



Lincoln Life & Annuity Company of New York
A Stock Company
Home Office Location: 120 Madison Street, Suite 1310, Syracuse, NY 13202
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
(800) 423-2765 Online: www.LincolnFinancial.com

Group Policyholder: Apple Bank
Group Policy No: GF4-890-LF1998-01
Group Policy Delivered In: New York

In Consideration of the Group Policyholder's application for this Policy and payment of all premiums when due, Lincoln Life & Annuity Company of New York agrees to make the payments provided in this Policy to the persons entitled to them.

The provisions and conditions set forth on the following pages are a part of this Policy, as fully as if recited over the signatures below. This Policy replaces any other policy for the benefits described inside.

Lincoln Life & Annuity Company of New York has executed this Policy at its Group Insurance Service Office in Omaha, Nebraska.

SECRETARY

PRESIDENT

THIS IS A LEGAL CONTRACT BETWEEN THE GROUP POLICYHOLDER AND THE COMPANY.

READ YOUR POLICY CAREFULLY.

The insurance evidenced by the Certificate provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.

GROUP LONG-TERM DISABILITY INSURANCE POLICY

This is a Non-Participating Policy.

The Certificate(s), and any amendments which may be attached to it, contains the main provisions of the Policy.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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SCHEDULE OF BENEFITS

Benefit details are shown in the Certificate. The information provided in this Policy Schedule of Benefits pertains to the Group Policyholder.

Group Policy Effective Date:	January 1, 2026
Participating Employers:	Apple Bank Financial Services Effective Date under Policy: January 1, 2026
Eligible Classes:	Class 1 - All active full-time salaried Employees
First Premium Due:	January 1, 2026
Subsequent Premiums Due:	1 st Day of Insurance Month
Insurance Month Period:	A period beginning on the 1 st Day of any calendar month and ending on the last Day of the same calendar month
Policy Anniversary:	January 1 st
Premium/Billing Mode:	Monthly
Grace Period:	45 Days
Rate Change Notice:	31 Days
Rate Guarantee:	36 months
Minimum Number of Insureds:	5
Minimum Participation:	
Employer Paid Benefits:	100% of those eligible for insurance must be insured.
Policy Termination Notice:	31 Days

DEFINITIONS
For
Group Policyholder

As used throughout the Policy, the following terms shall have the meanings indicated below. Other parts of the Policy contain definitions specific to those provisions.

CERTIFICATE means the Group Long-Term Disability Income Certificate which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

COMPANY means Lincoln Life & Annuity Company of New York, a New York corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, NE 68114-4066.

DAY, DAYS, OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

EMPLOYER means the Group Policyholder. It includes any division, subsidiary or affiliated company named in the Application or Participation Agreement.

GROUP POLICYHOLDER or POLICYHOLDER means the person, partnership, corporation, trust, or other organization, as shown on the Title Page of the Policy.

INSURANCE MONTH means that period of time shown in the Schedule of Benefits:

1. beginning at 12:01 a.m.; and
2. ending at 12:00 midnight;

At the Group Policyholder's primary place of business.

INSURED EMPLOYEE means an Employee for whom Policy insurance is in effect.

LONG-TERM DISABILITY INSURANCE means the group long-term disability income insurance provided by the Policy for Employees.

PARTICIPATING EMPLOYER means an employer that the Company has approved for participation in the insurance provided by the Policy.

POLICY means the group Long-Term Disability Income Insurance Policy issued by the Company to the Group Policyholder. The Certificate(s), and any amendments which may be attached to it, contains the main provisions of the Policy.

PREMIUM means the amount charged for the insurance provided by the Policy.

TOTAL COVERED PAYROLL means the total amount of Basic Monthly Earnings for all Employees insured under the Policy.

WORKERS' COMPENSATION OR SIMILAR COVERAGE means coverage under a law that compensates for job related Injury or Sickness. It includes (but is not limited to):

1. coverage under any Workers' Compensation or occupational disease law;
2. coverage under the Jones Act; the Federal Employers Liability Act (FELA); the Longshoreman's and Harbor Workers' Act; the Maritime Doctrine of Maintenance, Wages or Cure; or
3. any plan provided in place of one of those plans.

GENERAL PROVISIONS

For Group Policyholder

ENTIRE CONTRACT. The entire contract between the parties shall consist of:

1. the Policy and any amendments to it;
2. the Group Policyholder's application, if any;
3. any Participating Employer's application or Participation Agreement; and
4. the Certificate for each class of Insured Employees and any amendments to it

If there is a conflict between the Policy and the Certificate, the Policy will control.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only a Company officer located in the Company's Group Insurance Service Office in Omaha, Nebraska has the authority to:

1. determine the insurability of a group or any individual within a group;
2. make a contract in the Company's name;
3. amend or waive any provision of the Policy; or
4. extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is:

1. made in writing;
2. agreed upon by an underwriting officer;
3. signed by a Company officer as described above; and
4. attached to or endorsed on the Policy.

No agent has the authority to change the Policy or to waive any of its provisions.

Unilateral modifications the Company makes to the Policy will be in accordance with applicable laws, upon at least 30 days prior written notice to the Group Policyholder.

INCONTESTABILITY. Except for the non-payment of Premiums or fraudulent misstatements of material fact contained in the application, the Company may not contest the validity of the Policy or reduce benefits provided by the Policy after it has been in force for two years from its date of issue; and as to any Insured Employee, after his or her coverage has been in force for two years during his or her lifetime. This clause does not preclude, at any time, the assertion of defenses based upon:

1. the Policy's eligibility requirements, exclusions and limitations; and
2. other Policy provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by the Group Policyholder are representations and not warranties.

NONPARTICIPATION. The Policy is a non-participating Policy. It will not share in the divisible surplus of the Company.

GENERAL PROVISIONS

For Group Policyholder (Continued)

INFORMATION TO BE FURNISHED. The Employer is required to furnish any information needed to administer the Policy, including:

1. information about Employees:
 - a. who become eligible for insurance;
 - b. whose amounts of coverage change; or
 - c. whose eligibility or coverage ends;
2. occupational information and other facts that may be needed to manage a claim; and
3. any other information that the Company may reasonably require.

The Company may inspect the Employer's records that relate to the Policy, at any reasonable time.

Clerical error by the Employer:

1. will not void or terminate insurance that otherwise would be in effect;
2. will not result in insurance coverage that otherwise would not be in effect; and
3. will not continue insurance that otherwise would be terminated.

Once an error is discovered, a fair adjustment in Premium will be made. If a Premium adjustment involves the return of unearned Premium, the amount of the return will be limited to the 12-month period that precedes the date the Company receives proof such an adjustment should be made.

NEW EMPLOYEES. Employees who become eligible after the Policy takes effect may be enrolled, in accord with the terms of the Certificate. (See the Eligibility and Effective Dates section of the Certificate.)

MISSTATEMENTS OF FACTS. If relevant facts about any person were misstated:

1. a fair adjustment of the Premium will be made; and
 2. the true facts will decide if and in what amount insurance is valid under the Policy;
- subject to the Incontestability and Rescission provisions.

If an Insured Employee's age has been misstated, any benefits shall be in the amount the paid premium would have purchased at the correct age.

ACTS OF THE GROUP POLICYHOLDER. In administering the Policy, the Group Policyholder must:

1. treat Employees the same in like situations; and
2. allow the Company, without inquiry, to rely on its acts.

GROUP POLICYHOLDER'S AGENCY. For all purposes of the Policy, the Group Policyholder acts on its own behalf or as the Employee's agent. Under no circumstances will the Group Policyholder be deemed the agent of the Company.

CERTIFICATES. The Group Policyholder will be furnished with individual Certificates for delivery to each Insured Employee. The Group Policyholder is responsible for distributing a Certificate to each Insured Employee. The Certificate for each class of Insured Employees is incorporated into and made a part of the Policy. The Certificate provisions will apply as fully as if they were included in the Policy.

CONFORMITY WITH STATE STATUTES. If, on its effective Date, any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

CURRENCY. In administering the Policy:

1. all Predisability Income will be expressed in U.S. dollars; and
2. all Premium and benefit amounts must be paid in U.S. dollars.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE. The Policy does not replace or provide benefits required by:

1. Workers' Compensation laws; or
2. any state disability insurance plan laws.

ASSIGNMENT. The rights and benefits under the Policy may not be assigned.

PROVISIONS APPLICABLE TO PARTICIPATING EMPLOYERS

A Participating Employer has no rights under the Policy except as provided in this section. The Participating Employer is responsible for all Premiums payable with respect to any of its Insured Employees under the Policy.

EFFECTIVE DATE OF PARTICIPATION. As it applies to any Participating Employer, the Effective Date of the Policy will be the later of:

1. the date the Policy is issued;
2. the first Day of the Insurance Month following the Company's approval of the Employer's participation; or
3. a Date agreed upon by the Company, the Participating Employer, and the Group Policyholder.

TERMINATION OF PARTICIPATION. A Participating Employer's participation under the Policy ends on the earliest of the following Dates:

1. the Date the employer no longer meets the definition of a Participating Employer;
2. the Date the Participating Employer has fewer than 5 Insured Employees;
3. the Date the Participating Employer suspends active business operations, is placed in bankruptcy or receivership, dissolves, merges or relocates;
4. the Date the Participating Employer, without good cause, fails to:
 - a. promptly furnish the Company any information it may reasonably require; or
 - b. perform its duties pertaining to the Policy in good faith;
5. the last Day of the Insurance Month for which Premium is paid;
6. the Date the Participating Employer is excluded from insurance by amendment or termination of the Policy;
7. the last Day of the Insurance Month in which the Company receives the Participating Employer's written request to cease participation;
8. the Date the Company terminates the insurance under the Policy for all Participating Employers in the same state; or
9. the Date the Policy terminates.

On the Day participation ends, Policy insurance will terminate for all Insured Employees of the Participating Employer. After participation ends, the employer may not become a Participating Employer again until the Company reapproves it as such.

The Participating Employer remains responsible for the payment of Premiums to the Date of termination with respect to any of its Insured Employees.

POLICY TERMINATION

TERMINATION BY THE COMPANY. The Company may terminate the Policy on the due Date of any Premium if:

1. the number of Insured Employees totals is less than the minimum number of Insured Employees shown in the Schedule of Benefits;
2. all of the Premium is paid by the Group Policyholder and the minimum participation is less than what is shown in the Schedule of Benefits;
3. the Group Policyholder, without good cause, fails to:
 - a. promptly furnish any information the Company reasonably requires;
 - b. perform its duties pertaining to the Policy in good faith;
4. the Group Policyholder ceases to be covered under the state Workers' Compensation program or any other program of like intent;
5. the Company terminates all policies that provide Long-term Disability Insurance in the same state in which the Policy was issued; or
6. federal, state, or local law otherwise requires the Policy to be terminated.

To terminate the Policy, the Company must give the Group Policyholder advance written notice of its intent to do so. The Policy termination notice period is shown in the Schedule of Benefits.

TERMINATION BY THE GROUP POLICYHOLDER. The Group Policyholder may terminate the Policy at any time, by giving the Company advance written notice. Insurance will then terminate:

1. on the Date the Company receives the notice; or
2. any later Date the Company and the Group Policyholder have agreed upon.

The Group Policyholder remains liable for the payment of Premiums to the Date of termination.

AUTOMATIC TERMINATION. If any Premium remains unpaid at the end of the Grace Period, the Policy will automatically terminate, without any action on the Company's part, on the last Day of the Grace Period. The Group Policyholder remains responsible for the payment of Premiums to the last Day of the Grace Period.

EFFECT OF POLICY TERMINATION ON INCURRED CLAIMS. Termination of the Policy will not affect benefits otherwise payable for a claim incurred while the Policy is in force.

PREMIUMS AND PREMIUM RATES

PAYMENT OF PREMIUMS. The Group Policyholder is responsible for paying all Premiums as they become due. Payment of any Premium will not keep insurance in effect beyond the due Date of the next Premium, except as stated in the Grace Period.

GRACE PERIOD. A Grace Period will be allowed for the payment of each Premium. The Grace Period is shown on the Schedule of Benefits. The Policy will remain in effect during the Grace Period, unless the Group Policyholder gives the Company advance written notice of termination. The Group Policyholder will remain liable for payment of the pro rata Premium for the time the Policy remained in force during the Grace Period.

PREMIUM RATE CHANGE. The Company may change any Premium rate on any of the following Dates:

1. the Date the Policy's terms are changed;
2. the Date the Company's liability is changed due to a change in federal, state, or local law, regulation, or administration of such law or regulation;
3. the Date the Company's liability is changed because the Group Policyholder (or any covered division, subsidiary or affiliated company):
 - a. relocates, dissolves or merges, or is added to or removed from the Policy; or
 - b. ceases to be covered by the state Workers' Compensation program or any other program of like intent; or
 - c. ceases to provide or reduces Sick Leave or Salary Continuance Plan benefits;
4. the Date any insurance for one or more classes ceases to be provided under the Policy;
5. the Date the number of Insured Employees changes by 15% or more from the enrollment on the Date the Policy took effect, or the most recent Rate Guarantee Date expired, if later;
6. on any Premium due Date on or after the Policy's first anniversary, or any later rate guarantee Date agreed upon by the Company.

The Company will give the Group Policyholder advance written notice of any increase in Premium rates. The rate change notice period is 31 days as shown on the Schedule of Benefits. The notice period will apply unless the Company and the Group Policyholder agree otherwise.

PREMIUM AMOUNT. The amount of monthly Premium due on each due Date will be the Total Covered Payroll multiplied by the Premium rate shown in the Premium Rate Schedule.

Premium adjustments will not be pro-rated daily. Instead, Premium will be adjusted as follows:

1. When an Insured Employee's insurance (or increased amount of insurance) takes effect, Premium will be charged from the monthly due Date coinciding with or next following that change.
2. When all or part of an Insured Employee's insurance terminates, the applicable Premium will cease on the monthly due Date coinciding with or next following that termination.
3. When Premiums are paid other than monthly, increases or decreases will result in an adjustment from the Premium due Date coinciding with or next following that change.

The above manner of charging Premium is for accounting purposes only. It will not extend insurance beyond a Date it would have otherwise terminated. Each Premium payment will include any adjustments in past Premiums, which are needed due to changes that have not yet been taken into account. If a Premium adjustment involves a return of unearned Premium, the amount of the return will be limited to the prior 12-month period.