



**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

**DISTRICT AGENT CONTRACT**

THIS CONTRACT is made and entered into at Binghamton, New York, by and between SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK (the “Company”) and

\_\_\_\_\_  
 (Type or Print Name)

(the “District Agent”).

The parties agree as follows:

The provisions hereinafter set forth and any pages, schedules or agreements authorized by the Company for attachment hereto, are all hereby made a part of this District Agent Contract (the “Contract”).

This Contract shall supersede all previous contracts between the parties regarding the matters addressed herein.

This Contract is executed by the parties to be effective \_\_\_\_\_ .  
 (To be filled in by the Home Office)

SECURITY MUTUAL LIFE INSURANCE  
 COMPANY OF NEW YORK

\_\_\_\_\_  
 Date Signed

By \_\_\_\_\_  
 Vice President

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 District Agent (Print or Type Name)  
 By \_\_\_\_\_  
 (Signature of District Agent or Authorized Officer)

Title: \_\_\_\_\_

The undersigned General Agent recommends the District Agent and hereby acknowledges and agrees that, anything in the undersigned’s General Agent’s Contract with Security Mutual Life Insurance Company of New York to the contrary notwithstanding, expense allowance payable to the General Agent shall be reduced to the extent of any expense allowance paid to the District Agent pursuant to this District Agent Contract.

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 General Agent (Print or Type Name)  
 By \_\_\_\_\_  
 (Signature of General Agent or Authorized Officer)

Title: \_\_\_\_\_