

SERFF Tracking Number: SMNY-126962346 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 47671
 York
 Company Tracking Number: 2081-G
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: One Year Renewable Term
 Project Name/Number: /

Filing at a Glance

Company: Security Mutual Life Insurance Company of New York

Product Name: One Year Renewable Term SERFF Tr Num: SMNY-126962346 State: Arkansas
 TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 47671
 Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: 2081-G State Status: Approved-Closed
 Fixed/Indeterminate Premium

Filing Type: Form Reviewer(s): Linda Bird
 Disposition Date: 01/18/2011
 Authors: Alana Mautone,
 Jacqueline Ayres, Lynn Smith,
 Janet Esposito, Derick Deisinger,
 Michael Kennedy
 Date Submitted: 01/10/2011 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: New York is our
 state of domicile.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 01/18/2011
 State Status Changed: 01/18/2011
 Deemer Date: Created By: Janet Esposito
 Submitted By: Janet Esposito Corresponding Filing Tracking Number:
 Filing Description:
 Enclosed for review and approval is a new unisex 10 year annual renewable term policy form, 2081-G. This is a new
 form, and is not replacing any previously approved form.

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Issue Ages will be 18-79.

Although there is a single set of rates for all classes, we will show the actual underwritten risk classifications on the specifications page. This is for the purpose of any future conversions. The five risk classifications for Form 2081-G are: Preferred Plus Nonsmoker, Preferred Non-smoker, Standard Non-smoker, Preferred Smoker, Standard Smoker.

We will sell Form 2081-G in individual markets. Special markets Form 2081-G may be sold in include IRC 403(b) (trust-owned plans), Key Person, Bank Market, Employer-employee and Qualified Retirement Plans.

Form 2081-G will not be sold with an Illustration.

Form 2081-G is convertible for the first three years after issue, subject to a maximum conversion age of 79.

Application form IO-4386-AR Ed.12/97 which your Department approved on December 29, 1997, will be used with this policy form.

The forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, and adaptation to computer printing.

Please advise if any additional information is required in order to complete your review.

Company and Contact

Filing Contact Information

Alana Mautone, Manager-Product Compliance amautone@smlny.com
100 Court St. 607-723-3551 [Phone] 7297 [Ext]
P. O. Box 1625 607-338-7562 [FAX]
Binghamton, NY 13902

Filing Company Information

Security Mutual Life Insurance Company of CoCode: 68772 State of Domicile: New York
New York
100 Court Street Group Code: Company Type: Life Insurance
P. O. Box 1625 Group Name: State ID Number:
Binghamton, NY 13902-1625 FEIN Number: 15-0442730
(607) 723-3551 ext. 7297[Phone]

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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form @ \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Mutual Life Insurance Company of New York	\$50.00	01/10/2011	43608942

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/18/2011	01/18/2011

SERFF Tracking Number: SMNY-126962346 *State:* Arkansas
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Disposition

Disposition Date: 01/18/2011

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		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability 2081-G		Yes
Form	One Year Renewable Term		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2081-G	Policy/Cont	One Year Renewable/Initial				2081-G AR.pdf



SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT STREET
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625 • (607) 723-3551
 www.smlny.com • (800) 765-6668

ONE YEAR RENEWABLE TERM

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK agrees to pay the death benefit to the Beneficiary, subject to the conditions and provisions of this policy. Payment will be made when proof of the Insured's death, and proof of the Claimant's entitlement to the proceeds, are received at the Company's Home Office in Binghamton, New York. This policy may have to be returned.

The policy is issued in consideration of the application and the payment of the premium.

Signed for the Company at Binghamton, New York on the Issue Date.

[*Handwritten Signature*]

[Secretary]

[*Handwritten Signature*]

[President]

RIGHT TO EXAMINE POLICY

Please read this policy. The Owner may return this policy to the Company or to the agent or broker through whom it was purchased within 10 days after it is received. If this policy is issued as a replacement policy, the Owner may return it within 30 days after it is received, or any longer period as may be required by the laws of the state in which this policy is delivered, or issued for delivery. If the policy is returned within the stated period, the policy will be void from the beginning. The Company will refund any premium paid.

Insurance Payable at Death Prior to Final Expiry Date
 Participating
 Premiums Payable to Final Expiry Date or Until Prior Death
 Renewable and Convertible as Provided Herein

POLICY SPECIFICATIONS

INSURED: [JOHN DOE]	AGE: [35]
POLICY NUMBER: [SPECIMEN]	POLICY DATE: [MAY 1, 2010]
FACE AMOUNT: [\$1,000,000]	ISSUE DATE: [MAY 1, 2010]
INITIAL PREMIUM: [\$ 395.00] [ANNUAL]	PREMIUM CLASS: [PREFERRED NON-SMOKER]
	INITIAL EXPIRY DATE: [MAY 1, 2011]
	FINAL EXPIRY DATE: [MAY 1, 2020]
	FINAL CONVERSION DATE: [MAY 1, 2013]

OWNER: [INSURED]

[STATE] INSURANCE DEPARTMENT TELEPHONE NUMBER: [XXX-XXX-XXXX]

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SCHEDULE OF BENEFITS

<u>BENEFIT</u>		<u>INITIAL PREMIUM</u>
FACE AMOUNT	[\$1,000,000]	[\$ 395.00]*
TOTAL INITIAL PREMIUM		[\$ 395.00]

* RENEWAL PREMIUM RATES ARE SHOWN ON PAGE 3(B).

A [\$75.00] ANNUAL POLICY FEE IS INCLUDED IN THE ABOVE PREMIUM AND WILL BE INCLUDED IN ALL RENEWAL POLICY YEARS AS WELL.

CONVERSION PERIOD IS THREE YEARS, OR TO AGE 70 IF SOONER.

SCHEDULE OF PREMIUMS

PREMIUMS DUE BEGINNING ON:	FREQUENCY OF PREMIUM PAYMENT			[]
	ANNUAL	SEMI-ANNUAL**	QUARTERLY**	
[MAY 1, 2010]	[\$ 395.00]	[\$ 205.40]	[\$ 104.68]	[]

** PREMIUMS SHOWN INCLUDE THE ADDITIONAL CHARGE FOR THE CONVENIENCE OF PAYING MORE FREQUENTLY THAN ANNUALLY.

[]

DIVIDENDS ARE NOT GUARANTEED. DIVIDENDS ARE NOT EXPECTED OR ANTICIPATED TO BE PAID.

POLICY SPECIFICATIONS

INSURED: [JOHN DOE]	AGE: [35]
POLICY NUMBER: [SPECIMEN]	POLICY DATE: [MAY 1, 2010]
FACE AMOUNT: [\$1,000,000]	ISSUE DATE: [MAY 1, 2010]
INITIAL PREMIUM: [\$ 395.00] [ANNUAL]	PREMIUM CLASS: [PREFERRED NON-SMOKER]
	INITIAL EXPIRY DATE: [MAY 1, 2011]
	FINAL EXPIRY DATE: [MAY 1, 2020]
	FINAL CONVERSION DATE: [MAY 1, 2013]

OWNER: [INSURED]

**TABLE OF GUARANTEED ANNUAL PREMIUM RATES FOR POLICY YEARS
AFTER THE FIRST POLICY YEAR
FOR EACH \$1,000 OF LIFE INSURANCE**

[AGE	PREMIUM RATE
[36	.34
37	.36
38	.38
39	.41
40	.44
41	.47
42	.52
43	.57
44	.63]

THE PREMIUM RATES SHOWN DO NOT INCLUDE THE [\$75.00] ANNUAL POLICY FEE.]

[THIS POLICY IS NOT RENEWABLE AFTER THE FIRST POLICY YEAR.]

POLICY NUMBER: [SPECIMEN]

INSURED: [JOHN DOE]

SUMMARY OF POLICY BENEFITS

LIVING BENEFITS

This policy provides certain rights which may be exercised by the Owner during the Insured's lifetime. These include the right to:

- Change the Beneficiary.
- Obtain dividend credits.
- Renew the policy on any Expiry Date without evidence of insurability subject to the RENEWAL provision of this policy.
- Convert the policy to a permanent form of insurance without evidence of insurability.

The exercise of these rights is subject to the terms and conditions of this policy.

DEATH BENEFITS

This policy pays death benefits to the Beneficiary. The amount payable is the total of the following amounts

determined on the date of the Insured's death:

The Face Amount of this policy

PLUS Interest from date of death to date of payment at the rate declared by the Company for Settlement Option A as of the date of the Insured's death; provided, however that if any proceeds or refunds of premiums on this Policy are not paid within 30 days after proof of death of the Insured is received, interest will be paid upon the proceeds or refunds of premiums at the rate of 8.00% per year.

PLUS The value of any dividends left at interest;

PLUS Any other dividend credits;

PLUS Any premium refund due (see "Premium Adjustment at Death");

MINUS Any premium due if death occurs within the grace period (see "Premium Adjustment at Death").

PLEASE READ THIS POLICY FOR FULL DETAILS.

GENERAL PROVISIONS AND EXCLUSIONS

THE CONTRACT

The entire contract consists of this policy and the attached application. In issuing, changing, or reinstating this policy, the Company has relied upon the statements made in the application. These statements shall, in the absence of fraud, be deemed as representations and not warranties. The Company will not use any statement to void this policy or to defend against a claim under it, unless the statement is contained in the attached written application. Policy years, policy months, and policy anniversaries are measured from the Policy Date. The only way this contract may be modified is by a written agreement signed by the President, a Vice President, or the Secretary of the Company. The Company may require that the policy be submitted for endorsement to show any change. No agent has authority to change the policy or to waive any of its provisions.

INCONTESTABILITY

Except for fraud in the procurement of the policy (when permitted by applicable law in the state where this policy is delivered or issued for delivery):

- 1) the Company will not contest this policy after it has been in force, during the Insured's lifetime, for 2 years from its Issue Date, except for nonpayment of premiums;
- 2) the Company will not contest any reinstatement of this policy for any material misstatement made in the

application for reinstatement, after the policy has been in force, during the Insured's lifetime, for 2 years from the date of such reinstatement (see "Reinstatement"); and

- 3) the Company will not contest any change requiring evidence of insurability after such change has been in force, during the Insured's lifetime, for two years from its effective date.

MISSTATEMENT OF AGE

If the Insured's age is incorrectly stated, the amount payable will be the amount which the premiums paid would have purchased for the correct age. Upon receipt of due proof, the Company will admit the age of the Insured at any time.

SUICIDE

If the Insured dies by suicide while sane or insane within 2 years from the Issue Date the policy proceeds will be limited to the premiums paid, reduced by the amount of any dividends paid in cash and dividends applied in reduction of premium.

CHANGE OF PLAN

Subject to Company rules, this policy may be changed to another form, amount or plan of insurance.

RIGHTS OF OWNER AND BENEFICIARY

RIGHTS OF OWNER

The Owner on the Issue Date will be the person designated in the Policy Specifications. If no other Owner is designated, the Insured will be the Owner. Consistent with the terms of any beneficiary designation and any assignment, the Owner may, during the lifetime of the Insured:

- (a) assign this policy;
- (b) amend or modify this policy with the written consent of the Company; and
- (c) exercise any right, receive any benefit, or enjoy any privilege contained in this policy.

During the lifetime of the Insured, the Owner may change the ownership designation by written notice satisfactory to the Company. Unless otherwise specified by the Owner, the change will take effect as of the date the notice is signed by the Owner, subject to any payments made or actions taken by the Company prior to receipt of the notice.

ASSIGNMENT

The Owner may assign the ownership of this policy. No policy assignment will be binding on the Company unless it is in writing in a form satisfactory to the Company and received by the Company at its Home Office. Unless

RIGHTS OF OWNER AND BENEFICIARY (CONTINUED)

ASSIGNMENT (CONTINUED)

otherwise specified by the Owner, the assignment will then be effective as of the date it was signed by the Owner subject to any payment or other action by the Company before receipt of such notice. An absolute policy assignment will make the assignee the Owner. A collateral assignment of this policy will not cause an ownership change. However, the rights of any owner, Beneficiary, or other payee will be subject to the terms of the collateral assignment. The Company is not responsible for the validity, effect or sufficiency of an assignment.

BENEFICIARY

The Beneficiary named in the application for this policy will receive the death benefit upon the Insured's death unless the Owner has changed the beneficiary designation.

Unless specifically designated as irrevocable, beneficiary designations may be changed by the Owner, while the Insured is living, by written notice satisfactory to the Company. An irrevocable beneficiary designation may be changed only with the consent of such irrevocable beneficiary. The consent of any irrevocable beneficiary will also be required for any policy assignment or change. Unless otherwise specified by the Owner, the change will take effect as of the date the notice was signed by the Owner, subject to any payment or other action taken by the Company before receipt of such notice. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interests. If no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

PREMIUMS

PREMIUMS

This policy is issued in consideration of the application and the first premium payment. Subsequent premiums are due and payable in advance while the Insured is alive. The amount and frequency of premium payments are shown on page 3. A "Table Of Guaranteed Annual Premium Rates For Policy Years After The First Policy Year For Each \$1,000 Of Life Insurance" is shown on page 3. All premiums are payable at the Home Office in Binghamton, New York.

Premiums for policy years after the Initial Expiry Date are payable as set forth in the Renewal provision of this policy. Premiums may be paid annually, semi-annually, quarterly, or subject to company rules, monthly. The owner may change the frequency of premium payments subject to Company rules. A written request must be filed at the Home Office in a form satisfactory to the Company.

RENEWAL

If this policy is in force on the Initial Expiry Date or on any Expiry Date prior to the Final Expiry Date, it will be renewed for a new one year term. Renewal premium must be paid within the grace period following the Expiry Date each year. A schedule of renewal premiums is shown on page 3.

GRACE PERIOD

A grace period of 31 days will be allowed for payment of each premium due after the first. Each such premium payment must be postmarked before the end of the grace period. This policy will continue in force during the grace period.

REINSTATEMENT

Any premium not paid before the grace period ends will result in default and benefits provided by this policy will cease. The default date is the date on which the unpaid premium is due. This policy may be reinstated within 5 years after default if:

- (a) the Insured is alive;
- (b) evidence of insurability satisfactory to the Company is given; and
- (c) all overdue premiums are paid with interest at 6% a year from the due date of each premium.

Any dividend payable by reason of the reinstatement may be used to reduce the required payment.

The application for reinstatement will attach to, and become part of, the policy.

PREMIUM ADJUSTMENT AT DEATH

The portion of any premium paid for the period beyond the end of the policy month in which the Insured dies will be included in the death benefit. If the Insured dies within the grace period, the portion of any unpaid premium due for the period ending with the last day of the policy month in which the Insured dies will be deducted from the death benefit.

DIVIDENDS

DIVIDENDS

While this policy is in force, it is eligible to share in the divisible surplus of the Company. This policy's share, if any, will be determined annually by the Company. It will be payable as a dividend at the end of each policy year if premiums for the year are paid in full. The Company expects that it will pay only minimal dividends, if any.

Each dividend may be applied under one of the options below. The Owner may change the option for future dividends by written notice to the Company. The consent of any beneficiary is not required. If no dividend option is elected, dividends will be applied under option C.

OPTION A. PAID IN CASH.

OPTION B. APPLIED TO REDUCE PREMIUMS.

OPTION C. LEFT WITH THE COMPANY ON DEPOSIT AT INTEREST. On each policy anniversary, interest will be credited at the rate determined each year and added to the amount on deposit. This rate of interest will not be less than 3%. Dividend deposits may be surrendered for cash if not collaterally assigned. The value shall be the amount on deposit.

Any dividend accumulations shall be paid to the Owner upon termination of the policy.

CONVERSION PRIVILEGE

CONVERSION PRIVILEGE

This policy may be converted at any time prior to the Final Conversion Date if the policy is in force. The Final Conversion Date is shown on page 3. The new policy may be any Individual Whole Life or Universal Life Policy form regularly issued by the Company for the amount converted, except for policies that provide for accelerated benefits in the event of chronic illness or long-term care or other chronic illness or long-term care benefits. The amount of insurance under the new policy may not exceed the Face Amount of this policy; it may not be less than the minimum amount at which the desired policy form is regularly issued. No evidence of insurability will be required. The class of risk under the new policy will be the same as the class of risk under this policy, or the most comparable class available. The conversion will be subject to the following conditions:

- (1) The new policy will be issued on the basis of the age the insured has attained at the time of

conversion. The new Policy Date will be the date of the conversion. The new policy will then be issued on a policy form and at the premium rate for the Insured's attained age then in use by the Company on the new Policy Date.

- (2) Supplemental benefits, such as a disability waiver provision, may be included in the new policy subject to Company approval. Evidence of insurability satisfactory to the Company will be required.
- (3) Payment of the administrative fee and the first premium, if any, for each new policy, must be received by us at our Home Office no later than the Conversion Date.
- (4) The date of issue for purposes of the Incontestability and Suicide provisions of the converted policy shall be the later of the Issue Date of this policy or the effective date of the last reinstatement of this policy.

SETTLEMENT OPTIONS

Upon written request, the Company will pay the net policy proceeds in accordance with the options shown below. Surrender proceeds may be settled under the options, too. Subject to Company rules, more than one settlement option may be elected. The Owner may elect or change any settlement option in the same manner as a change of beneficiary during the lifetime of the Insured. The payee may elect any settlement option when the proceeds are payable if the proceeds are payable in one sum. If the payee is an estate, corporation, partnership or trustee, only Options A, B or C may be elected.

Settlement Option benefits under Options D and E, at the time of their commencement, will not be less than those that would be provided by the application of the net policy proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of payees whether the income benefits are payable in fixed or variable amounts or both.

OPTION A. INTEREST

The Company will retain the proceeds while the payee is alive or for 30 years, whichever is shorter. Interest will be paid at the rate declared yearly by the Company, but not less than 2½% per year. The proceeds may be withdrawn at any time by the payee in whole or in part (not less than \$200 each time) upon written request.

OPTION B. FIXED PAYMENTS

Installments of specified amounts will be payable until the proceeds with any interest thereon are exhausted. The installment amount must be at least \$75 per year per \$1,000 of proceeds retained. Interest will be paid at the rate declared yearly by the Company, but not less than 2½% per year. The proceeds may be withdrawn at any time by the payee in whole or in part (not less than \$200 each time) upon written request.

OPTION C. FIXED PERIOD

The proceeds will be used to provide installment payments during a specified period of 30 years or less. The Option C table shows the minimum monthly payments for each \$1,000 of proceeds applied.

OPTION D. LIFE INCOME WITH GUARANTEED PERIOD

The proceeds will be paid in installments for a guaranteed period of 10 or 20 years, as elected, and for life thereafter. The Option D table shows minimum monthly payments for each \$1,000 of proceeds applied. Payments are based on the payee's age nearest birthday on the date the first payment becomes due. When the monthly payments for a guaranteed period of 10 years equal those for a guaranteed period of 20 years, the Company will automatically deem the longer guaranteed period.

OPTION E. JOINT INCOME-TWO-THIRDS TO THE SURVIVOR

The proceeds will be paid in monthly installments during the joint lifetime of two payees. Two-thirds of the installment amount shall continue to be paid for the remaining lifetime of the survivor. Option table E shows the minimum monthly payments for each \$1,000 of proceeds applied. Payments are based on the ages nearest birthday of the payees on the date the first payment becomes due. This option is only available to payees at least 40 years of age.

•
At the time the proceeds become payable under a settlement option, a Settlement Certificate will be issued. This certificate shall bear the date of the Insured's death if the proceeds settled are death proceeds and the Insured elected the option while alive. Otherwise the certificate shall bear the date the proceeds are payable. The first installment under options B, C, D and E will be payable on the date of the Settlement Certificate. If there are amounts due the Company to be deducted from the proceeds, the beneficiary may repay the amount due when filing proof of claim. If any installment or interest payment under an option is less than \$20, the Company may change the payment interval so that payments will be at least \$20 each. If the annual payment is less than \$20, the Company may pay any unpaid amount in one sum. The Settlement Certificate's share of the surplus of the Company will be determined annually.

SETTLEMENT OPTIONS (CONTINUED)

Settlement option benefits may not be assigned or commuted before they are due unless the payee has the right to do so under the elected option. As far as allowed by law, such benefits are not subject to claims of creditors or legal process. If the policy is subject to a collateral assignment on the date proceeds are payable, the amount due the assignee will be paid in one sum and not according to the option elected.

A payee under a settlement option may, by written notice filed with the Company, name and change a contingent payee(s) to receive any amount that would otherwise be payable to the payee's estate. If no contingent payee survives the payee, any unpaid amount will be paid in a single sum to the last payee's estate. Any settlement under Options A, B, C or D will then terminate. Under Option A

and B the single sum will include interest to date of death. Under Options C and D, the single sum will be the present value of any guaranteed payments remaining at that time, commuted using the interest rate applied in determining these payments, compounded each year.

If payments depend upon the survival of one or more payees, the Company may require proof of age or survival of each payee. If a business has the right to elect a settlement option but transfers this right to the Insured's surviving spouse or children, the transferee(s) may elect one of the above options as if named as beneficiary under this policy.

The underlying bases used for computing the Settlement Option Tables are The Annuity 2000 Mortality Table and 2.5% interest.

SETTLEMENT OPTION TABLES: MONTHLY # PAYMENTS FOR EACH \$1000 OF PROCEEDS

OPTION D - LIFE INCOME
WITH GUARANTEED PERIOD

Age Of Payee	PAYEE	
	Guaranteed 10 Years	20 Years
10*	\$2.49	\$2.48
11	2.50	2.50
12	2.51	2.51
13	2.52	2.52
14	2.54	2.54
15	2.55	2.55
16	2.57	2.56
17	2.58	2.58
18	2.60	2.59
19	2.61	2.61
20	2.63	2.63
21	2.65	2.64
22	2.67	2.66
23	2.69	2.68
24	2.71	2.70
25	2.73	2.72
26	2.75	2.74
27	2.77	2.76
28	2.79	2.79
29	2.82	2.81
30	2.84	2.83
31	2.87	2.86
32	2.89	2.88
33	2.92	2.91
34	2.95	2.94
35	2.98	2.97
36	3.01	3.00
37	3.05	3.03
38	3.08	3.06
39	3.12	3.10
40	3.16	3.13
41	3.19	3.17
42	3.24	3.21
43	3.28	3.25
44	3.32	3.29
45	3.37	3.33
46	3.42	3.38
47	3.47	3.42
48	3.53	3.47
49	3.58	3.52
* and under		

Age Of Payee	PAYEE	
	Guaranteed 10 Years	20 Years
50	3.64	3.57
51	3.70	3.63
52	3.77	3.68
53	3.84	3.74
54	3.91	3.80
55	3.98	3.86
56	4.06	3.92
57	4.15	3.99
58	4.23	4.05
59	4.33	4.12
60	4.43	4.19
61	4.53	4.26
62	4.64	4.33
63	4.75	4.40
64	4.87	4.47
65	5.00	4.54
66	5.13	4.61
67	5.27	4.67
68	5.41	4.74
69	5.57	4.80
70	5.72	4.86
71	5.89	4.91
72	6.06	4.96
73	6.23	5.01
74	6.41	5.05
75	6.60	5.09
76	6.79	5.12
77	6.98	5.15
78	7.17	5.18
79	7.36	5.20
80	7.54	5.22
81	7.73	5.23
82	7.90	5.24
83	8.07	5.25
84	8.23	5.26
85	8.38	5.26
86	8.52	5.27
87	8.64	5.27
88	8.75	5.27
89	8.85	5.27
90+	8.94	5.27
+and over		

SETTLEMENT OPTION TABLES: MONTHLY # PAYMENTS FOR EACH \$1000 OF PROCEEDS (CONTINUED)

OPTION E - JOINT INCOME WITH TWO-THIRDS TO THE SURVIVOR

SECONDARY Payee Age	PRIMARY Payee Age														
	40	45	50	55	60	65	66	67	68	69	70	75	80	85	90+
40	\$3.01	\$3.10	\$3.20	\$3.30	\$3.41	\$3.53	\$3.56	\$3.59	\$3.61	\$3.64	\$3.67	\$3.81	\$3.95	\$4.08	\$4.20
41	3.03	3.12	3.22	3.33	3.44	3.57	3.59	3.62	3.65	3.67	3.70	3.84	3.99	4.13	4.25
42	3.05	3.14	3.24	3.35	3.47	3.60	3.63	3.65	3.68	3.71	3.74	3.88	4.03	4.17	4.30
43	3.07	3.16	3.27	3.38	3.50	3.63	3.66	3.69	3.72	3.75	3.78	3.92	4.08	4.22	4.35
44	3.08	3.18	3.29	3.41	3.53	3.67	3.70	3.73	3.75	3.78	3.81	3.97	4.12	4.27	4.40
45	3.10	3.21	3.32	3.44	3.56	3.70	3.73	3.76	3.79	3.82	3.85	4.01	4.17	4.32	4.46
46	3.12	3.23	3.34	3.46	3.60	3.74	3.77	3.80	3.83	3.86	3.90	4.06	4.22	4.38	4.52
47	3.14	3.25	3.37	3.49	3.63	3.78	3.81	3.84	3.87	3.91	3.94	4.11	4.27	4.44	4.58
48	3.16	3.27	3.39	3.52	3.67	3.82	3.85	3.88	3.92	3.95	3.98	4.16	4.33	4.49	4.64
49	3.18	3.29	3.42	3.56	3.70	3.86	3.89	3.93	3.96	3.99	4.03	4.21	4.39	4.56	4.71
50	3.20	3.32	3.45	3.59	3.74	3.90	3.94	3.97	4.01	4.04	4.08	4.26	4.44	4.62	4.78
51	3.22	3.34	3.47	3.62	3.78	3.95	3.98	4.02	4.05	4.09	4.13	4.32	4.51	4.69	4.85
52	3.24	3.36	3.50	3.65	3.81	3.99	4.03	4.06	4.10	4.14	4.18	4.37	4.57	4.76	4.92
53	3.26	3.39	3.53	3.68	3.85	4.04	4.07	4.11	4.15	4.19	4.23	4.43	4.64	4.83	5.00
54	3.28	3.41	3.56	3.72	3.89	4.08	4.12	4.16	4.20	4.24	4.28	4.49	4.71	4.91	5.08
55	3.30	3.44	3.59	3.75	3.93	4.13	4.17	4.21	4.26	4.30	4.34	4.56	4.78	4.99	5.17
56	3.32	3.46	3.62	3.79	3.98	4.18	4.22	4.27	4.31	4.35	4.40	4.63	4.85	5.07	5.26
57	3.34	3.49	3.65	3.82	4.02	4.23	4.28	4.32	4.37	4.41	4.46	4.70	4.93	5.16	5.36
58	3.37	3.51	3.68	3.86	4.06	4.28	4.33	4.38	4.43	4.47	4.52	4.77	5.02	5.25	5.46
59	3.39	3.54	3.71	3.90	4.11	4.34	4.39	4.44	4.49	4.54	4.59	4.84	5.10	5.35	5.56
60	3.41	3.56	3.74	3.93	4.15	4.39	4.44	4.50	4.55	4.60	4.65	4.92	5.19	5.45	5.68
61	3.44	3.59	3.77	3.97	4.20	4.45	4.50	4.56	4.61	4.67	4.72	5.00	5.29	5.56	5.79
62	3.46	3.62	3.80	4.01	4.25	4.51	4.56	4.62	4.68	4.73	4.79	5.09	5.39	5.67	5.92
63	3.48	3.65	3.83	4.05	4.30	4.57	4.63	4.69	4.74	4.80	4.87	5.18	5.49	5.79	6.05
64	3.51	3.68	3.87	4.09	4.34	4.63	4.69	4.75	4.81	4.88	4.94	5.27	5.60	5.91	6.19
65	3.53	3.70	3.90	4.13	4.39	4.69	4.76	4.82	4.88	4.95	5.02	5.36	5.71	6.04	6.33
66	3.56	3.73	3.94	4.17	4.44	4.76	4.82	4.89	4.96	5.03	5.10	5.46	5.82	6.18	6.48
67	3.59	3.76	3.97	4.21	4.50	4.82	4.89	4.96	5.03	5.10	5.18	5.56	5.95	6.32	6.64
68	3.61	3.79	4.01	4.26	4.55	4.88	4.96	5.03	5.11	5.18	5.26	5.66	6.07	6.47	6.81
69	3.64	3.82	4.04	4.30	4.60	4.95	5.03	5.10	5.18	5.26	5.34	5.77	6.20	6.62	6.99
70	3.67	3.85	4.08	4.34	4.65	5.02	5.10	5.18	5.26	5.34	5.43	5.88	6.34	6.78	7.18
71	3.69	3.89	4.11	4.38	4.71	5.09	5.17	5.25	5.34	5.43	5.52	5.99	6.48	6.95	7.37
72	3.72	3.92	4.15	4.43	4.76	5.15	5.24	5.33	5.42	5.51	5.61	6.10	6.62	7.13	7.58
73	3.75	3.95	4.19	4.47	4.81	5.22	5.31	5.40	5.50	5.60	5.70	6.22	6.77	7.31	7.79
74	3.78	3.98	4.22	4.52	4.87	5.29	5.39	5.48	5.58	5.68	5.79	6.34	6.92	7.50	8.02
75	3.81	4.01	4.26	4.56	4.92	5.36	5.46	5.56	5.66	5.77	5.88	6.46	7.08	7.70	8.25
76	3.83	4.04	4.30	4.60	4.98	5.43	5.53	5.64	5.74	5.85	5.97	6.58	7.24	7.90	8.50
77	3.86	4.08	4.33	4.65	5.03	5.50	5.61	5.71	5.83	5.94	6.06	6.70	7.40	8.11	8.75
78	3.89	4.11	4.37	4.69	5.09	5.57	5.68	5.79	5.91	6.03	6.15	6.83	7.57	8.32	9.02
79	3.92	4.14	4.41	4.73	5.14	5.64	5.75	5.87	5.99	6.12	6.25	6.95	7.74	8.55	9.29

SETTLEMENT OPTION TABLES: MONTHLY # PAYMENTS FOR EACH \$1000 OF PROCEEDS (CONTINUED)

OPTION E - JOINT INCOME WITH TWO-THIRDS TO THE SURVIVOR (CONTINUED)

SECONDARY Payee Age	PRIMARY Payee Age														
	40	45	50	55	60	65	66	67	68	69	70	75	80	85	90+
80	3.95	4.17	4.44	4.78	5.19	5.71	5.82	5.95	6.07	6.20	6.34	7.08	7.91	8.77	9.58
81	3.97	4.20	4.48	4.82	5.25	5.78	5.90	6.02	6.15	6.29	6.43	7.20	8.08	9.00	9.87
82	4.00	4.23	4.52	4.86	5.30	5.84	5.97	6.10	6.23	6.37	6.52	7.33	8.25	9.24	10.18
83	4.03	4.26	4.55	4.91	5.35	5.91	6.04	6.17	6.31	6.46	6.61	7.45	8.43	9.48	10.49
84	4.06	4.29	4.59	4.95	5.40	5.98	6.11	6.25	6.39	6.54	6.70	7.57	8.60	9.72	10.80
85	4.08	4.32	4.62	4.99	5.45	6.04	6.18	6.32	6.47	6.62	6.78	7.70	8.77	9.96	11.12
86	4.11	4.35	4.65	5.03	5.50	6.10	6.24	6.39	6.54	6.70	6.87	7.81	8.94	10.20	11.45
87	4.13	4.38	4.69	5.07	5.55	6.16	6.31	6.45	6.61	6.78	6.95	7.93	9.11	10.43	11.77
88	4.16	4.41	4.72	5.10	5.59	6.22	6.37	6.52	6.68	6.85	7.03	8.04	9.27	10.67	12.10
89	4.18	4.43	4.75	5.14	5.63	6.28	6.43	6.58	6.75	6.92	7.10	8.15	9.43	10.90	12.42
90+	4.20	4.46	4.78	5.17	5.68	6.33	6.48	6.64	6.81	6.99	7.18	8.25	9.58	11.12	12.74

+ and over

A PRO RATA ALLOWANCE TO THE NEAREST CENT WILL BE MADE IN THE MONTHLY PAYMENT FOR ANY INTERMEDIATE AGE NOT SHOWN.

OPTION C - FIXED PERIOD

Years	Payment								
1	\$84.28	7	\$12.95	13	\$7.49	19	\$5.49	25	\$4.46
2	42.66	8	11.47	14	7.03	20	5.27	26	4.34
3	28.79	9	10.32	15	6.64	21	5.08	27	4.22
4	21.86	10	9.39	16	6.30	22	4.90	28	4.12
5	17.70	11	8.64	17	6.00	23	4.74	29	4.02
6	14.93	12	8.02	18	5.73	24	4.60	30	3.93

For annual, semiannual, or quarterly payments under Options C, D, or, E, calculate the monthly payment from the above tables and then multiply by the appropriate modal factor:

Option	Modal Factor		
	Annual	Semiannual	Quarterly
C	11.865	5.969	2.994
D - 10 Years	11.785	5.951	2.990
D - 20 Years	11.793	5.952	2.990
E	11.787	5.951	2.990

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NOTICE

The Owner, by virtue of this policy, is entitled to vote, in person, by mail, or by proxy, at the Annual Meetings which are held at the Home Office in Binghamton, New York, on the first Tuesday of February.

If there are any questions about this policy or if anyone seeks to replace this policy, please contact a Security Mutual agent or the Home Office of the Company. All inquiries should be in writing, stating the Policy Number.

ONE YEAR RENEWABLE TERM

Insurance Payable at Death Prior to Final Expiry Date
Participating
Premiums Payable to Final Expiry Date or Until Prior Death
Renewable and Convertible as Provided Herein



SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
SECURITY MUTUAL BUILDING • 100 COURT STREET
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625 • (607) 723-3551
www.smlny.com • (800) 765-6668

SERFF Tracking Number: SMNY-126962346 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 47671
 York
 Company Tracking Number: 2081-G
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: One Year Renewable Term
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: 2081-G ComplianceRuleReg19.pdf 2081-G ComplianceRuleReg 49.pdf 2081-G flesch.pdf 2081-G Compliance Bull 11-88.pdf</p>		
<p>Satisfied - Item: Application Comments: Attachment: IO-4386-AR.pdf</p>		
<p>Satisfied - Item: Statement of Variability 2081-G Comments: Attachment: 2081-G AR SOV.pdf</p>		



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INSURANCE COMPANY OF NEW YORK**

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(607) 723-3551 www.smlny.com

STATE OF ARKANSAS

CERTIFICATION-UNFAIR SEX OR MARITAL STATUS DISCRIMINATION IN
THE SALE OF INSURANCE

I, Vincent J. Montelione, Vice President – ICS, Reinsurance, Claims and Customer Relations, do hereby certify that the submission of Policy Form 2081-G complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: Vincent Montelione
Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, ICS, Reinsurance, Claims and Customer Relations

12-29-2010
Date



**SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK**

SECURITY MUTUAL BUILDING • 100 COURT STREET
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
(607) 723-3551 www.smlny.com

STATE OF ARKANSAS

CERTIFICATION-LIFE AND HEALTH INSURANCE GUARANTY
ASSOCIATION NOTICES

I, Vincent J. Montelione, Vice President – ICS, Reinsurance, Claims and Customer Relations, do hereby certify that the submission of Policy Form 2081-G complies with the provisions of Rule and Regulation 49 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: *Vincent Montelione*

Vincent J. Montelione, CPA, CLU, ChFC, ACS

Vice President, ICS, Reinsurance, Claims and Customer Relations

12-29-2010

Date



**SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK**

SECURITY MUTUAL BUILDING • 100 COURT STREET
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
(607) 723-3551 www.smny.com

Certification

This is to certify that the attached term policy
Form No. 2081-G has achieved a Flesch Reading Ease
Score of 48.51 and complies with the requirements
of Ark. Stat. Ann. Sections 23-80-201 through 23-80-208, cited
as the Life and Disability Insurance Policy Language
Simplification Act.

Vincent Montelione

Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, ICS, Reinsurance, Claims and Customer Relations

Date: 12/29/2010



**SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK**

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(607) 723-3551 www.smny.com

STATE OF ARKANSAS

CERTIFICATION-CONSUMER INFORMATION NOTICE

I, Vincent J. Montelione, Vice President - ICS, Reinsurance, Claims and Customer Relations, do hereby certify that the submission of Policy Form 2081-G complies with the provisions of Arkansas Act 197 of 1987 and Bulletin 11-88 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: *Vincent Montelione*

Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, ICS, Reinsurance, Claims and Customer Relations

12/29/2010

Date

APPLICATION FOR:



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

(Please print all information in black ink)

COMPLETE FOR ALL PLANS

1. A. Proposed Insured (First, Middle Initial, Last)

B. <input type="checkbox"/> Male <input type="checkbox"/> Female	C. Birth Date – Mo. Day Yr.	D. Place of Birth
------------------------------------------------------------------	---------------------------------------	-------------------

E. Residence
Address

Zip

F. Occupation –
List DutiesG. Employer's Name
and Address

Zip

2. A. Owner, if other than
Proposed Insured

B. Address

Zip

3. A. Applicant, if other
than Owner

B. Address

Zip

4. Send Premium Notices to: Proposed Insured Owner Applicant Other (List name and address)

Zip

5. Beneficiary: Primary:

Relationship to Proposed Insured:

Contingent:

Relationship to Proposed Insured:

COMPLETE FOR TRADITIONAL AND TERM PLANS

6. A. Plan of Insurance	B. Face Amount \$	C. What Premium Amount has been received with this Application? \$
-------------------------	----------------------	-----------------------------------------------------------------------

D. Premium Mode

E. Basic Annual Premium Per M \$

F. Waiver of Premium BenefitG. Accidental Death Benefit – Amount \$H. Other:

I. Rider

J. Amount/Unit

K. Rider

L. Amount/Unit

M. Dividend Option

 1 Yr. Term Addns.
 Accums. Cash Reduce
 P-WL Other: _____
 1 Yr. Term Balance to above
N. Do you elect that Dividend Accumulations
be applied to unpaid premiums? Yes NoO. Do you elect Automatic
Premium Loan, if available? Yes NoP. SPECIAL
ISSUE
INSTRUCTIONS**COMPLETE FOR UNIVERSAL LIFE**

7. A. Plan of Insurance	B. Specified Amount \$	C. Initial Premium (May not be less than the Planned Periodic Premium applied for) \$
-------------------------	---------------------------	------------------------------------------------------------------------------------------

D. Planned Periodic Premium
\$

E. Planned Periodic Premium Mode

F. What Premium Amount has been received
with this Application? \$G. DEATH BENEFIT
OPTION
 Option A. Specified Amount includes the Cash Value.
 Option B. Specified Amount is in addition to the Cash Value.
 Other (Specify): _____
H. Dividend Option
 Cash Addns.
 Other: _____I. Waiver of Monthly Deduction

J. Accidental Death Benefit – Amount \$

K. Other:

L. Rider

M. Amount/Unit

N. Rider

O. Amount/Unit

P. SPECIAL
ISSUE
INSTRUCTIONS

COMPLETE FOR ANNUITIES

8. A. Plan: FPA Policy FPA Rider SPDA Policy SPDA Rider Other: _____ B. Stipulated Premium \$ _____ C. Premium Mode _____ D. Amount Paid with Application \$ _____

E. Dividend Option Accums. Cash F. Do you elect Automatic Premium Surrender? (FPA & SPDA Riders only) Yes No G. Disability Benefit Yes No (If "Yes" and FPA policy applied for, complete Part 2.) If "Yes," do you elect Automatic Premium Withdrawal? Yes No

H. Tax Status a. The contract is not tax-qualified; b. The contract is applied for in connection with a qualified Pension (corporate or otherwise), Profit-Sharing, SEPP, or ESOP Plan; c. The contract is applied for as an Individual Retirement Annuity; d. The payor is a public school or an I.R.C. Sec. 501(c)(3) organization exempt under Sec. 501(a).

I. Maturity Date: The Proposed Annuitant's 65th birthday if it falls on the first day of the month. If it does not, the first day of the following month. First day of Mo. _____ Yr. _____

J. Type of Annuity Benefit: Life Income 10 Years Certain; Life Income _____ Years Certain; Life Annuity - No Period Certain. Joint & Survivor Life Income (_____ % to Survivor) a. Name of Survivor _____; b. Sex _____; c. Tax ID # _____; d. Date of Birth _____; e. Place of Birth _____. Selection Deferred; Other (Specify).

K. SPECIAL ISSUE INSTRUCTIONS

COMPLETE FOR ALL PLANS

9. List all life insurance in-force. (If none, so state).	Year Issued	Amount of Insurance	Amount of Accidental Death Benefit
Insurance Company			

10. Will the insurance or annuity now being applied for replace or change insurance or annuities in any Company? (If "Yes," attach required replacement forms.) **Yes No**
 Name of Company: _____ Policy Number: _____ Amount \$ _____

11. Have you smoked one or more cigarettes within the last 12 months?

12. Have you any other applications or negotiations for Life or S&A insurance pending or contemplated? **Yes No**
 Name of Company: _____ Policy Number: _____ Amount \$ _____

13. Have you flown as a trainee, pilot or crew member within 3 years or contemplate such flights in the future? (If "Yes," complete Aviation Questionnaire.)

14. Have you within the last 3 years had a driver's license suspended or revoked, or been convicted of two or more moving violations or driving under the influence of alcohol or drugs? (Provide full details below - including dates, type of violation, and reason for license suspension or revocation.)

15. Have you within the last 3 years engaged in, or do you plan to engage in motor racing on land or water, underwater diving, sky diving, ballooning, hang gliding or parachuting? (If "Yes," provide details below.)

16. Do you intend to travel or reside outside the United States or Canada? (If "Yes," provide details below.)

17. Have you ever had an application for life or health insurance declined, or that required an extra premium or was otherwise modified? (If "Yes," provide full details below.)

18. Provide details for "Yes" answers to questions 13. through 17. above.

AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment including psychiatric conditions, drug or alcohol abuse, and any other medical or non-medical information about me or my health to give to Security Mutual Life Insurance Company of New York or its legal representative, or any reinsuring company or its legal representative, any and all such information.

To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the Security Mutual Life Insurance Company of New York to collect and transmit such information.

I understand the information obtained by use of this Authorization will be used by Security Mutual Life Insurance Company of New York to determine eligibility for insurance. Any information obtained will not be released by Security Mutual Life Insurance Company of New York to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc., other persons or organizations performing business or legal services in connection with my application, or as may be otherwise lawfully required or as I may further authorize.

I understand that I may request to receive a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I acknowledge having received and read the Notice to the Proposed Insured and the Medical Information Bureau Notice.

I agree that this Authorization shall remain valid for two and one-half years from its date unless I revoke it in writing.

I authorize Security Mutual Life Insurance Company of New York to request an investigative consumer report.

Date

Witness

Signature of Proposed Insured

MK-4407 Rev. 6/94

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Enter your Taxpayer (Policyowner) Identification Number in the appropriate box. For most individuals, this is your Social Security Number.

Social Security Number

				-						
--	--	--	--	---	--	--	--	--	--	--

Employer Identification Number

--	--	--	--	--	--	--	--	--	--	--

Certification. – Under penalties of perjury, I certify that

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions. – You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return.

Please Sign Here

Taxpayer Signature ►

IT IS HEREBY UNDERSTOOD AND AGREED: (1) No one except the President, a Vice President or a Secretary of the indicated company has authority to accept any information not contained in this application, or to make, modify or enlarge any contract, or to waive any requirement; (2) EXCEPT AS PROVIDED IN ANY TEMPORARY INSURANCE RECEIPT ISSUED, ANY POLICY ISSUED ON THIS APPLICATION SHALL TAKE EFFECT ON THE DATE IT IS DELIVERED TO THE OWNER AND THE FIRST PREMIUM IS PAID DURING THE LIFETIME OF EACH AND EVERY PERSON PROPOSED FOR INSURANCE UNDER SUCH POLICY AND THEN ONLY IF THE HEALTH AND OTHER CONDITIONS AFFECTING INSURABILITY REMAIN AS DESCRIBED IN THIS APPLICATION; ALL LATER PREMIUMS WILL BE DUE ON THE DATE SPECIFIED IN THE POLICY; (3) all statements and answers made above, together with those in any Part 2 and in any supplemental application made in connection herewith are complete and true to the best of my knowledge and belief and are offered to the Company to induce it to issue the policy or policies applied for.

The undersigned applicant and agent represent that the applicant has read, or had read to him, the completed application and that he realizes that any false statement or misrepresentation which is material to the risk therein may result in loss of coverage under any policy issued hereunder. 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 _____ Date _____

Signature of Soliciting Agent

Signature of Proposed Insured

Print or Type Name of Soliciting Agent

Soliciting Agent License Number

Print or Type Name of General Agent
(if other than Proposed Insured)

Signature of Owner or Applicant
(if Business or Trust)

Title

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
STATEMENT OF VARIABILITY
Form 2081-G
December 27, 2010

VARIABLE MATERIAL IN THE POLICY WILL BE DENOTED WITH BRACKETS

POLICY PAGE	ITEM	DESCRIPTION
Policy Jacket Front and Back	Home Office Address and Telephone Number	This is bracketed as variable information, so that we can change this information without filing, if these items change in the future.
Policy Jacket Front	Officer Signatures and Titles	This is bracketed as variable information, so that we can change this information without filing, if these items change in the future.
Policy Jacket Front	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Policy Jacket Front	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Policy Jacket Front	FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing. The FACE AMOUNT may range from \$100,000 to \$1,000,000.
Policy Jacket Front	INITIAL PREMIUM	The INITIAL PREMIUM is bracketed as hypothetical illustrative information. The Premium Mode may be ANNUAL, SEMI-ANNUAL, QUARTERLY, SPECIAL MONTHLY, or MONTHLY. The Premium Mode is selected by the Owner.
Policy Jacket Front	OWNER	The OWNER is bracketed only as hypothetical information for the purpose of this filing.
Policy Jacket Front	STATE INSURANCE DEPARTMENT TELEPHONE NUMBER	This is bracketed to indicate possible future changes in telephone number. [STATE] will be the state of issue. The telephone number will be the number for the state insurance department.
Policy Jacket Front	AGE	For the purpose of this filing, the AGE is bracketed as hypothetical information. The AGE is the Insurance Age (age nearest birthday) of the Insured at time of issue. The issue age may range from 18-79.
Policy Jacket Front	POLICY DATE	For the purpose of this filing, the POLICY DATE is bracketed as hypothetical information.
Policy Jacket Front	ISSUE DATE	For the purpose of this filing, the ISSUE DATE is bracketed as hypothetical information as the actual date the Policy is produced.

Policy Jacket Front	PREMIUM CLASS	Premium Classes are: Preferred Plus Non-smoker, Preferred Non-smoker, Standard Non-smoker, Preferred Smoker, and Standard Smoker.
Policy Jacket Front	INITIAL EXPIRY DATE	For the purpose of this filing, the INITIAL EXPIRY DATE is bracketed as hypothetical information as one year from the POLICY DATE.
Policy Jacket Front	FINAL EXPIRY DATE	For the purpose of this filing, the FINAL EXPIRY DATE is bracketed as hypothetical information as lesser of ten years or age 80.
Policy Jacket Front	FINAL CONVERSION DATE	For the purpose of this filing, the FINAL CONVERSION DATE is bracketed as hypothetical information as 3 years from the policy date or age 70, if earlier. If issued to an Insured at age 70, the FINAL CONVERSION DATE will be the policy date.
Page 3(A)	FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing. The FACE AMOUNT may range from \$25,000 to \$1,000,000.
Page 3(A)	INITIAL PREMIUM	For the purpose of this filing, the INITIAL PREMIUM is bracketed as hypothetical information.
Page 3(A)	TOTAL ANNUAL PREMIUM	For the purpose of this filing, the TOTAL ANNUAL PREMIUM is bracketed as hypothetical information.
Page 3(A)	POLICY FEE	The range for the Policy Fee is \$0 - 200. Any change would be for new issues only.
Page 3(A)	FREQUENCY OF PREMIUM PAYMENT	For the purpose of this filing, the PREMIUMS DUE BEGINNING ON date and the premiums listed under FREQUENCY OF PREMIUM PAYMENT are bracketed as hypothetical information. The PREMIUMS DUE BEGINNING ON date will be the policy date.
Page 3(A)	SPECIAL MONTHLY EFT	In the event the SPECIAL MONTHLY payment mode and Electronic Funds Transfer is selected by the Owner, the following additional language will appear: SPECIAL MONTHLY† and amount will appear under FREQUENCY OF PREMIUM PAYMENT, and †SPECIAL MONTHLY PREMIUM WHILE BILLED UNDER ELECTRONIC FUNDS TRANSFER, OTHERWISE SEMI-ANNUAL.
Page 3(A)	SPECIAL MONTHLY LIST BILLED	In the event the SPECIAL MONTHLY payment mode is selected by the Owner and the policy is list billed, the following additional language will appear: SPECIAL MONTHLY† and amount will appear under FREQUENCY OF PREMIUM PAYMENT, and †SPECIAL MONTHLY PREMIUM WHILE LIST BILLED, OTHERWISE SEMI-ANNUAL.
Page 3(A)	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.
Page 3(A)	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical

		information for the purpose of this filing. The Policy Number is a number specifically assigned to the Policy at the time of issue.
Page 3(A)	FACE AMOUNT	The FACE AMOUNT is bracketed only as hypothetical illustrative information for the purpose of this filing. The FACE AMOUNT may range from \$ 25,000 to \$1,000,000.
Page 3(A)	INITIAL PREMIUM	The INITIAL PREMIUM is bracketed as hypothetical illustrative information. The Premium Mode may be ANNUAL, SEMI-ANNUAL, QUARTERLY, SPECIAL MONTHLY, or MONTHLY. The Premium Mode is selected by the Owner.
Page 3(A)	OWNER	The OWNER is bracketed only as hypothetical information for the purpose of this filing.
Page 3(A)	AGE	For the purpose of this filing, the AGE is bracketed as hypothetical information. The AGE is the Insurance Age (age nearest birthday) of the Insured at time of issue. The issue age may range from 18-79.
Page 3(A)	POLICY DATE	For the purpose of this filing, the POLICY DATE is bracketed as hypothetical information.
Page 3(A)	ISSUE DATE	For the purpose of this filing, the ISSUE DATE is bracketed as hypothetical information as the actual date the Policy is produced.
Page 3(A)	PREMIUM CLASS	Premium Classes are: Preferred Plus Non-smoker, Preferred Non-smoker, Standard Non-smoker, Preferred Smoker, and Standard Smoker.
Page 3(A)	INITIAL EXPIRY DATE	For the purpose of this filing, the INITIAL EXPIRY DATE is bracketed as hypothetical information as one year from the POLICY DATE.
Page 3(A)	FINAL EXPIRY DATE	For the purpose of this filing, the FINAL EXPIRY DATE is bracketed as hypothetical information as lesser of ten years or age 80.
Page 3(A)	FINAL CONVERSION DATE	For the purpose of this filing, the FINAL CONVERSION DATE is bracketed as hypothetical information as 3 years from the policy date or age 70, if earlier. If issued to an Insured at age 70, the FINAL CONVERSION DATE will be the policy date.
Page 3(B)	TABLE OF GUARANTEED ANNUAL PREMIUM RATES	The age and premium rates cost are bracketed only as hypothetical illustrative material for the purpose of this filing. Premiums are based on age. This will not appear if issued at age 79.
Page 3(B)	POLICY FEE	The range for the Policy Fee is \$0 - \$200. Any change would be for new issues only.
Page 3(B)	DISCLOSURE IF ISSUED AT AGE 79	The following disclosure will appear if issued at age 79. THIS POLICY IS NOT RENEWABLE AFTER THE FIRST POLICY YEAR.
Page 3(B)	POLICY NUMBER	The POLICY NUMBER is bracketed only as hypothetical information for the purpose of this filing. The Policy Number

		is a number specifically assigned to the Policy at the time of issue.
Page 3(B)	INSURED	For the purpose of this filing, the Insured's name is bracketed as hypothetical information.