



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 Number: SA4-890-LF1998-01
 Group Policy Delivered In: State of 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 US
 READ YOUR POLICY CAREFULLY**

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

This Policy contains an Accelerated Death Benefit provision. Receipt of an Accelerated Death Benefit will reduce benefits specified in this Policy. An Accelerated Death Benefit may be taxable. As with all tax matters, the Insured should consult a professional tax advisor before applying for this benefit. Please read the Exclusions section of the Accelerated Death Benefit included in the Certificate.

NOTICE: This Policy is issued and delivered in the State of New York. It is governed by the laws of that State. Nothing in this Policy invalidates or impairs any rights granted to Insureds by New York insurance law. Our state of domicile is New York. The address of Our Group Insurance Service Office is 8801 Indian Hills Drive, Omaha, NE 68114-4066.

This is a NONPARTICIPATING Policy.

READ THIS POLICY CAREFULLY. CERTAIN WAR RISKS ARE NOT ASSUMED.

**GROUP INSURANCE POLICY
 PROVIDING
 TERM LIFE INSURANCE
 DEPENDENT LIFE INSURANCE**

**The Certificate(s), and any amendments which may be attached to it,
 contains the main provisions of this 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 Organizations: Apple Bank Financial Services
Effective Date under Policy: January 1, 2026

Eligible Classes:

- Class 1 - All active full-time salaried Employees who were hired on or before October 1, 1989
- Class 2 - All active full-time salaried Employees with three or more years of service who was hired after October 1, 1989
- Class 3 - All active full-time salaried Employees with two or more years but less than three years of service
- Class 4 - All active full-time salaried Employees with less than two years of service
- Class 5 - All active permanent hourly Employees who were hired on or before October 1, 1989
- Class 6 - All active permanent hourly Employees with three or more years of service who was hired after October 1, 1989
- Class 7 - All active permanent hourly Employees with two or more years but less than three years of service
- Class 8 - All active permanent hourly Employees with less than two years of service
- Class 9 - Retirees who retired prior to January 31, 1999 and who were covered under the prior carrier

First Premium Due: January 1, 2026
Subsequent Premiums Due: 1st Day of Insurance month
Insurance Month Period: A period beginning on the 1st Day of any calendar month and ending on the last Day of the same calendar month
Policy Anniversary: January 1st
Premium/Billing Mode: Monthly
Grace Period: 45 Days
Rate Change Notice:
From Us to the Group Policyholder - 31 Days
From the Group Policyholder to the Insureds - 31 Days
Rate Guarantee: 36 months
Minimum Number of Insureds: 5
Minimum Participation for Policy:

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SCHEDULE OF BENEFITS

Basic Benefits: 100% of those eligible for insurance must be insured.
Voluntary Benefits: At least 25% of those eligible for insurance must be insured.

Minimum Participation for Benefits:

Continued participation in the Voluntary Life Insurance program is based on the Participating Organization's enrollment remaining above the greater of 5 employees or 25% of those employees electing Voluntary Life Insurance.

Policy Termination Notice:

From Us to the Group Policyholder - 60 Days
From the Group Policyholder to the Insureds - 31 Days

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PREMIUM RATE SCHEDULE
For Life Insurance

Life Rates

Provided Life Insurance is in effect, rates are guaranteed until January 1, 2029, unless an exception listed in the Premium Rate Change section applies. After that, any Premium Rate increase will be provided in a renewal notice.

Basic Term Life Premium rate

Employee \$0.1250 Per \$1000 Benefit

Voluntary Dependent Life Premium rate

Child(ren) Rate: \$0.1740 Per \$1000 Benefit

<u>Age Lower*</u>	<u>Age Upper*</u>	<u>Spouse or Life Partner Rate Per \$1000 Benefit</u>
0	24	\$0.0500
25	29	\$0.0600
30	34	\$0.0800
35	39	\$0.0900
40	44	\$0.1370
45	49	\$0.2320
50	54	\$0.3970
55	59	\$0.6600
60	64	\$0.8730
65	69	\$1.3100
70	74	\$2.6330
75	79	\$2.6330
80	84	\$2.6330
85	89	\$2.6330
90	90+	\$2.6330

*Spouse rates are based on the Spouse's age.

Apple Bank
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PREMIUM RATE SCHEDULE
For AD&D Insurance

AD&D Rates

Provided AD&D Insurance is in effect, rates are guaranteed until January 1, 2029, unless an exception listed in the Premium Rate Change section applies. After that, any Premium Rate increase will be provided in a renewal notice.

Basic AD&D Premium rate	
Employee	\$0.0110 Per \$1000 Benefit
Voluntary AD&D Premium rate	
Employee	\$0.0200 Per \$1000 Benefit
Voluntary Dependent AD&D Premium rate	
Spouse or Life Partner	\$0.0200 Per \$1000 Benefit

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 in the Schedule of Benefits. The Policy will remain in effect during the Grace Period, unless the Group Policyholder gives Us 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. We may change any Premium rate:

- (1) the Date the Policy's terms are changed;
- (2) the Date Our liability is changed due to a change in federal, state, or local law, regulation, or administration of such law or regulation;
- (3) the Date Our liability is changed because the Group Policyholder (or any covered division, subsidiary or affiliated company) relocates, dissolves or merges, or is added to or removed from the Policy;
- (4) the Date any insurance for one or more classes ceases to be provided under the Policy;
- (5) the Date the number of Insureds 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; or
- (6) on any Policy Anniversary after the Policy's first anniversary, or any later rate guarantee Date agreed upon by Us.

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

NOTICE TO INSURED. If an Insured is required to make contributions for some or all of his or her insurance provided under the Policy, the Group Policyholder must inform the Insured of the amount of any contribution when he or she enrolls. In the event the Premium rates under the Policy increase:

- (1) We will give the Group Policyholder advance written notice of such increase; and
- (2) the Group Policyholder must inform the Insured of the increase if it affects the amount the Insured pays toward the cost of the insurance.

The notice periods are shown in the Schedule of Benefits.

PREMIUM AMOUNT. The amount of Premium due on each due Date will be the total of the Premium amounts obtained by multiplying:

- (1) each rate shown in the Premium Rate Schedule; by
 - (2) the amount of insurance to which the rate applies;
- and then adding the monthly billing fee, if any.

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

- (1) when an Insured's insurance or an increase 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's insurance terminates, the applicable Premium will cease on the monthly due Date coinciding with or next following that termination; and
- (3) when Premiums are paid other than monthly, increases or decreases will result in 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 coverage 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 refund will be limited to the prior 12-month period.

POLICY TERMINATION

TERMINATION BY US. We may terminate the Policy on the due Date of any Premium if the Group Policyholder, without good cause, fails to:

- (1) promptly furnish any information We reasonably require; or
- (2) perform its duties pertaining to the Policy in good faith.

We may terminate the Policy on any Policy Anniversary if:

- (1) the total number of Insureds is less than the minimum number of Insureds 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) part of the Premium is paid by Insureds and the minimum participation is less than what is shown in the Schedule of Benefits;
- (4) We terminate all policies that provide the same type of insurance that is provided by the Policy in the same state in which the Policy was issued; or
- (5) federal, state, or local law otherwise requires the Policy to be terminated.

To terminate the Policy, We must give the Group Policyholder advance written notice of Our 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 Us advance written notice. Insurance will terminate:

- (1) on the Date We receive the notice; or
- (2) any later Date We and the Group Policyholder have agreed upon.

The Group Policyholder remains responsible 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 Our part, effective on the last Day of the Grace Period. We will send the Group Policyholder a written notice of such termination. The Group Policyholder remains responsible for the payment of Premiums to the last Day of the Grace Period.

NOTICE TO THE GROUP POLICYHOLDER. If We are terminating the Policy for a reason other than nonpayment of Premium by the Group Policyholder, We will give the Group Policyholder advance written notice of our intent to do so. The notice period is shown in the Schedule of Benefits.

If the Policy terminates automatically due to nonpayment of Premium, We will send the notice at the end of the Grace Period.

Our notice will include information concerning:

- (1) Our liability for any claims incurred prior to the termination Date;
- (2) any continuation rights available to Insureds; and
- (3) the Group Policyholder's duty to notify Insureds of termination of the Policy coverage and any replacement carrier.

POLICY TERMINATION
(Continued)

NOTICE TO INSUREDS. If the Group Policyholder receives advance written notice of Our intent to terminate the Policy, Insureds must be informed of the termination prior to the termination Date. The notice period is shown in the Schedule of Benefits. This notice does not replace the Notice of Right to Convert required for Life Insurance. Please see the Conversion Privilege for those notice requirements.

The Group Policyholder's notice to Insureds should include a copy of Our termination notice and the name of any replacement carrier. The Group Policyholder's letter must be:

- (1) posted prominently in the work place;
- (2) hand delivered or mailed to each Insured under the Policy; and
- (3) mailed to their union representative, if any.

Exception: The above notice is not required if, within 10 Days from the receipt of Our termination notice, The Group Policyholder:

- (1) has taken steps to avoid the Policy termination; or
- (2) has contracted with another insurer to provide similar, continuous coverage to the same group.

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.

GENERAL PROVISIONS

For Group Policyholder

ENTIRE CONTRACT. The rights of the Group Policyholder, Insured or Insured Dependent, or Beneficiary will not be affected by any provision not contained in the entire contract. The entire contract between Us and the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) the Certificate for each class of Insured and any amendments to it;
- (4) any Participating Organization's application or Participation Agreement; and
- (5) any individual applications of an Insured or Insured Dependent.

CONTRACT CHANGES. Only a Company officer located in Our Group Insurance Service Office in Omaha, Nebraska has the authority to:

- (1) determine the insurability of a group or any individual within a group, subject to the Incontestability provision;
- (2) make a contract in Our 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.

The Group Policyholder's signature is required for any change that affect rights and benefits.

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

INCONTESTABILITY. Except for the non-payment of Premiums, We may not contest the validity of the Policy after it has been in force for two years from the Group Policy Effective Date.

All statements made by the Group Policyholder are representations and not warranties.

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

CURRENCY. In administering the Policy 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 temporary disability insurance plan laws.

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

- (1) treat Employees the same in like situations; and
- (2) allow Us to rely on its acts, subject to the Incontestability provision, without inquiry.

GENERAL PROVISIONS

For Group Policyholder (Continued)

NONPARTICIPATION. The Policy is a non-participating policy. It will not share in Our divisible surplus.

TERM INSURANCE. This Policy will not provide paid-up insurance or any loan or cash values, at any time.

INFORMATION TO BE FURNISHED. The Group Policyholder may be required to furnish any information needed to administer the Policy, including:

- (1) information about persons:
 - (a) who become eligible for insurance;
 - (b) whose amounts of insurance change;
 - (c) whose eligibility or insurance ends; or
 - (d) needed for underwriting purposes;
- (2) occupational information and other facts that may be needed to manage a claim; and
- (3) any other information that We may reasonably require.

We may inspect the Group Policyholder's records that relate to the Policy, at any reasonable time.

Clerical error by the Group Policyholder:

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

Once an error is discovered, an appropriate adjustment in Premium will be made. If a Premium adjustment involves the return of unearned Premium, the refund will be limited to the 12-month period that precedes the date We receive 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 provision of the Certificate.)

CERTIFICATES. The Group Policyholder will be provided with certificates of insurance for delivery to each Insured. The Group Policyholder is responsible for distributing a Certificate to each Insured. The Certificate for each eligible class 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. Nothing in the Policy invalidates or impairs any rights granted to the Insured in the Certificate.

CONFORMITY WITH NEW YORK STATUTES. If any provision of the Policy or Certificate conflicts with any applicable New York law, the provision will be administered to conform to the minimum requirements of the law.

PROVISIONS APPLICABLE TO PARTICIPATING ORGANIZATIONS

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

EFFECTIVE DATE OF PARTICIPATION. As it applies to any Participating Organization, 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 Our approval of the organization's participation; or
- (3) a Date agreed upon by Us, the Participating Organization, and the Group Policyholder.

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

- (1) the Date the organization no longer meets the definition of a Participating Organization;
- (2) the Date the Participating Organization has fewer than 5 Insureds;
- (3) the Date the Participating Organization suspends active business operations, is placed in bankruptcy or receivership, dissolves, merges or relocates;
- (4) the Date the Participating Organization, without good cause, fails to:
 - (a) promptly furnish any information We 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 Organization is excluded from insurance by amendment or termination of the Policy;
- (7) the last Day of the Insurance Month in which We receive the Participating Organization's written request to cease participation;
- (8) the Date We terminate the insurance under the Policy for all Participating Organizations in the same state; or
- (9) the Date the Policy terminates.

On the Day participation ends, insurance under the Policy will terminate for all Insureds of the Participating Organization and their Insured Dependents, unless eligible under the Portability section of the Certificate. After participation ends, the organization may not become a Participating Organization again until We re-approve it as such.

The Participating Organization remains responsible for the payment of Premiums to the Date of termination with respect to any of its Insureds or Insured Dependents.

DEFINITIONS
For
Group Policyholder

CERTIFICATE means the Group Life Insurance 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 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.

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

INSURED means the Person for whom Policy insurance is in effect.

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.

LIFE INSURANCE means the group term life insurance provided by the Policy for Employees.

PARTICIPATING ORGANIZATION means an organization that We have approved for participation in the insurance provided by the Policy.

PERSON means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

POLICY means the Group Insurance Policy issued by Us 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.

WE, OUR, or US refer to 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.

AD&D DEFINITIONS

For Group Policyholder

ACCIDENTAL DEATH AND DISMEMBERMENT (“AD&D”) INSURANCE means the group accidental death and dismemberment insurance provided by the Policy for Employees.

GROUP POLICY AMENDMENT 1

**TO BE ATTACHED AND MADE A PART OF GROUP POLICY NUMBER.:SA4-890-LF1998-01
ISSUED TO: Apple Bank**

The Policy is amended as follows.

Changes	Additions	Deletions
Revised Spouse premium rate basis.	GL1101-3-RS-LI 17 NY	GL1101-3-RS-LI 17 NY

This Amendment takes effect on January 1, 2026, or on the Insured Person's effective date of coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK



Officer of the Company

Accepted by the Group Policyholder this _____ day of _____ 20____

By _____ Title _____