

SERFF Tracking Number: UNML-126257364 State: Arkansas
 Filing Company: Securitas Financial Life Insurance Company State Tracking Number: 43145
 Company Tracking Number: SPIA
 TOI: A06.11 Individual Annuities- Immediate Non- Sub-TOI: A06.11.000 Annuities - Immediate Variable and Non-Variable
 Variable and Variable
 Product Name: SPIA
 Project Name/Number: SPIA/SPIA

Filing at a Glance

Company: Securitas Financial Life Insurance Company

Product Name: SPIA SERFF Tr Num: UNML-126257364 State: Arkansas
 TOI: A06.11 Individual Annuities- Immediate SERFF Status: Closed-Approved- State Tr Num: 43145
 Non-Variable and Variable Closed
 Sub-TOI: A06.11.000 Annuities - Immediate Co Tr Num: SPIA State Status: Approved-Closed
 Variable and Non-Variable
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Gaile Beebe Disposition Date: 08/10/2009
 Date Submitted: 08/06/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: SPIA Status of Filing in Domicile: Pending
 Project Number: SPIA Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments: Pending in North Carolina
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 08/10/2009 Explanation for Other Group Market Type:
 State Status Changed: 08/10/2009
 Deemer Date: Created By: Gaile Beebe
 Submitted By: Gaile Beebe Corresponding Filing Tracking Number:
 Filing Description:
 RE: Securitas Financial Life Insurance Company
 NAIC 94072
 Form SPIA09 – Individual Single Premium Immediate Annuity Contract
 Form IRA09, Individual Retirement Annuity Endorsement
 Form Roth09, Individual Roth IRA Annuity Endorsement
 Form SPIA09app – Single Premium Individual Immediate Annuity Application

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Form SPIA09SuppA-E – Supplemental Health Questionnaires

We are submitting these forms for your review and approval. These forms are new and will not replace any existing forms. These forms do not contain any unusual or controversial items from industry standards.

This product is a fixed single premium immediate annuity. It is underwritten using an automated underwriting/rating system for impaired risks. It is designed to provide a higher payout, also referred to as an enhancement, to those annuitants whose, based on a series of medical questions, life expectancy is shorter than normal for their age due to health conditions. An electronic portal will be used for underwriting/rating the annuitant and generating a quote. This may be done either electronically or by paper application. Additional medical questions may be asked depending upon the annuitant's answers to application and supplemental questionnaire questions. The minimum single premium is generally \$10,000. The maximum issue amount would be \$1,000,000 with issue ages 0-90. This contract will be used in both the qualified and non-tax qualified market using agents and brokers. The Company provides a scheduled amount of fixed annuity income on each Annuity Income Date. This benefit will be funded through the Company's General Account.

We will be implementing the use of an electronic application for the Contracts described above. The application will be substantially similar to the submitted applications and the font will never be less than 10 point. However, the format and order of the questions may change and the entries allow for variable length and wrapping. The applicant must answer the first question about replacement and if answered affirmatively the applicant will be required to answer the remaining questions. Detailed responses to health-related and other questions will appear under each question to which an affirmative response is given.

The income options that are currently available under the contract are as follows:

Single Life

Joint life

Life

Life certain

Life with Installment Refund (available on Single Life only)

Life with Cash Refund (available on Single Life only)

Other payout options may be available upon request. The payout options are described in the Statement of Variability – Payouts.

The SPIA Contract provides an income stream to a Payee. The contract schedule pages will identify the annuity plan chosen by the Owner.

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The IRA Endorsement is intended for use with this individual immediate annuity contracts that are issued as Individual Retirement Annuities under Internal Revenue Code Section 408(b).

The Roth IRA Endorsement is intended for use with this new individual immediate annuity contracts that are issued as Roth Individual Retirement Annuities under Internal Revenue Code Section 408(a).

A readability score is not required on the IRA and Roth endorsements.

Company and Contact

Filing Contact Information

Gaile Beebe, Senior Compliance Specialist gbeebe@unity-life.com
 P.O. Box 5000 315-448-7260 [Phone]
 Syracuse, NY 13250-5000 315-448-7203 [FAX]

Filing Company Information

Securitas Financial Life Insurance Company CoCode: 94072 State of Domicile: North Dakota
 P.O. Box 5000 Group Code: 786 Company Type: life company
 Syracuse, NY 13250-5000 Group Name: State ID Number:
 (800) 836-7100 ext. 7260[Phone] FEIN Number: 56-1311049

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Securitas Financial Life Insurance Company	\$50.00	08/06/2009	29670097

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/10/2009	08/10/2009

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Disposition

Disposition Date: 08/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability - Payouts		Yes
Supporting Document	Readability certification		Yes
Form	Individual single premium immediate annuity		Yes
Form	Individual annuity application		Yes
Form	Supplemental health questionnaires		Yes
Form	IRA endorsement		Yes
Form	Roth endorsement		Yes

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Form Schedule

Lead Form Number: SPIA09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPIA09	Policy/Cont Individual single ract/Fratern premium immediate al annuity Certificate	Initial		50.000	SPIA09.pdf
	SPIA09app	Application/ Individual annuty Enrollment application Form	Initial		50.100	SPIA09app.pdf
	SPIA09Sup pA-E	Application/ Supplemental health Enrollment questionairres Form	Initial		56.100	SPIA09Sup questionnaire A-E.pdf
	IRA09	Policy/Cont IRA endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	IRA09.pdf
	Roth09	Policy/Cont Roth endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	Roth09.pdf

SECURITAS FINANCIAL LIFE INSURANCE COMPANY

[4964 University Pkwy, Suite 203
Winston- Salem, NC 27106]
PHONE: [1.800.650.0583
FAX: 1.315.448.7212]
www.SecuritasFinancialGroup.com

Securitas Financial Life Insurance Company (“We”, “Us” or “Our”) agrees to provide the benefits and rights described in this Contract to the *Owner* (“You” or “Your”) of this Contract in accordance with the terms of this Contract.

This is a legal Contract between You and Us.
READ YOUR CONTRACT CAREFULLY.

NOTICE OF 30 DAY RIGHT TO CANCEL THIS CONTRACT

Within 30 days after this Contract is first received by you, it may be cancelled by You for any reason. To cancel, You may either:

- Deliver or mail it to the agent from whom You purchased the Contract or;
- Deliver or mail it to Our home office at the above address.

Upon cancellation, We will promptly return any money paid to Us, less any scheduled or unscheduled payments made under this Contract and this Contract will be void from the beginning.

Signed for Securitas Financial Life Insurance Company.

[]

[President]

[]

[Secretary]

Single Premium Immediate Annuity Contract

This Contract has no cash surrender value or loan value. This Contract has no Death Benefit except as provided for in the Annuity Description contained herein in the Contract Specifications.

Nonparticipating

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Contract Specifications

Contract #:	[1001]
Effective date:	[September 1, 2009]
Owner:	[John Doe]
Payee:	[John Doe]
Annuitant:	[John Doe]
Annuitant's age:	[70]
Annuitant's sex:	[Male]
[Joint Annuitant:	[Mary Doe]
Annuitant's age:	[69]
Annuitant's sex:	[F]
Beneficiary:	[see application]
Premium Payment:	[\$80,000]
Date of first annuity payment:	[October 1, 2009]
Initial Annuity Payment:	[\$606.92]
[Annual Annuity Payment Increase:	[1-6%],[Simple,Compound]]
Payment Modal Period:	[Monthly]
[Guaranteed Payments:	[120]]
Payment Description:	[\$606.92 monthly while both the Annuitant and the Joint Annuitant are alive; \$303.46 monthly while only one of the Annuitant and the Joint Annuitant are alive; no payment if both are deceased. However, at least 120 monthly payments of \$606.92 will be made in any case.]

Contract Overview

This overview is provided to help You understand Your Contract. It does not replace or supersede the provisions of the Contract.

Italicized terms in the Contract are defined in the Definitions section of the Contract (e.g. *Premium Payment*).

This Contract is non-participating. Non-participating means that You do not share in any revenues or dividends.

The *Premium Payment* is exchanged for the right to periodic *Annuity Payments* payable to the designated payee.

Definitions

Annuitant: The person whose continued survival determines the continuation of lifetime *Annuity Payments*.

Annuity payment: Money We pay periodically to the payee You have designated.

Beneficiary: The person or entity that is named to receive any remaining *Annuity Payments* upon death of the *Annuitant* if the deceased *Annuitant* was also the payee.

Owner: The person or entity that may exercise the rights of this Contract. The *Owner* is referred to in this Contract as “You” and “Your”.

Guaranteed Payments: The minimum number of *Annuity Payments* that will be made at the payment modal period.

Joint Annuitant: The *Joint Annuitant* is the person identified on the Contract Specifications page, if applicable. Upon the death of the *Annuitant*, the *Joint Annuitant* will become the *Annuitant* for the remaining *Joint Annuity Payments*.

Premium Payment: Money You paid to Us to start this Contract. This money was used to purchase the *Annuity Payments* specified.

General Provisions

Entire Contract

This Contract, in the absence of fraud, any endorsements or riders and the application attached shall constitute the entire Contract between You and Us. All statements made in the application will be deemed representations and not warranties. Only Our President or Secretary may change the Contract. Changes must be in writing.

Minimum Benefits

Contract benefits are not less than the minimum benefits required by the laws of the state in which this Contract was delivered.

Conformity with Law

If any provision of this Contract is contrary to any law to which it is subject, such provision is amended to conform to the minimum standards of the law.

Contestability

Except in the case of fraud, We will not contest this Contract after the Contract has been in force and while the *Annuitant* is living, for two years from the Effective Date.

Currency

All of the financial transactions under this Contract are to be made in United States dollars.

Change of Owner

The *Owner* will be as named in the Contract Specifications until changed by You. To change the *Owner*, notify Us in writing while the *Annuitant* is alive. After We receive written notice, the change will be effective as of the date You signed such notice, whether or not the *Annuitant* is living when We receive it. However, the change will be subject to any payment We made or actions We may have taken before We receive such notice.

Beneficiary

The *Beneficiary* named by You will remain in effect until You change it. The *Beneficiary* may be changed in writing at any time prior to the death of the *Annuitant* or *Owner*, as applicable. If the *Beneficiary* has been irrevocably named, the designation cannot be changed or revoked without such *Beneficiary*'s consent in writing. After We receive written notice, the change will be effective as of the date You signed such notice, whether or not the *Annuitant* or *Owner* is living when We receive it. However, the change will be subject to any payment We made or actions We may have taken before We receive such notice.

One or more persons may be named as primary *Beneficiary* or contingent *Beneficiary*. In the case of more than one *Beneficiary*, We will assume any remaining payments are to be paid in equal shares to the surviving Beneficiaries. You may specify other than equal shares.

Assignment

If the laws allow, You may assign this Contract. You must notify Us of the Assignment at Our administrative office. We will not be liable for actions taken prior to Your notification to Us. We will not be responsible for the validity of any Assignment. Any change will be effective on the date the notice is signed, subject to Our receipt. We will not be liable for actions taken in accordance with existing instructions prior to receipt of a change.

Loans

This Contract does not provide for Loans.

Persons/Entities

Singular references to *Owner*, *Beneficiary*, payee and *Annuitant* throughout this Contract may be extended to legal arrangements involving joint or contingent persons/entities. We must be notified and agree to the arrangement or any change thereto. We will not be responsible for the validity of the arrangement. Any change will be effective on the date the notice is signed, subject to Our receipt. We will not be liable for actions taken in accordance with existing instructions prior to receipt of a change.

Annuity Payment Provisions

Annuity Payments

We will pay the *Annuity Payment* beginning on the Date of First Annuity Payment Date, as described in the Payment Description shown in the Contract Specifications. No *Annuity Payments* are paid after the death of the *Annuitant* and any *Joint Annuitant*, unless otherwise described in the Payment Description.

Annual Annuity Payment Increase

If You selected an Annual Annuity Payment Increase as shown in the Contract Specifications, We will increase the *Annuity Payment* annually by the indicated percentage, starting on the first anniversary of the Annuity Commencement Date. If the *Annuity Payment* is reduced upon the death of the *Annuitant*, or the death of the *Joint Annuitant*, if applicable, subsequent increases will be based on the reduced *Annuity Payment*.

Benefit Correction if Incorrect Age or Sex

If the *Annuity Payments* under any option were determined by data as to an *Annuitant's* age or sex that is incorrect, the *Annuity Payments* will be recalculated to be those that the money applied would have purchased at the correct age or sex. Any amounts underpaid by Us on the basis of incorrect age or sex will be paid when the correction is made. Any amounts overpaid by Us on the basis of incorrect age or sex will be charged against *Annuity Payments* due after the correction is made. Amounts paid or charged will be adjusted based on an interest rate of 6% per annum.

Evidence of Survival

We reserve the right to require satisfactory proof that an *Annuitant* is alive as of the date any lifetime *Annuity Payment* is due. If We make this request in writing, We have the right to withhold payments until such proof is furnished.

Death of Owner

If the *Owner* dies, the *Annuitant* will then become the *Owner* unless We had other instructions from the *Owner* while living.

Termination

For *Annuity Payments* that do not depend upon the continued survival of the *Annuitant* and/or *Joint Annuitant*, the Contract will terminate when all *Guaranteed Payments* have been paid.

For *Annuity Payments* that do depend upon the continued survival of the *Annuitant* and/or *Joint Annuitant* the final payment due under this Contract will be the last payment due on or before the date of the *Annuitant's* and/or *Joint Annuitant's* death or when all *Guaranteed Payments* have been paid, if later.

Single Premium Immediate Annuity Contract

This Contract has no cash surrender value or loan value. This Contract has no Death Benefit except as provided for in the Annuity Description contained herein in the Contract Specifications.

Nonparticipating

SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Single Premium Immediate Annuity Application

[PHONE: [800.650.0583

FAX: 1.315.448.7212]

www.SecuritasFinancialGroup.com]

Mailing Address:

[4964 University Pkwy, Suite 203
Winston- Salem, NC 27106]

Overnight Address:

[4964 University Pkwy, Suite 203
Winston- Salem, NC 27106]

PLEASE TYPE OR PRINT IN BLACK INK

A. ANNUITANT(S)

1. Primary Annuitant

Check if same as Owner

Male Female

Name (First, MI, Last) _____ SSN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Phone Number:(____) _____ Birth Date (MM/DD/YYYY) _____ Relationship to Owner _____

2. Joint Annuitant (if any)

Check if same as Owner

Male Female

Name (First, MI, Last) _____ SSN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Phone Number:(____) _____ Birth Date (MM/DD/YYYY) _____ Relationship to Owner _____

B. OWNER(S) (Complete ONLY if Owner is different than person named as Annuitant(s).)

If Owner(s) is not a U.S. citizen, indicate citizenship and residence in Section H (Home Office Changes And Special Remarks).

1. Owner

Entity

Male Female

Individual Partnership Corporation Trust (Attach copy of Trust) Other _____

Name/Trust (First, MI, Last) _____ SSN/TIN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Country _____ Phone Number:(____) _____ Birth/Trust Date (MM/DD/YYYY) _____

2. Joint Owner (Nonqualified contracts only) Relationship to Owner _____ Entity Male Female

Name/Trust (First, MI, Last) _____ SSN/TIN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Country _____ Phone Number:(____) _____ Birth/Trust Date (MM/DD/YYYY) _____

C. BENEFICIARY(ies) (If more than one beneficiary proceeds will be divided equally, unless otherwise indicated.)

1. Beneficiary

Entity

Male Female

Name (First, MI, Last) _____ SSN/TIN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Phone Number:(____) _____ Birth/Trust Date (MM/DD/YYYY) _____ Relationship to Owner _____

% of Death Benefit _____

2. Beneficiary (Choose one: Primary Beneficiary Contingent Beneficiary)

Entity

Male Female

Name (First, MI, Last) _____ SSN/TIN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Phone Number:(____) _____ Birth/Trust Date (MM/DD/YYYY) _____ Relationship to Owner _____

% of Death Benefit _____

3. Beneficiary (Choose one: Primary Beneficiary Contingent Beneficiary)

Entity

Male Female

Name (First, MI, Last) _____ SSN/TIN _____

Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____

Phone Number:(____) _____ Birth/Trust Date (MM/DD/YYYY) _____ Relationship to Owner _____

% of Death Benefit _____

If more than three beneficiaries, please list on separate sheet **signed by owner** and check this box:

D. PREMIUM PAYMENT

Contract Type: Non-qualified Qualified: If Qualified, Identify Type of Qualified Plan_____

Cash with application: \$_____

Estimated 1035 or transfer/rollover amount: \$_____

Total initial amount: \$_____

Method of Payment: Check Wire/ACH

All checks must be payable to Securitas Financial Life Insurance Company. Do not make checks payable to the agent.

E. ANNUITY INCOME PAYMENT

[SINGLE OR JOINT LIFE:

Single Life

Joint Life:

If Joint, **enter the percentage** of the income payment EACH annuitant should continue receiving upon death of the other: Primary Annuitant: _____% Joint Annuitant: _____%

ANNUITY PAYOUT OPTIONS*:

Lifetime Income Only

I understand that with Lifetime Income Only option no further income payments will be made and this contract will terminate at the death of all persons listed in Annuitant (A) section, if applicable.

Owner's Initials_____

Lifetime Income with Certain Period of ___years (between 5 – 20)

Lifetime Income with Installment Refund (available on Single Life only)

Lifetime Income with Cash Refund (available on Single Life only)

* For qualified plans: Not all payout plans offered will satisfy the required minimum distribution. Please consult your tax advisor prior to electing a payout plan.

ANNUITY INCOME PAYMENT INFORMATION:

Payment's Modal Period: Monthly Quarterly Semi-Annually Annually

Payment Type: Level Annual Annuity Payment Increase 1%, 2%, 3%, 4%, 5%, 6% (circle one)

[If Annual Increasing chosen: Simplified Compounded]

Person to Receive Annuity Payments (Payee): Primary Annuitant Joint Annuitant Owner
 Joint Owner OTHER (Provide name/address in Section H.)]

Choose day of month to receive payments: 1st 15th

F. DIRECT DEPOSIT

Identify date to receive Direct Deposit annuity payment _____(MM/DD/YYYY)

Choose one: Checking (Attach voided check.) Savings (Contact bank for ABA/Routing account numbers.)

Name on Account_____ Account Number_____

Name of Institution_____ ABA Routing/Transfer Number_____

I authorize the Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit in error to the account identified above. I will not hold the bank liable for any erroneous deposits or adjustments.

Signature of Account Owner

Signature of Joint Account Owner (If any)

G. REPLACEMENT

Do you have any existing annuity or life insurance contracts? Yes No

Has or will this annuity replace or change any existing annuity or life insurance (including borrowing)? Yes No

If yes to either question, please **complete and submit any required replacement forms** and complete the following information:

Company_____ Policy No._____ Insured / Annuitant_____

Company_____ Policy No._____ Insured / Annuitant_____

H. SPECIAL REMARKS AND HOME OFFICE CHANGES

I. MEDICAL QUESTIONS

Annuitant's Primary Care Physician's Information:

Primary Care Physician Name _____

Primary Care Physician Phone Number (____) _____

Date of last visit with Primary Care Physician (MM/DD/YYYY) _____

The following questions pertain to the Annuitant identified in section A: Height: ____ ft. _ in. Weight: _____ lbs

“Treated” as used in the health questions that follow is defined as “the prescribing of any medication or course of action by a medical professional, undergoing or being advised to undergo any diagnostic testing.”

1. Do you smoke? Yes No
 If yes, do you smoke: Cigarettes Pipe Cigars
 How many cigarettes/pipes/cigars do you smoke each day? _____
2. Do you have high blood pressure (hypertension) that has been diagnosed or treated by a member of the medical profession? Yes No
 If yes, how many different prescription medications do you take for your blood pressure?
 none one drug two drugs more than two drugs
3. Do you have high cholesterol (hyperlipidemia) that has been diagnosed or treated by a member of the medical profession? Yes No
 If yes, are you taking prescription medication on a regular basis for this condition? Yes No
 If yes, how many different prescription medications do you take for this condition?
 one drug two drugs more than two drugs
4. Have you been diagnosed or treated by a member of the medical profession for any of the following heart conditions or surgical interventions: heart attack, heart bypass or angioplasty, recurrent chest pain (angina), enlarged heart or heart failure, irregular heart beat (arrhythmia), problem with heart valve (valvular heart disease) or any other heart problem? Yes No
If YES, please complete and submit Supplemental Heart Questionnaire A.
5. Have you been diagnosed or treated by a member of the medical profession for any form of brain hemorrhage or stroke (cerebral vascular accident)? Yes No
If YES, please complete and submit Supplemental Stroke/Hemorrhage Questionnaire B.
6. Have you been diagnosed or treated by a member of the medical profession for any form of cancer, leukemia, Hodgkin's disease, lymphoma, brain or spinal tumor? Yes No
If YES, please complete and submit Supplemental Cancer Questionnaire C.
7. Do you have type I or type II diabetes that has been diagnosed or treated by a member of the medical profession? Yes No
If YES, please complete and submit Supplemental Diabetes Questionnaire D.
8. Have you been diagnosed or treated by a member of the medical profession for Alzheimer's Disease, Parkinson's Disease or Dementia? Yes No
If YES, please complete and submit Supplemental Alzheimer's Questionnaire E.
9. Have you been diagnosed or treated by a member of the medical profession as having a chronic diagnosis or disease requiring ongoing or regular treatment such as multiple sclerosis, kidney failure, liver complaint, chronic respiratory conditions or any OTHER condition? Yes No
 If yes to question #9, please provide additional details in the following space, including diagnosis or disease and name and phone number of physician:

If Joint Annuitant applying, please check here and complete Supplemental Medical Questions Form.

J. IMPORTANT SIGNATURES

I declare: To the best of my knowledge and belief all statements and answers are true, complete, and correctly reported. I also understand information provided constitutes representations and not warranties.

I acknowledge to the best of my knowledge and belief the annuity and any additional benefits applied for are suitable for my investment time horizon, goals and objectives, and financial situation and needs.

Fraud Notice/Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____
City / State

Signature of Owner

On _____
MM/DD/YYYY

Signature of Joint Owner (If any)

Signature of Primary Annuitant

Signature of Joint Annuitant (If any)

Signature of Witness/Agent

NOT INSURED BY ANY GOVERNMENT AGENCY – NO BANK GUARANTEE – NOT A DEPOSIT
THIS ANNUITY IS IRREVOCABLE AND HAS NO CASH VALUE.

IMPORTANT INFORMATION**** STATE NOTICES ******** NOT INSURED BY ANY GOVERNMENT AGENCY ******** NO BANK GUARANTEE ******** NOT A DEPOSIT ****

[For Applicants in Kentucky, New Mexico, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, or civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Applicants in Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For Applicants in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in Maine, Tennessee, Virginia and Washington: Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For Applicants in Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

For Applications Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a state of claim containing any false, incomplete or misleading information is guilty of a felony.]

For Agent/Broker Use Only

**** AGENT/BROKER REPORT ****

To the best of your knowledge, does the customer have any existing annuity or life insurance contracts? Yes No

To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance (including borrowing)? Yes No

I understand that I am responsible for recommending a product that is suitable for this client (or couple). I believe that this product is suitable based on the facts disclosed by the consumer regarding their financial situation and needs.

By my signature below, I certify that I have truly and accurately recorded on the application the information provided to me by the applicant.

Agent's Name (Please Print)

Agent Number

Agent's Signature

Agent's Phone No.

Agent's E-mail Address

Agent's License Identification Number

**** AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION ****

AUTHORIZATION FOR THE RECEIPT, USE AND DISCLOSURE OF HEALTH INFORMATION

Insured's Name _____ Social Security # _____ Date of Birth ____/____/____

I authorize any licensed physician, health care provider, laboratory, health care professional, medical professional, hospital, clinic, pharmacy, pharmacy benefits manager or other pharmacy related services organization, health plan, or other medical or medically related facility, governmental agency or any other person or firm, to disclose to Securitas Financial Life Insurance Company and their agents, employees, and representatives, my entire medical records and any and all health information in their or its possession, care, custody or control relating to any advice, care or treatment provided to me including, but not limited to copies of records relating to the use of drugs, alcohol, or nicotine or relating to any behavioral issues or mental illness (excluding psychotherapy notes.) I understand that the information in these records may include information relating to sexually transmitted diseases, Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). In addition, I authorize Securitas Financial to review and research their records for any information. I specifically authorize Securitas Financial to receive, use and disclose all of this information.

Please forward copies of all records to:

Securitas Financial Life Insurance Company

ATTN: Underwriting

[4964 University Pkwy, Suite 203

Winston- Salem, NC 27106]

I understand that Securitas Financial may use my health information for the purpose of evaluating my application for an annuity, make eligibility, risk rating, and policy issuance determinations, obtain reinsurance, administer claims, and determine or fulfill responsibility for coverage and provision of benefits. I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization.

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing by sending a written request to the above address. I understand any revocation will not apply to information that has already been released in response to this authorization. I understand that the expiration or any revocation of this Authorization will not apply to an insurance company when the law provides an insurer with the right to contest a claim under a policy. Unless otherwise revoked, I understand this authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original.

I understand that authorizing the disclosure of this information is voluntary. I understand that I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by Federal rules governing privacy and confidentiality of health information. If I have questions about disclosure, I know I can contact my legal advisor or the Privacy Officer of the disclosing organization.

Signature of Annuitant

Date

Signature of Power of Attorney (if applicable)

Signature of Witness

SECURITAS FINANCIAL LIFE INSURANCE COMPANY
[4964 University Pkwy, Suite 203 Winston-Salem, NC 27106]

Supplemental Heart Questionnaire A

This application supplements the application on Proposed Annuitant _____,
dated (MM/DD/YYYY)_____.

“Treated” or “Treatment” as used in the health questions that follow is defined as “the prescribing of any medication or course of action, undergoing or being advised to undergo any diagnostic testing”.

Have you been diagnosed or treated by a member of the medical profession for any of the following heart conditions or surgical interventions? Yes No

If YES, please check the appropriate box or boxes.

- heart attack,
- heart bypass,
- angioplasty,
- recurrent chest pain (angina),
- enlarged heart,
- heart failure,
- irregular heart beat (arrhythmia),
- problem with heart valve (valvular heart disease),
- any other heart problem – please specify if this box is checked: _____

When was the condition first diagnosed? _____ (month/year)

How often have you been admitted to a hospital due to this condition within the past 10 years?

- never once twice three times more than 3 times

Date of last hospital treatment for this condition: _____ (month/year)

Did you undergo any stress (exercise) EKG (electrocardiogram) testing or treadmill? Yes No

If yes, when did you last undergo this test? _____ (month/year)

Did you consult a heart specialist (cardiologist) due to your condition? Yes No

If yes, when did you last consult a specialist ? _____ (month/year)

Does your condition affect you in any of the following ways?

	Never	Occasionally	Always
Breathlessness walking from room to room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness climbing chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent chest pains requiring drugs or spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to sleep on 3 or more pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Episodes of dizziness or blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

Proposed Insured Signature

Applicant / Owner (if other than Proposed Insured)

Witness – Licensed Agent Signature

Signed at _____, on _____
City/State Month / Day / Year

SECURITAS FINANCIAL LIFE INSURANCE COMPANY

[4964 University Pkwy, Suite 203 Winston-Salem, NC 27106]

Supplemental Stroke/Hemorrhage Questionnaire B

This application supplements the application on Proposed Annuitant _____,
dated (MM/DD/YYYY)_____.

“Treated” or “Treatment” as used in the health questions that follow is defined as “the prescribing of any medication or course of action, undergoing or being advised to undergo any diagnostic testing.

Have you been diagnosed or treated by a member of the medical profession for any form of brain hemorrhage or stroke (cerebral vascular accident)? Yes No

When did the first stroke/hemorrhage occur? _____ (month/year)

Have you been diagnosed with or treated for any additional strokes/hemorrhage? Yes No

If yes, when did the last stroke/hemorrhage occur? _____ (month/year)

Have you been advised by a member of the medical profession that you have completely recovered? Yes No

Do you have any of the following as a result of your stroke/hemorrhage? (Please check appropriate box or boxes.)

- speech impairment
- vision impairment
- residual paralysis of an arm
- residual paralysis of a leg
- other

In respect to your mobility, as a result of your stroke/hemorrhage are you:

- fully independent
- able to walk only with assistance e.g. cane, walker
- wheelchair bound
- in need of daily nursing care
- bedridden

Signatures

Proposed Insured Signature

Applicant / Owner (if other than Proposed Insured)

Witness – Licensed Agent Signature

Signed at _____, on _____
City/State Month / Day / Year

SECURITAS FINANCIAL LIFE INSURANCE COMPANY

[4964 University Pkwy, Suite 203 Winston-Salem, NC 27106]

Supplemental Cancer Questionnaire C

This application supplements the application on Proposed Annuitant _____, dated (MM/DD/YYYY)_____.

“Treated” or “Treatment” as used in the health questions that follow is defined as “the prescribing of any medication or course of action, undergoing or being advised to undergo any diagnostic testing.

Have you been diagnosed or treated by a member of the medical profession for any form of cancer, leukemia, Hodgkin's disease, lymphoma, brain or spinal tumor? Yes No

If yes, what type of cancer did you have and which part of the body was involved? _____

Have you been told by a member of the medical profession that your cancer was: (Please check, if yes.)

- early cancer (carcinoma in situ)
- localized cancer
- advanced cancer
- not known or none of the above

When was the cancer first diagnosed? _____ (month/year)

Are you under treatment from a specialist consultant (e.g. oncologist, hematologist)? Yes No

Have you been admitted to a hospital for this condition? Yes No

If yes, when were you first admitted? _____ (month/year)

Have you been diagnosed or treated by a member of the medical profession for any recurrence of the cancer?

Yes No

If yes, when was the last recurrence of the cancer? _____ (month/year)

Have you been diagnosed or treated by a member of the medical profession for cancer that spread into other parts of the body? Yes No

If yes, has it spread into the following areas: (Please check appropriate box or boxes.)

- lymph nodes
- liver
- lung
- bones
- other parts of the body

With special reference to leukemia, Hodgkin's disease or lymphoma, has it spread to any of the following: (Please check all appropriate boxes.)

- lymph nodes in the upper body (chest)
- lymph nodes in the lower body (abdomen, groin)
- spleen
- other parts of the body (e.g. brain, liver)

Generally, in respect to your condition, what treatment did you receive:

- surgery If yes, date of last treatment _____ (month/year)
- radio therapy If yes, date of last treatment _____ (month/year)
- chemo therapy If yes, date of last treatment _____ (month/year)
- bone marrow transplant If yes, date of last treatment _____ (month/year)
- other treatment, (please specify _____)

Signatures

Proposed Insured Signature

Applicant / Owner (if other than Proposed Insured)

Witness – Licensed Agent Signature

Signed at _____, on _____
City/State Month / Day / Year

SECURITAS FINANCIAL LIFE INSURANCE COMPANY
[4964 University Pkwy, Suite 203 Winston-Salem, NC 27106]

Supplemental Diabetes Questionnaire D

This application supplements the application on Proposed Annuitant _____,
dated (MM/DD/YYYY)_____.

“Treated” or “Treatment” as used in the health questions that follow is defined as “the prescribing of any medication or course of action, undergoing or being advised to undergo any diagnostic testing.

Do you have type I or type II diabetes that has been diagnosed or treated by a member of the medical profession?

Yes No

When was the diabetes first diagnosed? _____ (month/year)

What is your type of treatment:

diet oral prescription medication insulin

How often do you monitor your blood glucose yourself?

- I don't monitor my blood glucose myself
- once a week or longer
- 2-3 times per week
- once a day
- 2-3 times per day
- more than 3 times per day

Have you been admitted to a hospital due to your diabetes? Yes No

If yes, when were you last admitted to a hospital due to your diabetes? _____ (month/year)

Do you have any of the following conditions as a result of your diabetes: (Please check all that apply.)

- problem with your eyes (retinopathy)
- proteinuria (albumin in urine) or kidney problem (nephropathy)
- raised blood pressure
- loss of sensation (in feet and toes) (neuropathy)
- none of the above

Signatures

Proposed Insured Signature

Applicant / Owner (if other than Proposed Insured)

Witness – Licensed Agent Signature

Signed at _____, on _____
City/State Month / Day / Year

SECURITAS FINANCIAL LIFE INSURANCE COMPANY
[4964 University Pkwy, Suite 203 Winston-Salem, NC 27106]

Supplemental Alzheimer's/Parkinson's/Dementia Questionnaire E

This application supplements the application on Proposed Annuitant _____,
dated (MM/DD/YYYY)_____.

“Treated” or “Treatment” as used in the health questions that follow is defined as “the prescribing of any medication or course of action, undergoing or being advised to undergo any diagnostic testing.

Have you been diagnosed or treated by a member of the medical profession for Alzheimer's disease, Parkinson's disease or Dementia? Yes No

If YES, please check the appropriate box or boxes.

- Alzheimer's
- Parkinson's
- Dementia

When was this condition diagnosed? _____ (month/year)

Have you been admitted to a hospital for this condition or for complications such as pneumonia or bed sores? Yes No

If yes, when were you last admitted to hospital for this condition? _____ (month/year)

How many different types of prescription medications do you take on a daily basis for your condition?

- none
- 1 – 2 drugs
- 3 or more drugs

In respect to your mobility, as a result of your condition are you:

- fully independent
- able to walk only with assistance e.g. cane, walker
- wheelchair bound
- in need of daily nursing care
- bedridden

Are any of the following also present:

- previous stroke
- pressure sores
- seizures
- a heart condition
- none of the above

Signatures

Proposed Insured Signature

Applicant / Owner (if other than Proposed Insured)

Witness – Licensed Agent Signature

Signed at _____, on _____
City/State Month / Day / Year

SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Immediate Retirement Annuity Endorsement

[4964 University Pkwy, Suite 203

Winston- Salem, NC 27106]

PHONE: [1.800.650.0583

FAX: 1.315.448.7212]

www.SecuritasFinancialGroup.com

The policy or contract ("Contract") to which this Endorsement is attached is issued as an individual retirement annuity ("IRA") described in Section 408(b) of the Internal Revenue Code of 1986 (the "Code"), and all provisions of the Contract, as endorsed, shall be interpreted in accordance with the requirements of that Section. Where the provisions of the Endorsement are inconsistent with the provisions of the Contract, or any rider of the Contract, the provisions of the Endorsement will control. This Contract is for the exclusive benefit of the *Owner* and his or her beneficiary(s) Notwithstanding any provision contained therein to the contrary, the Contract to which this Endorsement is attached is amended as follows:

Article 1 – Owner and Annuitant

The *Owner* must be the sole *Owner* of the Contract. A *Joint Owner* cannot be named. Also, except as otherwise permitted under the Code and applicable regulations, neither the *Owner* nor the *Annuitant* can be changed. All distributions made while the *Owner* is alive must be made to the *Owner*. While living, the *Owner* will be the *Annuitant*.

Article 2 – Joint Annuitant

The *Joint Annuitant*, if one is named, must be the beneficiary. All payments made under a joint and survivor payment plan while the *Joint Annuitant* is alive must be made to the surviving *Joint Annuitant*.

Article 3 - Nontransferable and Nonforfeitable

The Contract is established for the exclusive benefit of the *Owner* and his or her beneficiaries. The interest of the *Owner* in this Contract is nontransferable and, except as provided by law, is nonforfeitable. In particular, the Contract may not be sold, assigned, discounted, or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose to any person other than to the Company.

Article 4 - Premium Payments

The single *Premium Payment* under the Contract must be a rollover contribution (as permitted by Sections 402(c), 402(e)(6), 403(a)(4), 403(b)(8), 403(b)(10), 408(d)(3) and 457(e)(16) of the Code), or a nontaxable transfer from an individual retirement account under Section 408(a) of the Code or another IRA under Section 408(b) of the Code.

No transfer or rollover of funds attributable to contributions made by a particular employer under its SIMPLE IRA plan will be accepted from a SIMPLE IRA, that is, an IRA used in conjunction with

a SIMPLE IRA plan, prior to the expiration of the 2-year period beginning on the date the *Owner* first participated in that employer's SIMPLE IRA plan.

Any refund of premiums will be applied before the close of the calendar year following the year of the refund, toward the purchase of additional benefits.

Article 5 - Required Distributions Generally

Notwithstanding any provision of this IRA to the contrary, the distribution of the *Owner's* interest in the IRA shall be made in accordance with the requirements of Code Section 408(b)(3) and the regulations thereunder, the provisions of which are herein incorporated by reference. Distributions will be made in the form of an annuity on an irrevocable basis (except for acceleration).

The "interest" in the IRA includes the amount of any outstanding rollover, transfer and recharacterization under Q&As-7 and -8 of Section 1.408-8 of the Income Tax Regulations and the actuarial value of any other benefits provided under the IRA, such as guaranteed death benefits.

Article 6 - Required Beginning Date

As used in this Endorsement, the term "required beginning date" means the annuity commencement date or such other later date provided by law.

For purposes of Articles 7 and 8 below, required distributions are considered to commence on the individual's required beginning date.

If the sole designated beneficiary is the individual's surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse fails to take required distributions as a beneficiary.

Article 7 - Distributions During *Owner's* Life

The *Owner's* entire interest in the Contract shall be distributed no later than the required beginning date, or commence to be distributed beginning no later than the required beginning date, over (a) the life of the *Owner*, or the lives of the *Owner* and his or her designated beneficiary (within the meaning of Section 401(a)(9) of the Code), or (b) a period certain not extending beyond the life expectancy of the *Owner*, or the joint and last survivor expectancy of the *Owner* and his or her designated beneficiary. Payments must be made in periodic payments at intervals of no longer than one year and must be either nonincreasing or they may increase only as provided in Q&A-1 and -4 of Section 1.401(a)(9)-6 of the Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A-2 of §1.401(a)(9)-6.

The distribution periods described in the preceding paragraph cannot exceed the periods specified in Section 1.401(a)(9)-6 of the Income Tax Regulations.

The first required payment can be made as late as April 1 of the year following the year the individual attains age 70½ and must be the payment that is required for one payment interval. The second payment need not be made until the end of the next payment interval.

Article 8 - Distributions After *Owner's* Death

Death On or After Required Distributions Commence. Unless otherwise permitted under

applicable law, if the *Owner* dies on or after required distributions commence, any remaining portion of the *Owner's* interest will be distributed under the Contract option chosen.

Death Before Required Distributions Commence: If the *Owner* dies before required distributions commence, his or her entire interest will be distributed at least as rapidly as follows:

- (1) If the designated beneficiary is someone other than the *Owner's* surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the *Owner's* death, over the remaining life expectancy of the designated beneficiary, with such life expectancy determined using the age of the beneficiary as of his or her birthday in the year following the year of the *Owner's* death, or, if elected, in accordance with paragraph (3) below.
- (2) If the *Owner's* sole designated beneficiary is the *Owner's* surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the *Owner's* death (or by the end of the calendar year in which the *Owner* would have attained age 70½, if later), over such spouse's life, or, if elected, in accordance with paragraph (3) below. If the surviving spouse dies before required distributions commence to him or her, the remaining interest will be distributed, starting by the end of the calendar year following the calendar year of the spouse's death, over the spouse's designated beneficiary's remaining life expectancy determined using such beneficiary's age as of his or her birthday in the year following the death of the spouse, or, if elected, will be distributed in accordance with paragraph (3) below. If the surviving spouse dies after required distributions commence to him or her, any remaining interest will continue to be distributed under the Contract option chosen.
- (3) If there is no designated beneficiary, or if applicable by operation of paragraph (1) or (2) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the *Owner's* death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph (2) above).
- (4) Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated beneficiary, such spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the beneficiary's age in the year specified in paragraph (1) or (2) and reduced by 1 for each subsequent year.
- (5) If the designated beneficiary is someone other than the *Owner's* spouse, the *Owner* may choose to make the election of distributions in accordance with Paragraph (3), as provided for in Paragraph (1), unavailable to the designated beneficiary. If the *Owner* makes this choice, in a manner acceptable to the Company, the designated beneficiary may not elect to receive distributions in accordance with Paragraph (3).

Article 9 - Payment Plans

All payment plans under the Contract must meet the requirements of Section 408(b) of the Code

and applicable regulations. The provisions of this Endorsement reflecting the requirements of Code Sections 401(a)(9) and 408(b) override any optional payment plan inconsistent with such requirements.

If a guaranteed period of payments is chosen under an optional payment plan, the length of the period must not exceed the applicable maximum period under Q&As-3 and -10 of Section 1.401(a)(9)-6 of the Income Tax Regulations.

Article 10 - Annual Reports

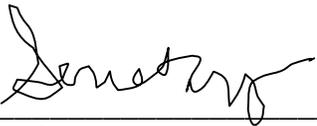
The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

Article 11 - Code Requirements

The provisions of this Endorsement are intended to comply with the requirements of the Code and applicable regulations for IRAs under Section 408(b) of the Code. The Company reserves the right to amend the Contract and this Endorsement from time to time, without the *Owner's* consent, when such amendment is necessary to assure continued qualification of this Contract as an IRA under Section 408(b) of the Code (and any successor provision) as in effect from time to time. The *Owner* has the right to refuse to accept any such amendment; however, we shall not be held liable for any tax consequences incurred by the *Owner* as a result of such refusal.

Signed for Securitas Financial Life Insurance Company.


[_____]
President


[_____]
Secretary

**SECURITAS FINANCIAL LIFE INSURANCE COMPANY
IMMEDIATE INDIVIDUAL ROTH IRA ANNUITY ENDORSEMENT**

[4964 University Pkwy, Suite 203

Winston- Salem, NC 27106]

PHONE: [1.800.650.0583

FAX: 1.315.448.7212]

www.SecuritasFinancialGroup.com

The policy or contract ("Contract") to which this Endorsement is attached is issued as a Roth individual retirement annuity ("Roth IRA") described in Section 408A of the Internal Revenue Code of 1986 and applicable regulations (the "Code"), and all provisions of the Contract, as endorsed, shall be interpreted in accordance with the requirements of the Code applicable to Roth IRAs. Where the provisions of the Endorsement are inconsistent with the provisions of the Contract, or any rider of the Contract, the provisions of the Endorsement will control. Notwithstanding any provision contained therein to the contrary, the Contract to which this Endorsement is attached is amended as follows:

Article 1 – Owner

The Owner must be the sole Owner of the Contract. A Joint Owner cannot be named. Also, except as otherwise permitted under the Code and applicable regulations, the Owner cannot be changed. All distributions made while the Owner is alive must be made to the Owner.

Article 2 - Nontransferable and Nonforfeitable

The Contract is established for the exclusive benefit of the Owner and his or her beneficiaries. The interest of the Owner in this Contract is nontransferable and, except as provided by law, is nonforfeitable. In particular, the Contract may not be sold, assigned, discounted, or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose to any person other than to the Company.

Article 3- Premium Payments

- (a) Maximum Permissible Amount. The single premium payment under the Contract must be a qualified rollover contribution. A "qualified rollover contribution" is a rollover contribution that meets the requirements of Section 408(d)(3) of the Internal Revenue Code, except the one-rollover-per-year rule of Section 408(d)(3)(B) does not apply if the rollover contribution is from an IRA other than a Roth IRA (a "nonRoth IRA"). Contributions may be limited under (b) and (c) below.
- (b) Qualified Rollover Contribution Limit. A rollover from a nonRoth IRA cannot be made to this IRA if, for the year the amount is distributed from the nonRoth IRA,
 - (i) the Owner is married and files a separate return;
 - (ii) the Owner is not married and has a modified AGI in excess of \$100,000; or,
 - (iii) the Owner is married and together the Owner and the Owner's spouse have modified AGI in excess of \$100,000. For purposes of the preceding sentence, a husband and wife are not treated as married for a taxable year if they have lived apart at all times during that taxable year and file separate returns for the taxable year.
- (c) SIMPLE IRA Limits. No transfer or rollover of funds attributable to contributions made by a particular employer under its SIMPLE IRA plan will be accepted from a SIMPLE IRA, that is, an IRA used in conjunction with a SIMPLE IRA plan, prior to the expiration of the two-year period beginning on the date the Owner first participated in that employer's SIMPLE IRA plan.

- (d) Modified AGI. For purposes of (b) above, an Owner's modified AGI for a taxable year is defined in Section 408A(c)(3)(C)(i) and does not include any amount included in adjusted gross income as a result of a rollover from a nonRoth IRA (a "conversion").
- (e) Any refund of premiums (other than those attributable to excess contributions) will be applied, before the close of the calendar year following the year of the refund, toward the purchase of additional benefits.

No premiums or contributions will be accepted after the Policy Date specified in the Contract.

Article 4 - Required Distributions Generally

Notwithstanding any provision of this IRA to the contrary, the distribution of the Owner's interest in the IRA shall be made in accordance with the requirements of Code Section 408(b)(3), as modified by Section 408A(c)(5), and the regulations thereunder, the provisions of which are herein incorporated by reference. Distributions will be made in the form of an annuity on an irrevocable basis (except for acceleration).

- (a) The "interest" in the IRA includes the amount of any outstanding rollover and transfer under Q&As-7 and -8 of Section 1.408-8 of the Income Tax Regulations and the actuarial value of any other benefits provided under the IRA, such as guaranteed death benefits.

Article 5 - Distributions During Owner's Life

No amount is required to be distributed prior to the death of the Owner for whose benefit the Contract was originally established.

Article 6 - Distributions After Owner's Death

- (a) Upon the death of the Owner, his or her entire interest will be distributed at least as rapidly as follows:
 - (i) If the designated beneficiary is someone other than the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death, over the remaining life expectancy of the designated beneficiary, with such life expectancy determined using the age of the beneficiary as of his or her birthday in the year following the year of the Owner's death, or, if elected, in accordance with paragraph (a)(iii) below.
 - (ii) If the Owner's sole designated beneficiary is the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death (or by the end of the calendar year in which the Owner would have attained age 70 1/2, if later), over such spouse's life, or, if elected, in accordance with paragraph (a)(iii) below. If the surviving spouse dies before distributions are required to begin to him or her, the remaining interest will be distributed, starting by the end of the calendar year following the calendar year of the spouse's death, over the spouse's designated beneficiary's remaining life expectancy determined using such beneficiary's age as of his or her birthday in the year following the death of the spouse, or, if elected, will be distributed in accordance with paragraph (a)(iii) below. If the surviving spouse dies after required distributions commence to him or her, any remaining interest will continue to be distributed under the contract option chosen.
 - (iii) If there is no designated beneficiary, or if applicable by operation of paragraph (a)(i) or (a)(ii) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the Owner's death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph (a)(ii) above).

- (iv) Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401 (a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated beneficiary, such spouse's remaining life expectancy for a year is the number of the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the beneficiary's age in the year specified in paragraph (a)(i) or (a)(ii) and reduced by one for each subsequent year.
- (b) For purposes of paragraph (a)(ii) above, required distributions are considered to commence on the date distributions are required to begin to the surviving spouse under such paragraph. However, if distributions start prior to the applicable date in the preceding sentence, on an irrevocable basis (except for acceleration) under an annuity contract meeting the requirements of Section 1.401 (a)(9)-6T of the Temporary Income Tax Regulations, then required distributions are considered to commence on the annuity starting date.
- (c) If the sole designated beneficiary is the individual's surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse makes a contribution to the IRA or fails to take required distributions as a beneficiary.

Article 7 - Payment Plans

All payment plans under the Contract must meet the requirements applicable to Roth IRAs under the Code. The provisions of this Endorsement reflecting the requirements applicable to Roth IRAs override any payment plan inconsistent with such requirements.

If a guaranteed period of payments is chosen under a payment plan, the length of the period must not exceed the applicable maximum period under Q&As-3 and -10 of Section 1.401(a)(9)-6T of the Temporary Income Tax Regulations.

Article 8 - Annual Reports

The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

Article 9 - Code Requirements

The provisions of this Endorsement are intended to comply with the requirements applicable to Roth IRAs. The Company reserves the right to amend the Contract and this Endorsement from time to time, without the Owner's consent, when such amendment is necessary to assure continued compliance with Section 408A of the Code (and any successor provision) as in effect from time to time. The Owner has the right to refuse to accept any such amendment; however, we shall not be held liable for any tax consequences incurred by the Owner as a result of such refusal.

Signed for Securitas Financial Life Insurance Company.

[] []
 President Secretary

SERFF Tracking Number: UNML-126257364 State: Arkansas
 Filing Company: Securitas Financial Life Insurance Company State Tracking Number: 43145
 Company Tracking Number: SPIA
 TOI: A06.11 Individual Annuities- Immediate Non- Sub-TOI: A06.11.000 Annuities - Immediate Variable and
 Variable and Variable Non-Variable
 Product Name: SPIA
 Project Name/Number: SPIA/SPIA

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: attached as part of filing in Forms Schedule Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statements of Variability - Payouts Comments: Attachments: Statement of Variability-Payout.pdf statement of variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Readability certification Comments: Attachment: readcert.pdf		

Statement of Variability

**Variable: “Payment Interval” can be
{Biweekly, Monthly, Quarterly, Semiannually, Annually}**

Variable: “Guaranteed Payments” can be {1,2,3,..., 780}

Variable: “Payment Description”:

1. If Single Life Annuity Only, Level Payments:

{Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living beginning on the initial payment date.

No payments will be made after {Annuitant} is deceased.

Example:

\$1,000.00 monthly to John Doe while John Doe is living beginning on the initial payment date.

No payments will be made after John Doe is deceased.

2. If Single Life Annuity Only, Increasing Payments – Simple Interest:

{Payment Interval} payments to {Payee} while {Annuitant} is living beginning on the initial payment date.

The amount of each payment during the first year is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

No payments will be made after {Annuitant} is deceased.

Example:

Monthly payments to John Doe while John Doe is living beginning on the initial payment date.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by \$30.

No payments will be made after John Doe is deceased.

3. If Single Life Annuity Only, Increasing Payments – Compound Interest:

{Payment Interval} payments to {Payee} while {Annuitant} is living beginning on the initial payment date.

The amount of each payment during the first year is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

No payments will be made after {Annuitant} is deceased.

Example:

Monthly payments to John Doe while John Doe is living beginning on the initial payment date.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by 3%.

No payments will be made after John Doe is deceased.

4. If Single Life Annuity with Certain Period:

Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.

No payments will be made after the {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date \$1000.00 monthly to John Doe while John Doe is living but not less than 120 payments.

No payments will be made after John Doe is deceased and 120 payments have been made.

5. If Single Life Annuity with Certain Period, Increasing Payments – Simple Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.

The amount of each payment during the first year is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 120 payments.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by \$30.

No payments will be made after John Doe is deceased and 120 payments have been made.

6. If Single Life Annuity with Certain Period, Increasing Payments – Compound Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} of payments.

The amount of each payment during the first year is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 120 payments.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by 3%..

No payments will be made after John Doe is deceased and 120 payments have been made.

7. If Single Life Annuity with Installment Refund:

Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.

No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date, \$1000.00 monthly to John Doe while John Doe is living but not less than 134 payments.

No payments will be made after John Doe is deceased and 134 payments have been made.

8. If Single Life Annuity with Installment Refund, Increasing Payments – Simple Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.

The amount of each payment during the first year is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 111 payments.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by \$30.

No payments will be made after John Doe is deceased and 111 payments have been made.

9. If Single Life Annuity with Installment Refund, Increasing Payments – Compound Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} of payments.

The amount of the payment on the initial payment date is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

Example:

Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 102 payments.

The amount of the payment on the initial payment date is \$1,000.

On each anniversary of the initial payment date the payments will increase by 3%.

No payments will be made after John Doe is deceased and 102 payments have been made.

10. If Single Life Annuity with Cash Refund:

Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living.

If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

Example:

Beginning on the initial payment date, \$1000.00 monthly to John Doe while John Doe is living.

If the sum of the payments is less than \$100,000 when John Doe is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after John Doe is deceased and payments equal to or exceeding \$100,000 have been made.

11. If Single Life Annuity with Cash Refund, Increasing Payments – Simple Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living.

The amount of the payment on the initial payment is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

Example:

Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living.

The amount of the payment on the initial payment is \$1,000.

On each anniversary of the initial payment date the payments will increase by \$30.

If the sum of the payments is less than \$100,000 when {Annuitant} is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after {Annuitant} is deceased and payments equal to or exceeding \$100,000 have been made.

12. If Single Life Annuity with Cash Refund, Increasing Payments – Compound Interest:

Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living.

The amount of the payment on the initial payment date is {Initial Annuity Payment}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

Example:

Monthly payments to John Doe while John Doe is living.

The amount of each payment during the first year is \$1,000.

On each anniversary of the initial payment date the payments will increase by 3%.

If the sum of the payments is less than \$100,000 when {Annuitant} is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after {Annuitant} is deceased and payments equal to or exceeding \$100,000 have been made.

13. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:

{Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living beginning on the initial payment date.

y%*{Initial Annuity Payment} {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.

z%*{Initial Annuity Payment} {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

\$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.

\$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.

\$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.

No payments will be made after both John Doe and Mary Doe are deceased

a. If Joint Life Annuity Only and 100% chosen for both annuitants:

{Initial Annuity Payment} {Payment Interval} to {Payee} while either or both {annuitant1} or {annuitant2} is living beginning on the initial payment date.

No payments will be made after both annuitants are deceased.

Example:

\$1,000.00 monthly to John Doe while either or both John Doe or Mary Doe is living beginning on the initial payment date.

No payments will be made after both John Doe and Mary Doe are deceased.

b. If Joint Life Annuity Only and x% chosen for both annuitants:

{Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living beginning on the initial payment date.

$x\% \times \{Initial\ Annuity\ Payment\}$ {Payment Interval} to {Payee} while exactly one of {annuitant1} or {annuitant2} are living.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

\$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.

\$750.00 monthly to John Doe while exactly one of John Doe or Mary Doe are living.

No payments will be made after both John Doe and Mary Doe are deceased.

14. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living beginning on the initial payment date.

The amount of the payment on the initial payment date is {Initial Payment Amount} if both {annuitant1} and {annuitant2} are living.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living beginning on the initial payment date.

The amount of the payment on the initial payment date is \$1000 if both John Doe and Mary Doe are living.

On each anniversary of the initial payment date the payments will increase by \$30 if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

15. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living beginning on the initial payment date.

The amount of the payment on the initial payment date is {Initial Payment Amount} if both {annuitant1} and {annuitant2} are living.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living beginning on the initial payment date.

The amount of each payment on the initial payment date is \$1000 if both John Doe and Mary Doe are living.

On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

16. If Joint Life Annuity with Certain Period: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:

Initially:

{Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee} beginning on the initial payment date.

After {Guaranteed Payments} payments have been made:

{Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
y%*{Initial Annuity Payment} {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.

z%*{Initial Annuity Payment} {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

120 payments of \$1,000 monthly to John Doe beginning on the initial payment date.

After 120 payments have been made:

\$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.

\$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.

\$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.

No payments will be made after both John Doe and Mary Doe are deceased

17. If Joint Life Annuity with Certain Period: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:

Initially:

{Guaranteed Payments} {Payment Interval} payments of {Initial Annuity Payment} to {Payee} beginning on the initial payment date.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

After {Guaranteed Payments} payments have been made:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

Payment(s) will continue to increase by {increase %} x {Initial Annuity Payment} on each anniversary of the initial payment date if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

120 monthly payments of \$1000 to John Doe beginning on the initial payment date.

On each anniversary of the initial payment date the payment(s) will increase by \$30.

After {Guaranteed Payments} payments have been made

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

Payments will continue to increase by \$30 on each anniversary of the initial payment date if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

18. If Joint Life Annuity with Certain Period: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:

Initially:

{Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

After {Guaranteed Payments} payments have been made:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be x% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

The payment is \$1000 on the initial payment date if both John Doe and Mary Doe are living.
On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.

After 120 payments have been made:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

Payment(s) will continue to increase on each anniversary of the initial payment date by 3% if both {annuitant1} and {annuitant2} are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

19. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:

Initially:

{Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee} beginning on the initial payment date.

After {Guaranteed Payments} payments have been made:

{Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
 $y\% \times \{Initial Annuity Payment\} \{Payment Interval\}$ to {Payee} while {annuitant1} is living and {annuitant2} is deceased.

$z\% \times \{Initial Annuity Payment\} \{Payment Interval\}$ to {Payee} while {annuitant2} is living and {annuitant1} is deceased.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

135 payments of \$1,000 monthly to John Doe beginning on the initial payment date.

After 135 payments have been made:

\$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.

\$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.

\$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.

No payments will be made after both John Doe and Mary Doe are deceased

20. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:

Initially:

{Guaranteed Payments} {Payment Interval} payments of {Initial Annuity Payment} to {Payee} beginning on the initial payment date.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

After {Guaranteed Payments} payments have been made:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} x {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

107 monthly payments of \$1000 to John Doe beginning on the initial payment date.

On each anniversary of the initial payment date the payments will increase by \$30.

After 107 payments have been made:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

Payments will continue to increase on each anniversary of the initial payment date by \$30 if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

21. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:

Initially:

{Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

After {Guaranteed Payments} payments have been made:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be x% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

No payments will be made after both {annuitant1} and {annuitant2} are deceased.

Example:

Initially:

107 monthly payments of \$1000 to John Doe beginning on the initial payment date.

On each anniversary of the initial payment date the payments will increase by 3%.

After 107 payments have been made:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

Payments will continue to increase on each anniversary of the initial payment date by 3% if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

No payments will be made after both John Doe and Mary Doe are deceased

22. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:

{Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
 $y\% \times \{Initial Annuity Payment\}$ {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.

$z\% \times \{Initial Annuity Payment\}$ {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.

If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to {Premium Payment} have been made.

Example:

\$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.

\$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.

\$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.

If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

23. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

The amount of the payment on the initial payment date is {Initial Payment Amount}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to \$100,000 have been made.

Example:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

The amount of the payment on the initial payment date is \$1,000.

On each anniversary of the initial payment date the payments will increase by \$30 if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

24. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:

{Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.

The amount of the payment on the initial payment date is {Initial Payment Amount}.

On each anniversary of the initial payment date the payment(s) will increase by {increase %} if both {annuitant1} and {annuitant2} are living.

If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.

No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to \$100,000 have been made.

Example:

Monthly payments to John Doe while either or both John Doe and Mary Doe are living.

The amount of the payment on the initial payment date is \$1,000.

On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.

If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.

If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.

If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.

No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

Statement of Variability

Form SPIA09, Single Premium Immediate Annuity Contract
Form SPIA09app, Fixed Immediate Annuity Application
Form SPIA09SuppA, SPIA09SuppB, SPIA09SuppC, SPIA09SuppD, SPIA09SuppE, Supplemental Questionnaires
Form IRA09, Individual Retirement Amendment
Form Roth09, Roth IRA Endorsement

We have bracketed certain information within the above- mentioned forms to indicate variability. We certify that this form will never reflect a lesser benefit or amount than what your state mandates.

All forms:

Company address, mailing address, phone numbers and website may change. A company logo will be used on the contract and on the application forms once it has been designed (in the process of developing logo).

Single Premium Immediate Annuity Contract - SPIA09

Variable information on the contract's schedule page includes information about the owner, joint owner (if applicable), annuitant, premium amount, income payment amount and the annuity option selected.

The Table of Contents page numbers may change depending upon page layout.

We certify that the income payment and any certain period chosen by the Owner on the application will appear on page number 3 of the contract as the Annuity Plan. A description of the Annuity Plan chosen will also appear on page number 3.

SPIA Application and Supplemental Questionnaires – SPIA09app & SPIA09Supp A-E

We certify that the bracketed items contained in the SPIA Application will appear as follows:

Payment options – we may include, delete or modify payment options in the future. We would only be offering standard type payout options depending upon market interest.

In Annuity Income Payment Section:

At this time we are offering increasing payments as “simplified”. In the future we may offer the choice of simplified or compounded.

Fraud and Disclosure Statements, if a state mandates a change in its statement, we will change the statement in order to comply with the regulation.

Securitas Financial Life Insurance Company
P.O. Box 5000
Syracuse, New York 13250-5000

READABILITY CERTIFICATION

This is to certify that the forms listed on the attached page(s) are in compliance with the Insurance Policy Readability Law.

Each form is scored separately for the Flesch reading ease test, in its entirety:

Form No.	Sentences	Words	Syllables	Flesch Score
SPIA09	74	1593	N/A	50.0
SPIA09app	24	466	N/A	50.1
SPIA09SuppA-E	50	1342	N/A	56.1

1. The form is printed in not less than ten-point type, one point leaded. (This does not apply to specifications pages, schedules and tables).
2. The layout and spacing of the form(s) separate the paragraphs from each other and from the border of the paper.
3. The section titles are captioned in bold face or otherwise stand out significantly from the text.
4. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form(s).
5. The style, arrangement and overall appearance of the form(s) give no undue prominence to any portion of the form(s).
6. A table of contents or an index of the principal sections is included in the form. (This applies only if the form has more than 3,000 words or consists of more than 3 pages).

August 4, 2009
Date


Kelly Klink, Secretary