

SERFF Tracking Number: UNML-126262307 State: Arkansas  
 Filing Company: Securitas Financial Life Insurance Company State Tracking Number: 43182  
 Company Tracking Number: TAX RIDERS  
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
 Product Name: Tax Rider  
 Project Name/Number: Tax Rider/Tax Rider

## Filing at a Glance

Company: Securitas Financial Life Insurance Company

Product Name: Tax Rider

SERFF Tr Num: UNML-126262307 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 43182

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: TAX RIDERS State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Gaile Beebe

Disposition Date: 08/17/2009

Date Submitted: 08/11/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Tax Rider

Status of Filing in Domicile: Pending

Project Number: Tax Rider

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: 08/17/2009

Explanation for Other Group Market Type:

State Status Changed: 08/17/2009

Deemer Date:

Created By: Gaile Beebe

Submitted By: Gaile Beebe

Corresponding Filing Tracking Number:

Filing Description:

The IRA09 and the Roth09 endorsements that were just approved yesterday are being replaced. The IRA endorsement title was changed from "Immediate" to "Individual". The Roth endorsement Article 3 and 6 were revised to be compliance with Section 408(A).

## Company and Contact

SERFF Tracking Number: UNML-126262307 State: Arkansas  
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 Product Name: Tax Rider  
 Project Name/Number: Tax Rider/Tax Rider

**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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 x 2 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Securitas Financial Life Insurance Company	\$100.00	08/11/2009	29778784

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 Variable  
 Product Name: Tax Rider  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/17/2009	08/17/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Original Filing Number	Note To Reviewer	Gaile Beebe	08/11/2009	08/11/2009

*SERFF Tracking Number:* UNML-126262307      *State:* Arkansas  
*Filing Company:* Securitas Financial Life Insurance Company      *State Tracking Number:* 43182  
*Company Tracking Number:* TAX RIDERS  
*TOI:* A051 Individual Annuities- Immediate Non-Variable      *Sub-TOI:* A051.000 Annuities - Immediate Non-variable  
*Product Name:* Tax Rider  
*Project Name/Number:* Tax Rider/Tax Rider

## **Disposition**

Disposition Date: 08/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* UNML-126262307      *State:* Arkansas  
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*Product Name:* Tax Rider  
*Project Name/Number:* Tax Rider/Tax Rider

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	IRA endorsement		Yes
<b>Form</b>	Roth endorsement		Yes

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*TOI:* A05I Individual Annuities- Immediate Non-      *Sub-TOI:* A05I.000 Annuities - Immediate Non-variable  
Variable  
*Product Name:* Tax Rider  
*Project Name/Number:* Tax Rider/Tax Rider

**Note To Reviewer**

**Created By:**

Gaile Beebe on 08/11/2009 01:26 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

08/17/2009 02:01 PM

**Subject:**

Original Filing Number

**Comments:**

The original tracking number for the file approved yesterday is UMNL-126257364.

SERFF Tracking Number: UNML-126262307 State: Arkansas  
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## Form Schedule

### Lead Form Number: IRA09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IRA09	Policy/Cont IRA endorsement ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	IRA09.pdf
	Roth09	Policy/Cont Roth endorsement ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	Roth09.pdf

# SECURITAS FINANCIAL LIFE INSURANCE COMPANY

## Individual 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

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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**

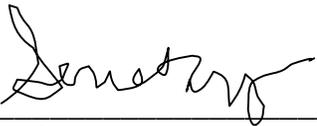
The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

### **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

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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 of a distribution from an IRA 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. For taxable years beginning after 2005, a qualified rollover contribution includes a rollover from a designated Roth account described in Section 402A; and for taxable years beginning after 2007, a qualified rollover contribution also includes a rollover from an eligible retirement plan described in Section 402(c)(8)(B).
  
- (b) Qualified Rollover Contribution Limit. A rollover from an eligible retirement plan other than a Roth IRA or a designated Roth account cannot be made to this IRA if, for the year the amount is distributed from the other plan;
  - (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.

For taxable years beginning after 2009, the limits in this paragraph (d) do not apply to qualified rollover contributions.

- (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) and does not include any amount included in adjusted gross income as a result of a rollover from an eligible retirement plan other than a Roth 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)-6 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

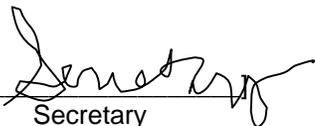
The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

### 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

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	not applicable for tax riders		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application		
<b>Comments:</b>	approved yesterday		
<b>Attachment:</b>	SPIA09app.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b>	not applicable		
<b>Comments:</b>			

# 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:  1<sup>st</sup>  15<sup>th</sup>

**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**

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**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