benefit provided under the policy is paid following the second death, that is, upon the death of the last insured to die.

The death benefit will be increased, if necessary, to meet the requirements of the definition of life insurance under the Internal Revenue Code. When appropriate, the death benefit factors shown in the policy specifications pages are applied to the accumulated value to maintain the death benefit and accumulated value corridor required to satisfy the definition of life insurance under IRC Section 7702.

The initial specified amount is shown on the policy specifications page.

Partial Withdrawals reduce the accumulated value. Partial Withdrawals also reduce the specified amount under Death Benefit Option A. Policy loans outstanding at death (including unpaid loan interest) reduce the death proceeds as well.

No policy changes occur as the result of the first death. In other words, the basis for determining premiums, cash values, cost of insurance charges, expenses and death benefits remains unchanged following the first death. The Company does, however, require prompt notification of the first death. When the second death occurs, the death benefit proceeds are payable.

Premiums

Premiums are flexible—the amount and frequency of premium payments may be changed to best meet policyowner needs. However, if the premiums paid prove to be insufficient, coverage provided by this policy may cease prior to the last insured's death. Premiums may need to be increased to maintain coverage to the maturity date or second death.

The planned periodic premium is an amount specified on the application that will be billed to the policyowner. The premium billing mode may be annual, semi-annual, quarterly, monthly (EFT) or list bill monthly. The planned periodic premium shown on the policy specifications page may or may not be sufficient to provide coverage to the maturity date or second death. Again, premiums may need to be increased to maintain coverage to the maturity date or second death.

Minimum Premium – Five-Year No-Lapse Guarantee

During the first five years, the Company guarantees the policy will not lapse provided the total premiums paid, reduced by any partial withdrawals and any outstanding loan balance to date, equal or exceed the sum of the minimum monthly premiums for the elapsed months since the policy date. The minimum monthly premium is shown on the policy schedule or specifications page.

Minimum premiums are calculated by the illustration software. Simply select "Minimum" under the premium payment option and the Minimum premium will be calculated for the two insureds specified. Note that the age, sex and underwriting class of each insured are factored into the Minimum premium calculation.

Minimum premium provides a five year no-lapse guarantee and is the lowest premium that will maintain coverage for 20 years based on non-guaranteed interest rates (formula = current interest rate less 25 basis points) and policy charges illustrated at time of issue.

Target Premium

Target premium is the premium needed to endow the policy at the younger insured's age 121 based on 5 percent interest, years 1-10 and 5.5 percent interest in years 11+ and current cost of insurance charges but cannot exceed \$50 per thousand of face amount. It is also the maximum amount on which full first-year compensation will be paid.

Target premiums are calculated by the illustration software. Simply select "Target" under the premium payment option and the Target premium will be calculated for the two insureds specified. As with the Minimum premium, the age, sex and underwriting class of each insured factor into the calculation of the Target premium.

Modified Endowment Contracts

If the premium for a life insurance policy exceeds the 7-pay guideline premium, then the policy is considered a Modified Endowment Contract (MEC) at the time the policy is issued. All policy distributions (including loans and partial withdrawals) from a MEC are generally taxable to the extent the cash value of the policy exceeds the investment in the contract. Additionally, a 10% penalty tax may apply.

The 7-pay MEC premiums are actuarially determined based on underlying policy mortality assumptions and guaranteed policy interest rate. As prescribed in the Internal Revenue Code §7702, policy premium loads are disregarded in determining the 7-pay premiums.

Should a policy undergo a material change as defined by IRS regulations, a new 7-Pay test must be performed to determine if the policy will then be reclassified as a MEC.

If a policy is issued as a Modified Endowment Contract, the Company requires the policyowner to sign a special Modified Endowment Contract point-of-sale disclosure (i.e., Notice Regarding Tax Aspects of This Policy –0004614). The disclosure must be signed by the policyowner no later than at the time the policy is delivered.

Accumulated Value and Cash Surrender Value

Survivorship UL, like most other universal life contracts, has an accumulated value that is based on several factors including the following:

- Amount and frequency of premium payments
- Accumulated value interest rate
- Cost of insurance charges applicable under the contract
- Amount of pure death protection at risk
- Policy expense charges

The Cash Surrender Value is equal to the Accumulated Value less any loan and accrued loan interest and less any surrender charges. Surrender charges generally apply for the first 20 policy years.

Policy Loans

Policy loans are available by written request at any time there is a loan value. The maximum loan value is the current Cash Surrender Value projected from the date of the loan to the next policy anniversary, discounted at the loan interest rate.

Policy loans reduce the policy's death benefit and the cash surrender or accumulated value. Policy loan interest is charged daily at a variable rate set monthly by the Company. Loan interest is payable annually on the policy anniversary. The loan interest rate applicable to each policy is set on the policy anniversary and will not change more than once a year.

The policy loan interest rate is based on the Moody's Corporate Bond Yield Average – Monthly Average Corporate Index. The policy loan interest rate will not be more than 200 basis points greater than the current interest rate on the accumulated value, declared by the Company on the policy anniversary.

Loan repayments may be made at any time before the death of the last insured to die and while the policy is in force. Any payments remitted to the Company will be treated as premium payments in accordance with the policy provisions unless clearly marked as loan repayments.

Partial Withdrawals

On any monthly anniversary following the first policy anniversary, the policyowner may make, by written request to the Home Office, a Partial Withdrawal of cash. Each Partial Withdrawal must be at least \$1,000, but may not exceed the Cash Surrender Value on that day less \$1,000.

Up to three Partial Withdrawals may be made each year. An administrative charge of \$25 will be deducted from each Partial Withdrawal amount.

A Partial Withdrawal of cash decreases the Accumulated Value by an amount equal to the withdrawal. A Partial Withdrawal will also decrease the specified amount under Option A by an amount equal to the withdrawal. No Partial Withdrawal will be allowed when the resulting specified amount would be less than the minimum specified amount shown in the policy, typically \$250,000.

Term Life Insurance Rider (TLIR)

Security Mutual's Term Life Insurance Rider (TLIR) is designed to offer further flexibility to help meet your clients' personal or business needs. The TLIR offers valuable term insurance coverage in addition to the base policy. The rider is a single life rider and is available for each or either of the insureds subject to the rider requirements. The rider provides a death benefit upon the death of the insured to whom it applies.

The TLIR is available to issue ages 21-70 at the same underwriting classes as the base policy: Preferred Plus Nonsmoker, Preferred Nonsmoker, Standard Nonsmoker, Preferred Smoker, Standard Smoker and Rated classes. *Note: The rider is not available to any insured classified as uninsurable.*

The minimum face amount is \$100,000 and the maximum face amount is 1.5 times the base policy specified amount. The rider has current and guaranteed maximum monthly charges. The rider has no cash value.

The rider may be exchanged for a new policy at any time prior to the Final Exchange Date of the rider. The new policy will be issued on any single life permanent plan of insurance being issued by the Company on the date of the exchange. The new policy will have a current policy date and age of the Insured and substantially the same premium class as the rider. No evidence of insurability is required at the time of the exchange. The exchange may occur at any time when the rider is in force, prior to the attained age 70 of the Insured.

Coverage under the rider terminates at the earliest of: the termination of the base policy, exchange of the rider, or age 80.

Note: The TLIR is available only at the time the base policy is issued. There is an additional charge for this rider. The cost of insurance charges for the TLIR are included in the policy's monthly deduction.

Applying for the Rider

The rider is available for each or either of the Insureds meeting the rider requirements (i.e., a policy can have one or two riders). Therefore, it is important to give special attention when completing the applications to insure that the rider(s) are issued correctly.

The TLIR must be applied for on the application associated with the intended insured to be covered under the rider, (and on each application if applying for riders on both of the insureds). To apply for the TLIR using the 0010700 application, refer to the guidelines on page 14; for 0004386 application guidelines refer to page 17.

Split Option Riders

Two Split Option Riders are available; subject to state approvals:

1. **Split Option Rider *With Evidence of Insurability*—Exercisable in the Event of Divorce**

This Split Option Rider enables the policyowner(s) to exchange the Survivorship UL policy for two individual policies in the event of the insureds' divorce. This rider must be exercised within six months after the date on which the final divorce decree or annulment is issued.

Two new flexible premium life policies will be issued based on the each insured's underwriting classification and age at the time of the exchange. If either insured is found to be uninsurable then no exchange will be permitted.

Each individual life policy will have a face amount equal to one-half of the Survivorship UL's face amount. The accumulated value in the Survivorship UL will also be split in half and rolled over to the new individual policies.

There is a \$250 administrative fee for this rider due at the time of the exchange, in addition to the first premium payment for each new policy.

2. **Split Option Rider *Without Evidence of Insurability*—Exercisable in the Event of Certain Federal Estate Tax Changes**

This Split Option Rider enables the policyowner(s) to exchange the Survivorship UL policy for two individual policies in the event of certain federal estate tax changes. This rider may be exercised if one of the following events take place:

- a. Section 2056 of the Internal Revenue Code of 1986, or its successor, is amended so as to eliminate or reduce the unlimited marital deduction with respect to the insureds; or
- b. Legislation is enacted which 1) extends the elimination of federal estate taxes for a period of at least 48 consecutive months beyond calendar year 2010, or 2) eliminates federal estate taxes for a period of at least 60 months.

The exchange option must be exercised within six months after the date of the enactment of the federal law change described above.

Two new flexible premium life policies will be issued based on each insured's underwriting classification at the time the Survivorship UL was issued. The issue age for each insured will be their then-attained age at the time of the exchange. Each individual life policy will have a face amount equal to one-half of the Survivorship UL's face amount. The accumulated value in the Survivorship UL will also be split in half and rolled over to the new individual policies.

There is a \$250 administrative fee for this rider due at the time of the exchange, in addition to the first premium payment for each new policy.

Living Benefits Rider

If one insured has died, this rider permits the policyowner to access a portion of the life insurance proceeds during the survivor's lifetime in the event the survivor is diagnosed as terminally ill (life expectancy of 12 months or less).

There is an administrative charge (not to exceed \$250) for this rider if exercised.

New Business Guidelines for 0010700 Applications (includes all state-specific versions)

To apply for a Survivorship UL policy, the agent must complete a *separate* Part 1 application for *each proposed insured* and *submit them together* to the Home Office. For State Required Forms, please refer to the [Underwriting Section](#) of SecurityLink.

Please note that no applications for coverage are to be taken until you are notified by the Company that the product has been approved in the state where the application will be written. Consult the [state approval list](#) on SecurityLink for product availability.

The following instructions refer to the 0010700 application series. Please note that applications may vary by state. Consult with New Business for application completion guidance.

As always, please be certain that both your agent number and the general agency number are clearly indicated on each Part 1.

0010700 Application for the Primary Insured

Please see sample "Primary Insured" application on page 20.

The *entire application must be completed for the primary insured* in accordance with the following guidelines:

Owner (Section 7): The Owner section is to be completed only if the policy will be owned by a party other than the insureds themselves, and if so, must be the same on both applications.

Beneficiary (Section 10): The primary and contingent beneficiaries must be the same on both applications, but the relationship to the insured may be different. An irrevocable life insurance trust may be named as the beneficiary. By utilizing an irrevocable trust arrangement, the insurance proceeds may be kept out of the insureds' gross estate. Please contact Security Mutual's Marketing Department for additional information regarding trusts and their uses.

Following are two common beneficiary arrangements for the second-to-die sale:

- If a trust is the owner and beneficiary of the policy, then a Trustee under a Trust Agreement will be listed as beneficiary for the Survivorship UL policy face amount.

0010700 Application for Life Insurance – Part 1

10. BENEFICIARY: Individual(s) Corp. (its successors or assigns) Trust Other (see memo attached)

Primary: Name(s) (If trust, give full name of trustee(s) and date of trust agreement):
First National Bank, NY, NY Trustee Under Trust dated January 31, 2009 Relationship to Insured _____

Contingent: Name(s):
N/A Relationship to Insured _____

UTMA/UGMA Custodian - During minority of the named child(ren), _____
(name of adult to act as Custodian)
shall be Custodian for said child(ren) under the _____ Uniform Transfers/Gifts to Minors Act.
(state)

- If the policy is owned by the insureds and the last-to-die proceeds are for the benefit of the insureds' children:

0010700 Application for Life Insurance – Part 1

10. BENEFICIARY: Individual(s) Corp. (its successors or assigns) Trust Other (see memo attached)

Primary: Name(s) (If trust, give full name of trustee(s) and date of trust agreement):
Jane Doe (SS# XXX-XX-XXXX); Joseph Doe (SS# XXX-XX-XXXX) Relationship to Insured Daughter and Son

Contingent: Name(s):
 _____ Relationship to Insured _____

UTMA/UGMA Custodian - During minority of the named child(ren), _____
 (name of adult to act as Custodian)

shall be Custodian for said child(ren) under the _____ Uniform Transfers/Gifts to Minors Act.
 (state)

Remember to include Social Security Numbers

Plan of Insurance (Section 12):

Initial Premium (12.h.): Indicate the *initial* premium to be processed on the policy. This may be more than the amount collected with the application. Please note that while this can be greater than the planned periodic premium (12.i.), **it CANNOT be less than the planned periodic premium amount.** The initial premium amount, as applied for, must be paid in full to place the policy in force.

The initial premium amount should include any amount submitted with the application.

If the amount shown as the initial premium includes funds to be transferred from either an internal or external source, please so indicate under "Special Issue Instructions" (Section 16) on the Part 1. If the transfer amount is an estimate, the policy will not be issued until the amount can be confirmed.

Note: Changes to the initial premium require that the policy be returned to the Home Office for preparation of new policy specification pages.

Planned Periodic Premium (12.i.) and Planned Periodic Premium Mode (13.b.): Indicate the amount and frequency of the premium payments that the applicant intends to pay periodically. The amount will be billed at the frequency indicated.

Note: Full first-year commissions are payable on the actual amount of premium paid up to the target premium.

Death Benefit Option (12.j.): Indicate the desired option: Option A—Specified Amount or Option B—Specified Amount Plus the Accumulated Value.

Special Issue Instructions (Section 16): To cross-reference to the other application, please indicate "JOINT – WITH (Name of Other Insured/Date of Birth of Other Insured)."

If the initial premium includes a transfer of funds, the amount (or estimate) and source (e.g., 1035 Exchange of Policy No. XXXXXX issued by XXX Company) of the funds must be identified in this section.

Term Life Insurance Rider (Section 16): To apply for the TLIR, complete section 12.s. "Other" and write "Term Life Insurance Rider" and death benefit amount. If the TLIR beneficiary is *not* the same as the base policy, the beneficiary information must be included. The rider beneficiary information should be indicated in Section 16 "Special Issue Instructions," of the 0010700 application.

0010700 Application for the Secondary Insured

Please see sample "Secondary Insured" application on page 22.

The entire application must be completed for the second insured, following the preceding guidelines, but *with the following exceptions*:

In Section 12, under **Plan of Insurance**, only section 12.f. needs to be completed; Survivorship UL should be checked. Section 16, **Special Issue Instructions**, should cross-reference the first application with the statement "JOINT – WITH (Name of Other Insured/Date of Birth of Other Insured)."

Note: If applying for a Term Life Insurance Rider on the Secondary Insured, please refer to specific instructions in the Term Life Insurance Rider section on page 10.

Conditional Receipt

Only one Conditional Receipt is needed when cash with an application is submitted. Complete the receipt from the application of the primary insured. The receipt is applicable to both insureds. The receipt must be signed by both insureds.

The Conditional Receipt should not be issued unless each proposed insured is under the age of 70 and the amount of cash remitted with the applications is at least equal to one-twelfth of the *annualized* planned periodic premium. For example, for an annualized periodic premium of \$5,000, at least \$416.67 must be remitted ($\$5,000/12$).

New Business Guidelines for 0004386 Applications (includes all state-specific versions)

To apply for a Survivorship UL policy, the agent must complete a *separate* Part 1 application for *each proposed insured* and *submit them together* to the Home Office. For State Required Forms, please refer to the Underwriting Section of SecurityLink.

Please note that no applications for coverage are to be taken until you are notified by the Company that the product has been approved in the state where the application will be written. Consult the state approval list on SecurityLink for product availability.

The following instructions refer to the 0004386 application series. Please note that applications may vary by state. Consult with New Business for application completion guidance.

As always, please be certain that both your agent number and the general agency number are clearly indicated on each Part 1.

0004386 Application for the Primary Insured

Please see sample "Primary Insured" application on page 24.

The *entire application must be completed for the primary insured* in accordance with the following guidelines:

Owner (Section 2): The Owner section is to be completed only if the policy will be owned by a party other than the insureds themselves, and if so, must be the same on both applications.

Beneficiary (Section 5): The primary and contingent beneficiaries must be the same on both applications, but the relationship to the insured may be different. An irrevocable life insurance trust may be named as the beneficiary. By utilizing an irrevocable trust arrangement, the insurance proceeds may be kept out of the insureds' gross estate. Please contact Security Mutual's Marketing Department for additional information regarding trusts and their uses.

Following are two common beneficiary arrangements for the second-to-die sale:

- If a trust is the owner and beneficiary of the policy, then a Trustee under a Trust Agreement will be listed as beneficiary for the Survivorship UL policy face amount.

0004386 Application for Life Insurance – Part 1	
5. Beneficiary: Primary:	First National Bank, NY, NY Trustee Under Trust dated January 31, 2009 Relationship to Proposed Insured _____
Contingent:	_____ N/A _____ Relationship to Proposed Insured _____

- If the policy is owned by the insureds and the last-to-die proceeds are for the benefit of the insureds' children:

0004386 Application for Life Insurance – Part 1	
5. Beneficiary: Primary:	Jane Doe (SS# XXX-XX-XXXX); Joseph Doe (SS# XXX-XX-XXXX) Relationship to Proposed Insured Daughter and Son
Contingent:	_____ Relationship to Proposed Insured _____

Remember to include Social Security Numbers

Plan of Insurance (Section 7):

Initial Premium (7.C.): Indicate the *initial* premium to be processed on the policy. This may be more than the amount collected with the application. Please note that while this can be greater than the planned periodic premium (7.D.), **it CANNOT be less than the planned periodic premium amount.** The initial premium amount, as applied for, must be paid in full to place the policy in force.

The initial premium amount should include any amount submitted with the application.

If the amount shown as the initial premium includes funds to be transferred from either an internal or external source, please so indicate under "Special Issue Instructions" (Section 7.P.) on the Part 1. If the transfer amount is an estimate, the policy will not be issued until the amount can be confirmed.

Note: Changes to the initial premium require that the policy be returned to the Home Office for preparation of new policy specification pages.

Planned Periodic Premium (7.D.) and **Planned Periodic Premium Mode** (7.E.): Indicate the amount and frequency of the premium payments that the applicant intends to pay periodically. The amount will be billed at the frequency indicated.

Note: Full first-year commissions are payable on the actual amount of premium paid up to the target premium.

Death Benefit Option (7.G.): Indicate the desired option: Option A—Specified Amount or Option B—Specified Amount Plus the Accumulated Value.

Special Issue Instructions (Section 7.P.): To cross-reference to the other application, please indicate “JOINT – WITH (Name of Other Insured/Date of Birth of Other Insured).”

If the initial premium includes a transfer of funds, the amount (or estimate) and source (e.g., 1035 Exchange of Policy No. XXXXXX issued by XXX Company) of the funds must be identified in this section.

Term Life Insurance Rider (Section 7.L.): To apply for the TLIR, complete section 7.L. by writing “Term Life Insurance Rider,” and fill the death benefit amount in section 7.M. If the TLIR beneficiary is *not* the same as the base policy, the beneficiary information must be included. The rider beneficiary information should be indicated in Section 7.P. “Special Issue Instructions,” of the 0004386 application.

0004386 Application for the Secondary Insured

Please see sample “Secondary Insured” application on page 25.

The entire application must be completed for the second insured, following the preceding guidelines, but *with the following exceptions:*

In Section 7, under **Plan of Insurance**, type or write “Survivorship UL.” Section 7.P., **Special Issue Instructions**, should cross-reference the first application with the statement “JOINT – WITH (Name of Other Insured/Date of Birth of Other Insured).”

Note: If applying for a Term Life Insurance Rider on the Secondary Insured, please refer to specific instructions in the Term Life Insurance Rider section on page 10.

Conditional Receipt/Temporary Insurance Receipt (may vary by state)

Only one Conditional Receipt/Temporary Insurance Receipt is needed when cash with an application is submitted. Complete the receipt from the application of the primary insured. The receipt is applicable to both insureds. The receipt must be signed by both insureds.

The Conditional Receipt/Temporary Insurance Receipt should not be issued unless each proposed insured is under the age of 70 and the amount of cash remitted with the applications is at least equal to one-twelfth of the *annualized* planned periodic premium. For example, for an annualized periodic premium of \$5,000, at least \$416.67 must be remitted ($\$5,000/12$).

In-Force Policy Guidelines

Billing/Collection

- Planned periodic premiums will be billed 20 days prior to the due date.
- In the first policy year, the billing mode can be changed only if the total planned periodic premium for the year remains the same. For example, an annual planned premium of \$1,000 can be changed to a semi-annual premium of \$500 or quarterly premium of \$250 and vice-versa.
- A reminder notice for the planned periodic premium will be generated 20 days after the due date. There are no further reminder notices.

- In the event the policy value is insufficient to support the monthly cost of insurance and expense deductions, a notice will be sent 30 days after the monthly anniversary for which it was insufficient.
- The final lapse letter will be sent 67 days after the monthly anniversary for which an insufficient value was determined.

Annual Report

- A detailed report that outlines important policy information (death benefit, accumulated value, cash surrender value, the amount of any policy loans, the amount of any loan repayments, any partial surrenders and all other transactions that occurred during the year) will be distributed once each year following the policy anniversary. This report, as well as a projection of policy values, is available upon request. (A charge may be assessed.)

Policy Changes

For specific instructions when making policy changes, including administrative and underwriting requirements, please contact the Individual Client Services Department.

Increases in Specified Amount

- Available after the *second* policy year. Minimum increase is \$50,000.
- Effective on the *monthly* anniversary day following Home Office approval.
- Subject to evidence of insurability.
- Available, provided neither insured is past attained age 90.

Decreases in Specified Amount

- Available after the *first* policy year.
- Minimum decrease is \$50,000; remaining specified amount cannot be less than \$250,000 (or the minimum specified amount on the Policy Specifications page, if greater).
- Effective on the monthly anniversary day, on or following the Home Office receipt of the request.

Note: Changes to the Specified Amount may require that a new 7-pay test be performed to determine if the policy will be reclassified as a Modified Endowment Contract. See page 8 for more information.

Death Benefit Option Changes

(Subject to Company rules in effect at the time of the change.)

- Available after the *first* policy year.
- If changing from Option B to Option A, the specified amount will be increased by the amount of the Accumulated Value.
- If changing from Option A to Option B, the specified amount will be decreased by the amount of the Accumulated Value.

Partial Withdrawals

- Available after the *first* policy year.
- Effective on a monthly anniversary day.
- Reduce the Accumulated Value by the amount of the withdrawal. The specified amount under Death Benefit Option A is also reduced by the amount of the withdrawal.
- Minimum partial withdrawal is \$1,000; remaining cash surrender value cannot be less than \$1,000 and remaining specified amount cannot be less than \$250,000. (Or the minimum specified amount on the Policy Specifications page, if greater.)
- Maximum number of partial withdrawals is three per year.
- \$25 charge for each partial withdrawal.

Sample 0010700 Application (applications vary by state)

0010700 Application for Life Insurance – Primary Insured



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT ST.
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
 607.723.3551 • www.smlny.com

**Application for Life Insurance
 Part 1**

New Application Amend Application Reinstatement Change Request } Pol. No. _____ { Conversion Att Age
 Dated: / / Orig Age GIO

(Please print or type all information in black ink. Do not answer Questions 20 through 28 if the Conversion or GIO boxes above are checked and there is no requested increase in the death benefit amount or additional benefits being applied for.)

1. a. Proposed Insured (First, Middle Initial, Last) John J. Doe b. Male Female c. Date of Birth 7/10/42

d. Phone Numbers: Home _____ Work _____ e-mail _____

2. Social Security Number _____ 3. Driver's License Number _____ State _____ 4. Place of Birth Anytown, NY USA
City or Town State Country

5. a. Residence: Have lived here _____ years b. Previous Residences (within last 2 years)
 Street Address 123 Main Street
 City, State, Zip New York, NY 10118

6. a. Employer _____ Have worked here _____ years
 Employer Street Address _____ City, State, Zip _____
 Occupation and duties Attorney

b. Any change contemplated? No Yes (give details in Remarks)

7. Owner: The Proposed Insured(s) shall be the Owner unless another Owner is designated below:
 Full Name (Only if other than "insureds") owner must be the same on both applications _____ Date of Birth _____
 Full Address _____
 Relationship to Proposed Insured _____
 Social Security Number (Person) _____ or IRS Identification Number (other entity) _____

8. Applicant, if other than Owner:
 Full Name _____ Date of Birth _____
 Full Address _____
 Relationship to Proposed Insured _____
 Social Security Number (Person) _____ or IRS Identification Number (other entity) _____

9. Mailing Address for all communications:
 Proposed Insured Owner Applicant
 Other (list full name and address) _____

10. BENEFICIARY: Individual(s) Corp. (its successors or assigns) Trust Other (see memo attached)
 Primary: Name(s) (If trust, give full name of trustee(s) and date of trust agreement):
Jane Doe and Joseph Doe Relationship to Insured Daughter and Son
 Contingent: Name(s): _____ Relationship to Insured _____
 UTMA/UGMA Custodian - During minority of the named child(ren), _____
(name of adult to act as Custodian)
 shall be Custodian for said child(ren) under the _____ Uniform Transfers/Gifts to Minors Act.
(state)

Must be the same for both insureds, but relationship may differ (e.g. sister, sister-in-law).

11. POLICY DATE. If no "Specified Date" is shown in "d" below, policy date is:
 a. later date of Part 1 and required Part 2, if cash is paid with this application; or
 b. the policy's day of issue, if cash is not paid with this application; or
 c. the option date, if a guaranteed insurability option is being exercised; or
 d. SPECIFIED DATE: Month _____ Day _____ Year _____

0010700 Application for Life Insurance – Primary Insured

12. PLAN OF INSURANCE:

- a. Whole Life or Survivorship Whole Life (complete a separate app for each insured)
- b. Amount of base policy death benefit \$ _____ c. Basic annual premium per thousand \$ _____
- d. Paid-up Additions Rider \$ _____ Initial Deposit Subsequent Deposits of \$ _____ for _____ years
- e. Term Rider \$ _____ Death Benefit Amount
- f. Universal Life or Survivorship Universal Life (complete a separate app for each insured)
- g. Specified Amount \$ 500,000
- h. Initial Premium (may not be less than the Planned Periodic Premium applied for) \$ 12,750.00
- i. Planned Periodic Premium \$ 5,300.00
- j. Death Benefit Option: Option A. Specified Amount Option B. Specified Amount plus accumulated value
 Other (please specify): _____
- k. Term l. Level period _____ years m. Face Amount \$ _____

Specify Death Benefit Option.

ADDITIONAL BENEFITS (check if desired; not available for all plans or in all states):

- n. Waiver of Premium (or "Waiver of Deduction" for Universal Life)
 - o. Accidental Death Benefit \$ _____ p. Guaranteed Insurability Rider Type: _____
 - q. Insurance Exchange Rider Amount: \$ _____
 - r. Living Benefits Rider
- I understand that, if accelerated benefits are paid under this rider, receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The portion of the death benefit which is accelerated will be discounted and an administrative expense charge may be deducted from the accelerated benefit.
- s. Other (please specify) Term Life Insurance Rider; Death Benefit \$ _____

n., o., p. & q. Not applicable to Survivorship UL

Available options include: Living Benefits Rider, Split Option Rider (Divorce), Split Option Rider (Federal Estate Tax Changes), Term Life Insurance Rider.

INSURANCE ON CHILD

Answer if Proposed Insured is at least 15 days old and under 14 yrs. 6 mos. (Explain any "No" in Remarks)

- | | YES | NO |
|--|--------------------------|--------------------------|
| t. Is Applicant a parent or legal guardian (attach proof of guardianship) of Proposed Insured?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Is Applicant employed and providing Proposed Insured's main support?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Is all life insurance in force on Applicant at least equal to that on Proposed Insured?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Child's age is over 4 yrs. 6 mos. is amount in force on applicant at least equal to 2 times amount on Child? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Child's age is under 4 yrs. 6 mos. is amount in force on applicant at least equal to 4 times amount on Child? | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured? | <input type="checkbox"/> | <input type="checkbox"/> |

13.a. If available, is Automatic Premium Loan desired? Yes No

- b. Premium Payable: Annually Semi-Annually Quarterly EFT
 List Bill Other _____

There is an additional charge for the convenience of paying more frequently than annually.

c. What amount has been paid with this application? \$ 1,500.00

14. Dividend Option

- 1 Year Term Paid-up Additions Accum. Cash Reduce Paid-up Whole Life
- 1 Year Term Balance to above Other _____

15. Do you elect that Dividend Accumulations be applied to unpaid premiums? Yes No

16. SPECIAL ISSUE INSTRUCTIONS JOINT - Mary C. Doe / D.O.B. 6/28/48

Term Life Insurance Rider - Alternate Beneficiary Name

Cross reference to other application.

If the TLIR beneficiary differs from the base policy, please indicate here.

Specify one of three available dividend options. Note: The Company expects to pay only minimal dividends, if any.

Sample 0010700 Application (applications vary by state)

0010700 Application for Life Insurance – Secondary Insured



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 GOERT ST.
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
 607.723.3551 • www.smlny.com

Application for Life Insurance
Part 1

New Application Amend Application Reinstatement } Pol. No. _____ { Conversion Att Age
 Dated: / / Change Request { Orig Age GIO

(Please print or type all information in black ink. Do not answer Questions 20 through 28 if the Conversion or GIO boxes above are checked and there is no requested increase in the death benefit amount or additional benefits being applied for.)

1.a. Proposed Insured (First, Middle Initial, Last) Mary C. Doe b. Male Female c. Date of Birth 6/28/48

d. Phone Numbers: Home _____ Work _____ e-mail _____

2. Social Security Number _____ 3. Driver's License Number _____ State _____ 4. Place of Birth Anytown, NY USA
City or Town State Country

5.a. Residence: Have lived here _____ years b. Previous Residences (within last 2 years)
 Street Address 123 Main Street
 City, State, Zip New York, NY 10118

6.a. Employer _____ Have worked here _____ years
 Employer Street Address _____ City, State, Zip _____
 Occupation and duties _____

b. Any change contemplated? No Yes (give details in Remarks)

7. Owner: The Proposed Insured(s) shall be the Owner unless another Owner is designated below:
 Full Name (Only if other than "insureds") owner must be the same on both applications _____ Date of Birth _____
 Full Address _____
 Relationship to Proposed Insured _____
 Social Security Number (Person) _____ or IRS Identification Number (other entity) _____

8. Applicant, if other than Owner:
 Full Name _____ Date of Birth _____
 Full Address _____
 Relationship to Proposed Insured _____
 Social Security Number (Person) _____ or IRS Identification Number (other entity) _____

9. Mailing Address for all communications:
 Proposed Insured Owner Applicant
 Other (list full name and address) _____

10. BENEFICIARY: Individual(s) Corp. (its successors or assigns) Trust Other (see memo attached)
 Primary: Name(s) (If trust, give full name of trustee(s) and date of trust agreement):
Jane Doe and Joseph Doe Relationship to Insured Daughter and Son
 Contingent: Name(s): _____ Relationship to Insured _____
 UTMA/UGMA Custodian - During minority of the named child(ren), _____
(name of adult to act as Custodian)
 shall be Custodian for said child(ren) under the _____ Uniform Transfers/Gifts to Minors Act.
(state)

11. POLICY DATE. If no "Specified Date" is shown in "d" below, policy date is:
 a. later date of Part 1 and required Part 2, if cash is paid with this application; or
 b. the policy's day of issue, if cash is not paid with this application; or
 c. the option date, if a guaranteed insurability option is being exercised; or
 d. SPECIFIED DATE: Month _____ Day _____ Year _____

Must be the same for both insureds.

0010700 Application for Life Insurance – Secondary Insured

12. PLAN OF INSURANCE:

- a. Whole Life or Survivorship Whole Life (complete a separate app for each insured)
- b. Amount of base policy death benefit \$ _____ c. Basic annual premium per thousand \$ _____
- d. Paid-up Additions Rider \$ _____ Initial Deposit Subsequent Deposits of \$ _____ for _____ years
- e. Term Rider \$ _____ Death Benefit Amount
- f. Universal Life or Survivorship Universal Life (complete a separate app for each insured)
- g. Specified Amount \$ _____
- h. Initial Premium (may not be less than the Planned Periodic Premium applied for) \$ _____
- i. Planned Periodic Premium \$ _____
- j. Death Benefit Option: Option A. Specified Amount Option B. Specified Amount plus accumulated value
 Other (please specify): _____
- k. Term l. Level period _____ years m. Face Amount \$ _____

ADDITIONAL BENEFITS (check if desired; not available for all plans or in all states):

- n. Waiver of Premium (or "Waiver of Deduction" for Universal Life)
- o. Accidental Death Benefit \$ _____ p. Guaranteed Insurability Rider Type: _____
- q. Insurance Exchange Rider Amount: \$ _____
- r. Living Benefits Rider
 I understand that, if accelerated benefits are paid under this rider, receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The portion of the death benefit which is accelerated will be discounted and an administrative expense charge may be deducted from the accelerated benefit.
- s. Other (please specify) Term Life Insurance Rider; Death Benefit \$ _____

If desired, Term Life Insurance Rider and amount.

INSURANCE ON CHILD

Answer if Proposed Insured is at least 15 days old and under 14 yrs. 6 mos. (Explain any "No" in Remarks)

	YES	NO
t. Is Applicant a parent or legal guardian (attach proof of guardianship) of Proposed Insured?.....	<input type="checkbox"/>	<input type="checkbox"/>
u. Is Applicant employed and providing Proposed Insured's main support?.....	<input type="checkbox"/>	<input type="checkbox"/>
v. Is all life insurance in force on Applicant at least equal to that on Proposed Insured?.....	<input type="checkbox"/>	<input type="checkbox"/>
If Child's age is over 4 yrs. 6 mos. is amount in force on applicant at least equal to 2 times amount on Child?	<input type="checkbox"/>	<input type="checkbox"/>
If Child's age is under 4 yrs. 6 mos. is amount in force on applicant at least equal to 4 times amount on Child?	<input type="checkbox"/>	<input type="checkbox"/>
w. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured?.....	<input type="checkbox"/>	<input type="checkbox"/>

13.a. If available, is Automatic Premium Loan desired? Yes No

- b. Premium Payable: Annually Semi-Annually Quarterly EFT
 List Bill Other _____

There is an additional charge for the convenience of paying more frequently than annually.

c. What amount has been paid with this application? \$ _____

14. Dividend Option

- 1 Year Term Paid-up Additions Accums. Cash Reduce Paid-up Whole Life
 1 Year Term Balance to above Other _____

15. Do you elect that Dividend Accumulations be applied to unpaid premiums? Yes No

16. SPECIAL ISSUE INSTRUCTIONS JOINT – John J. Doe / D.O.B. 7/10/42

Term Life Insurance Rider – Alternate Beneficiary Name

Cross reference to other application.

If the TLIR beneficiary differs from the base policy, please indicate here.

Sample 0004386 Application (applications vary by state)

0004386 Application for Life Insurance – Primary Insured

PART 1	APPLICATION FOR:
	 SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK <small>SECURITY MUTUAL BUILDING • 100 COURT ST. P.O. BOX 1625 • BINGHAMTON, NY 13902-1625 607.723.3551 • www.smlny.com</small>

(Please print all information in black ink)

COMPLETE FOR ALL PLANS

1. A. Proposed Insured (First, Middle Initial, Last) <i>John J. Doe</i>			
B. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	C. Birth Date – Mo. <i>7</i> Day <i>10</i> Yr. <i>1942</i>	D. Place of Birth <i>Anytown, NY USA</i>	
E. Residence Address <i>123 Main Street, New York, NY</i> Zip <i>10118</i>			
F. Occupation – List Duties <i>Attorney</i>			
G. Employer's Name and Address Zip			
2. A. Owner, if other than Proposed Insured (Only if other than "insureds") owner must be the same on both applications			
B. Address Zip			
3. A. Applicant, if other than Owner			
B. Address Zip			
4. Send Premium Notices to: <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other (List name and address) Zip			
5. Beneficiary: Primary: <i>Jane Doe and Joseph Doe</i> Relationship to Proposed Insured: <i>Daughter and Son</i>			
Contingent: Relationship to Proposed Insured:			

Must be the same for both insureds, but relationship may differ (e.g. sister, sister-in-law)

COMPLETE FOR TRADITIONAL AND TERM PLANS

6. A. Plan of Insurance	B. Face Amount \$	C. What Premium Amount has been received with this Application? \$	
D. Premium Mode		E. Basic Annual Premium Per M \$	
F. <input type="checkbox"/> Waiver of Premium Benefit	G. <input type="checkbox"/> Accidental Death Benefit – Amount \$	H. <input type="checkbox"/> Other:	
I. Rider	J. Amount/Unit	K. Rider	L. Amount/Unit
M. Dividend Option <input type="checkbox"/> 1 Yr. Term <input type="checkbox"/> Addns. <input type="checkbox"/> Accums. <input type="checkbox"/> Cash <input type="checkbox"/> Reduce <input type="checkbox"/> P-WL <input type="checkbox"/> Other: _____ <input type="checkbox"/> 1 Yr. Term Balance to above		N. Do you elect that Dividend Accumulations be applied to unpaid premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Do you elect Automatic Premium Loan, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No
P. SPECIAL ISSUE INSTRUCTIONS			

COMPLETE FOR UNIVERSAL LIFE

7. A. Plan of Insurance <i>Survivorship UL</i>	B. Specified Amount <i>\$ 500,000</i>	C. Initial Premium (May not be less than the Planned Periodic Premium applied for) <i>\$ 12,750.00</i>	
D. Planned Periodic Premium <i>\$ 5,300.00</i>	E. Planned Periodic Premium Mode <i>Annually</i>	F. What Premium Amount has been received with this Application? <i>\$ 1,500.00</i>	
G. DEATH BENEFIT OPTION <input type="checkbox"/> Option A. Specified Amount includes the Cash Value. <input type="checkbox"/> Option B. Specified Amount is in addition to the Cash Value. <input type="checkbox"/> Other (Specify):	H. Dividend Option <input type="checkbox"/> Cash <input type="checkbox"/> Addns. <input type="checkbox"/> Other: <i>Accums.</i>		Specify one of three available dividend options. Note: The Company expects to pay only minimal dividends, if any.
I. <input type="checkbox"/> Waiver of Monthly Deduction	J. Accidental Death Benefit – Amount \$	K. <input type="checkbox"/> Other:	
L. Rider <i>Term Life Insurance Rider</i>	M. Amount/Unit <i>Death Benefit \$</i>	N. Rider	O. Amount/Unit
P. SPECIAL ISSUE INSTRUCTIONS <i>JOINT – Mary C. Doe/D.O.B. 6/28/48</i> <i>Term Life Insurance Rider – Alternate Beneficiary Name</i>			

Specify Death Benefit Option.

I. and J. not available on Survivorship UL

Sample 0004386 Application (applications vary by state)

0004386 Application for Life Insurance – Secondary Insured

PART 1	APPLICATION FOR:	
	 SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK <small>SECURITY MUTUAL BUILDING • 100 COURT ST. P.O. BOX 1625 • BINGHAMTON, NY 13902-1625 607.723.3551 • www.smlny.com</small>	

(Please print all information in black ink)

COMPLETE FOR ALL PLANS

1. A. Proposed Insured (First, Middle Initial, Last) <i>Mary C. Doe</i>	
B. <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	C. Birth Date – Mo. <i>6</i> Day <i>28</i> Yr. <i>1948</i>
D. Place of Birth <i>Anytown, NY USA</i>	
E. Residence Address <i>123 Main Street, New York, NY</i> Zip <i>10118</i>	
F. Occupation – List Duties	
G. Employer's Name and Address Zip	
2. A. Owner, if other than Proposed Insured (Only if other than "insureds") owner must be the same on both applications	
B. Address Zip	
3. A. Applicant, if other than Owner	
B. Address Zip	
4. Send Premium Notices to: <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other (List name and address) Zip	
5. Beneficiary: Primary: <i>Jane Doe and Joseph Doe</i> Relationship to Proposed Insured: <i>Daughter and Son</i>	
Contingent: Relationship to Proposed Insured:	

Must be the same for both insureds.

COMPLETE FOR TRADITIONAL AND TERM PLANS

6. A. Plan of Insurance	B. Face Amount \$	C. What Premium Amount has been received with this Application? \$	
D. Premium Mode		E. Basic Annual Premium Per M \$	
F. <input type="checkbox"/> Waiver of Premium Benefit	G. <input type="checkbox"/> Accidental Death Benefit – Amount \$	H. <input type="checkbox"/> Other:	
I. Rider	J. Amount/Unit	K. Rider	L. Amount/Unit
M. Dividend Option <input type="checkbox"/> 1 Yr. Term <input type="checkbox"/> Addns. <input type="checkbox"/> Accums. <input type="checkbox"/> Cash <input type="checkbox"/> Reduce <input type="checkbox"/> P-WL <input type="checkbox"/> Other: _____ <input type="checkbox"/> 1 Yr. Term Balance to above	N. Do you elect that Dividend Accumulations be applied to unpaid premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Do you elect Automatic Premium Loan, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
P. SPECIAL ISSUE INSTRUCTIONS			

COMPLETE FOR UNIVERSAL LIFE

7. A. Plan of Insurance <i>Survivorship UL</i>	B. Specified Amount \$	C. Initial Premium (May not be less than the Planned Periodic Premium applied for) \$	
D. Planned Periodic Premium \$	E. Planned Periodic Premium Mode <i>Annually</i>	F. What Premium Amount has been received with this Application? \$	
G. DEATH BENEFIT OPTION <input type="checkbox"/> Option A. Specified Amount includes the Cash Value. <input type="checkbox"/> Option B. Specified Amount is in addition to the Cash Value. <input type="checkbox"/> Other (Specify):	H. Dividend Option <input type="checkbox"/> Cash <input type="checkbox"/> Addns. <input type="checkbox"/> Other: _____		
I. <input type="checkbox"/> Waiver of Monthly Deduction	J. Accidental Death Benefit – Amount \$	K. <input type="checkbox"/> Other:	
L. Rider <i>Term Life Insurance Rider</i>	M. Amount/Unit <i>Death Benefit \$</i>	N. Rider	O. Amount/Unit
P. SPECIAL ISSUE INSTRUCTIONS <i>JOINT – John J. Doe/D.O.B. 7/10/42</i> <i>Term Life Insurance Rider – Alternate Beneficiary Name</i>			

If desired, Term Life Insurance Rider and amount.

Cross reference to other application.

If the TLIR beneficiary differs from the base policy, please indicate here.