BENEFITS BY McNeil&Co.

DEFINED CONTRIBUTION ENTITLEMENT DOCUMENTS CHECKLIST

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

Service Award Plan Name: _____

Entitled Member: _____ Entitlement Date: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Dear Trustees:

Please check one of the following options

☐ The above member has earned credit for the year 20_____

☐ The above member has not earned credit for the year 20_____

_____

Trustee Signature

The following items should be completed and returned to:

LOSAP Administrator
McNeil and Company
PO Box 5670
Cortland, NY 13045

☐ Election /Withholding Form

☐ Beneficiary Designation

☐ Option Definitions

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Plan Name: _____ Date of Participation: _____

Participant's Name: _____ Date of Birth: _____

Social Security #: _____ 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 may be taxable to me as ordinary income in the year distributed.
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. ☐ Participant elects not to take entitlement at this time. This election will remain in effect until participant completes new election agreement.
   b. ☐ Lump Sum.
   ☐ Life Annuity with a 10-Year Period Certain **(Account Balance must be 10K or More)**. 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. **If member chooses this option, there will be an annuity application mailed to participants' address.**
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

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

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

LUMP SUM:

One-time Lump Sum Payment equivalent to the present value of the account balance in the member's name.

10-YEAR 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.

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

Participant Name : _____

Participant Signature : _____

Date : _____

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Plan Name: _____

Participant Information:

Marital Status:

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Gender:

☐ Male ☐ Female

Name: _____ SSN: _____ Date of Birth: _____
First, Middle, Last Name

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Distribution Amount: _____ The Maximum Amount Available

Income Tax Withholding:

☐ Do not withhold federal income tax from my distribution.

☐ Withhold 20% federal income tax.

☐ Withhold _____% federal income tax from my distribution.

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

BENEFITS BY McNeil&Co.

SERVICE AWARD PROGRAM
BENEFICIARY DESIGNATION

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

Fire Department Service Award Name: _____ Social Security #_____

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

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

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

Primary Beneficiary(ies)

Name and Address	Relationship	Date of Birth	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 and Address	Relationship	Date of Birth	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: _____

General Conditions of Designation

This Designation of Beneficiaries may be changed by filling out a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor if Service Award Program). Where more than one Primary Beneficiary has been designated, distribution will be made in equal amounts among those Primary Beneficiaries who are alive at the time of the member's/participant's death, unless otherwise indicated. If the designated Primary Beneficiary is not alive at the time of the member's/participant's death his or her share will be added to the share of each surviving Primary Beneficiary in proportion to the share that each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member's/participant's death. Distribution will be made on the same basis to designated Secondary Beneficiaries.