



FORM OF SERVICE AWARD BENEFIT
ELECTION AGREEMENT

Plan Name: _____ Date of Participation _____
Participant's Name: _____ Date of Birth _____ Sex: Male ___ Female ___
Social Security #: _____ Home Phone #: (____) _____
Address: _____ City: _____ State: _____ Zip Code: _____

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 one option in 3b)

**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. **

- 3b. () Lump Sum.
() 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 Make 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 Hometown Firefighters
5 Orville Drive, Suite 400
Bohemia, NY 11716
(631) 589-2929

OPTION DEFINITIONS

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

NON-LIFE OPTIONS

LUMP SUM AMOUNT:

The participant may select a lump sum option. First Security Benefit will issue a one-time payment for the full amount due to the participant.

FIXED PERIOD:

The participant may select the number of years to receive the monthly payment not to exceed 10 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 participant dies before the end of the period, the payment continues to the beneficiary.

LIFE INCOME OPTIONS

PERIOD CERTAIN WITH LIFE:

The participant may select a life payment with a **10 year period certain**. 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 ANNUITY:

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

JOINT & SURVIVOR: 100%

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

BENEFICIARY DESIGNATION

Plan Name _____ Social Security _____

Name of Member/Participant _____ Date of Birth _____

SERVICE AWARD PROGRAM

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

**** Please print clearly. All blanks must be filled in.**

Primary Beneficiary(ies)

Name	Address	Relationship	D.O.B.	Social Security	%

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	D.O.B.	Social Security	%

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.

FLUSHING Bank

Authorization for Entitlement Direct Deposit

Name of "Service Award Trust" _____

I hereby authorize you to make arrangements with my Bank to begin Direct Deposit of my entitlement payment. I understand this requires credit entries and, if necessary, debits and adjustments for any credit entries in error to my account indicated below. This authority is to remain in full force and effect until you have received my written notification from me of its termination in such time and manner to afford you a reasonable opportunity to act on it.

Name _____

Address Line 1 _____

Address Line 2 _____

Telephone _____

Social Security No. _____

Email Address _____

ACCOUNT INFORMATION (Choose one Account Type Only)

	Amount	Account Number	Bank and Address	Bank Routing Number
Checking				
Savings				
Money Market				

SIGNATURE OF ENTITLED _____ Date of Birth _____

DATE _____

*Please include a copy of a voided check for checking account or ACH instruction letter available at your local branch for a savings account.

**Any form submitted without the copy of a voided check or ACH instruction letter will be returned.

**VOLUNTEER FIREFIGHTERS' DIVISION
 FIRST SECURITY BENEFIT LIFE INSURANCE AND ANNUITY COMPANY OF NEW YORK
 C/o HOMETOWN FIREFIGHTERS, 5 ORVILLE DRIVE, SUITE 400, BOHEMIA, NY 11716**

BENEFICIARY DESIGNATION

Plan Name _____ Social Security _____

Name of Member/Participant _____ Date of Birth _____

SERVICE AWARD PROGRAM

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

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First Security Benefit Life Insurance and Annuity Company of New York
Electronic Deposit/ACH Transfer Forms
(Please Print Clearly)

To enroll in Electronic Deposit for your **Monthly LOSAP Annuity** payments, simply fill out this form and mail it to: **First Security Benefit C/o Hometown Firefighters 5 Orville Drive, Suite 400 Bohemia, NY 11716**

Participants' Name: _____

Participants' Social Security #: _____

Participants' Phone Number: _____



Account Information

Bank Name/ City/ State/ Zip Code: _____

Financial 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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
7	List account number(s) here (optional)			

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.

Social security number									
or									
Employer identification number									

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

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they