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Document Name	Description	Expiration Date
770730_CA_b	Application for Individual Life Insurance	12/31/2199
100938US	Life Insurance Buyer's Guide	1/1/2199
104978_US	Important Notice: Replacement Of Life Insuran...	12/31/2199
102910_CA	Important Notice to California Residents Age ...	12/31/2199

The Independent Order of Foresters (“Foresters”)

A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

T. 800 828 1540 foresters.com

Foresters
Financial

Tips for Submitting a Foresters Application for Individual Life Insurance - Foresters PlanRight

This Checklist is a quick guide to help avoid processing delays. For more information on completing the Application, please refer to the *Guide to Completing the PlanRight Application*, available on Foresters producer website. If you have questions about Foresters, Foresters PlanRight product, Foresters PlanRight Application process, or if you have trouble initiating the required personal health interview (PHI) with Apptical Corp. (“Apptical”), contact Foresters Service Center, Monday through Friday 8:00 a.m to 8:00 p.m. ET.

Things You Need To Know

- Money orders or cashier’s checks are not permitted for the payment of initial premiums.
- Do not use white out (liquid paper/correction fluid) on any part of the Application.
- Cash is not permitted for the payment of premium(s).
- A producer cannot make premium payments (unless the proposed insured is the producer or a dependent of the producer).
- A personal health interview (PHI) **must** be completed with the proposed insured at the time the Application is taken in order for the Application to be processed. The PHI must be conducted as soon as sections 1 through 10 of the Application have been completed and signed, and while you are still with the proposed insured.
- Completion of the PHI must take place at the point of sale and during Apptical’s hours of operation, **8:30 a.m. to 2:00 a.m. ET, Monday through Friday and 10:00 a.m. to 10:00 p.m. ET, Saturday and Sunday.** To call Apptical, dial **1-866-844-9276.**
- In **ALL** cases where a PHI has been initiated, the signed Application **must** be submitted to Foresters and the Notices page given to the proposed insured, regardless of whether or not the Application is to be processed. Foresters is required to retain the signed Application as it contains the authorization used to complete the PHI. If the Application is not to be processed, write ‘Withdrawn’ on the Producer Report and send the Application to Foresters; no premium should be accepted and the Acknowledgement of First Premium should not be left with the owner.
- For instructions on conducting a PHI, refer to the *PlanRight Producer Guide*, available on Foresters producer website.
- The certificate’s issue date is the date that Foresters approves the Application, unless a preferred draft date is requested.

How To Avoid Delays

- Are you contracted with Foresters? You must provide your producer number to Apptical in order to proceed with the PHI.
- Do you have the right Application and forms for the state where the application is signed? Did you verify the product rules and state availability for the applicable state?
- Did you print legibly in English, using ink (preferably black)?
- If the payer is other than the proposed insured or the owner, did you complete a Contingent Owner/Other Payer Identification form and include with the Application?
- If PAC has been requested, did you complete a Payment Information form and include with the application? Did you explain PAC to the payer and are they fully aware that the PAC authorization is effective immediately?
- When choosing a preferred draft date did you include the day (between the 1st and the 28th) and the month the draft should begin?
- If replacing existing insurance or an annuity, did you complete the applicable replacement form(s) and include with the Application?
- If there were changes, did you, the proposed insured and the owner, if other than the proposed insured, initial **ALL** corrections before signing the Application?
- Is the Application dated the same day as the Apptical interview?
- Are all sections of the Application signed?
 - Section 10 (Signature Section) by the proposed insured and the owner, if other than the proposed insured.
 - Section 11 (Producer Certification) by the producer.
 - Acknowledgement of First Premium signed by the producer.
- Did you leave the following pages from the Application Package?
 - Notices page with the proposed insured.
 - Acknowledgement of First Premium with the owner.
- Did you record the Inspection Reference ID number provided by Apptical on the Producer Report? We can’t proceed without it.
- If you’d like to save insurance age, did you indicate this on the Producer Report?
- If paying the first premium by check, did the payer make the check payable to Foresters? The check must be dated no later than the date the Application was signed by the owner.
- If mailing the Application and a check was provided, did you mail the Application and the check together?
- If submitting the Application by fax, Foresters fax number is 1-866-300-3830. When faxing, did you include a photocopy of the void check?

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Application for Individual Life Insurance

1. Proposed Insured (Full legal name)							
First name		Middle name		Last name			
Street address			City	State	Zip code	E-mail Address (optional)	
Home phone #		Alternate phone/Cell #		Date of birth (mmm/dd/yyyy)		State & Country of birth	Social security #
Sex: <input type="radio"/> Male <input type="radio"/> Female		Height / Weight /		Used tobacco or nicotine in any form within the past 12 months? <input type="radio"/> Yes <input type="radio"/> No		Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.	

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

Part A. If a "Yes" answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.

- Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? Yes No
- Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting? Yes No
- Within the past 12 months, have you:
 - Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? Yes No
 - Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known? Yes No
- Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? Yes No
- Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? Yes No
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or as part of an application for insurance tested positive for Human Immunodeficiency Virus (HIV)? Yes No
 - Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? Yes No
- Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? Yes No

If all "No" answers in Part A, complete Part B.

Part B. Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

- Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
 - Alcohol or drug abuse, or have you used illegal drugs? Yes No
 - Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? Yes No
- Within the past 2 years have you had, or been diagnosed with:
 - Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? Yes No
 - Stroke or Transient Ischemic Attack (TIA/mini-stroke)? Yes No
 - Brain tumor or aneurysm? Yes No
- Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? Yes No

If a "Yes" answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 4. If all "No" answers, complete Part C.

Part C. Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

- Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
 - Parkinson's disease or Systemic Lupus (SLE)? Yes No
 - Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? Yes No
 - Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? Yes No

If a "Yes" answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 4. If all "No" answers, select Foresters PlanRight (With a level death benefit) in Section 4.

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3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? _____ Yes No
 Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? _____ Yes No
 Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? _____ Yes No

4. Insurance Applied For

Certificate type: Foresters PlanRight (With a level death benefit.) Foresters PlanRight (With a graded death benefit.) Foresters PlanRight (With a modified death benefit.)

Insurance amount: \$ _____ Premium amount: (based on payment mode) \$ _____

Additional coverage: _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if: (i) selecting but not qualifying for, based on the information in this application, Foresters PlanRight (With a level death benefit) the owner is instead automatically applying in this application for Foresters PlanRight (With a graded death benefit); (ii) selecting or applying as per (i) above but not qualifying for, based on the information in this application, Foresters PlanRight (With a graded death benefit), the owner is instead automatically applying in this application for Foresters PlanRight (With a modified death benefit); (iii) the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Automatic premium loan provision elected? (“Yes” or “No” must be indicated) _____ Yes No

If “Yes”, overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If “No”, the certificate’s Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: Proposed insured Owner (if other than proposed insured) Other (complete Payer ID Form)

First premium payment provided by: Pre-Authorized Check (PAC) (complete Payment Form) Check Other (complete Payment Form)

Subsequent premium payments made by: Pre-Authorized Check (PAC) (complete Payment Form) Direct bill Other (complete Payment Form)

Payment mode: Monthly (PAC only) Quarterly Semi-annually Annually

Is a specific draft date being requested? No
 Yes, draft on the _____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

6. Beneficiary Information (Each beneficiary below is revocable. If, however, a beneficiary is to be irrevocable, insert the word “irrevocable” next to the name of that beneficiary.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution or Trust			
Street address		City	State
Home phone #	Alternate phone/Cell #	E-mail Address (optional)	Social security /Tax ID #
Relationship to the proposed insured		If individual: Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy):

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

X _____ Signed on: _____ Signed at: _____
Proposed insured's signature Date (mmm/dd/yyyy) (City, State)

X _____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) Date (mmm/dd/yyyy) (City, State)

11. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded as shown and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? _____ Yes No

Producer's full name: _____ Producer's signature: **X** _____

Producer number: _____ Date (mmm/dd/yyyy): _____

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Payment Information Form

Billing and Payment Information

Proposed Insured: First Name: _____ Last Name: _____

Date of birth (mmm/dd/yyyy): _____

Reference/certificate number (if available): _____

Payer is: Proposed Insured Owner Other (complete Payer ID form)

PAC Banking Information to be taken from:

Checking Account (attach void check below) Savings Account (complete below) From check submitted with the application

Please:

1) Attach void check here

OR

2) Provide the following banking information (please print):

Name of financial institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Transit Number: _____ Account Number: _____

By signing below, I, as payer, verify that I am the account holder of the account identified in this Payment Information Form and I am permitted to provide this authorization, and agree that: 1) Foresters is authorized to draft deductions under the PAC selection(s) made in the application in relation to the above named Proposed Insured, from that account or another account later identified or substituted by me. 2) The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by me. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction according to the coverage(s) and certificate type issued. 4) The PAC plan is effective immediately and will continue until terminated, which either Foresters or I may do at any time by written notice to the other.

Printed name of payer

X _____
Signature of payer

Signed on: _____
Date (mmm/dd/yyyy)

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Notices (This section must be given to the proposed insured.)

For purposes of these Notices the following words are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Producer" means the licensed individual who signed that Application as the producer; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "You" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 179, Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. -Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Foresters, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Website at www.mib.com.

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Acknowledgement of First Premium (This section must be given to the owner.)

It is acknowledged that an amount of \$ _____ was provided to be applied as the first premium payment for the certificate issued, if any, in response to the Application for Individual Life insurance on the life of _____.

Proposed insured's name.

This amount will be refunded, if collected by us, if no certificate is issued. The first premium amount may be adjusted based on the certificate type issued.

There is no conditional or temporary insurance coverage even though an amount was provided, or collected, as the first premium payment.

Insurance will only come into effect on the issue date of the certificate issued, if any, and subject to the terms of that certificate, provided a) that first premium payment is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date the application was signed and the issue date of that insurance contract.

Producer's signature: **X** _____

Date (mmm/dd/yyyy) _____

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Producer Report *(Required)*

This form is for internal and producer use only and is not part of the Application.

Producer:

Name: _____ Number: _____

Proposed insured:

First Name: _____ Last Name: _____ Date of birth (mmm/dd/yyyy): _____

1. How long have you known the proposed insured? _____ Years
2. Are you related to the proposed insured? _____ Yes No
If 'Yes', what is the relationship? _____
3. a) At the time the Application was taken, did you see the proposed insured? _____ Yes No
b) Did you personally interview and complete the Application in the presence of the proposed insured? _____ Yes No
If 'No' to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the Application? _____ Yes No
If 'No', identify and provide contact information of person who obtained and witnessed the signature(s).

5. Did you personally review each document used to verify identity and birth date? _____ Yes No
If 'No', identify and provide contact information of person who reviewed each document (if different than the person identified in question 4.)

6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number. # _____
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? _____ Yes No
If 'No', were changes to the Application made and initialed, and a new page 3 signed, in both sections 10 & 11, as required? _____ Yes No
8. Did you review and leave the Acknowledgement of First Premium with the owner? _____ Yes No
9. Proposed insured's primary language is English Spanish Other _____
10. Number of people under 25 years of age living in the proposed insured's household? _____
11. Was a copy of the Buyer's Guide provided to the owner at the time of sale? _____ Yes No
12. Are the commissions to be split with another producer? _____ Yes No
If 'Yes', state what the percentage should be for the producer who filled out this Application: _____ %
Name and producer number of producer who will receive the remaining percentage: _____

Note: If the proposed insured has had life insurance with Foresters that was in force within the last 13 months, this will be considered an internal replacement and will affect compensation.

Certificate Issuing Instructions

Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required) _____ Yes No

The certificate should be: Mailed directly to owner. Sent to Producer for delivery.

Remarks

Life Insurance Buyer's Guide

This guide must be used in the following states:

AK, AL, AR, CA, CO, DC, HI, ID, KS, LA, MA, MD, ME*, MI, MN, MS, MT, NE, NM, OK, PA, RI, SC, TX, UT, VA, WI, WV & WY

Note:

- The following states require Addendum 105363 US to be included with this guide:
DE, FL, IA, NC, ND, NV, NY, OH, SD & WA
- * ME requires guide 100938 US for illustrated products and 105361 ME for non-illustrated products

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers.

THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY.

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy that meets your needs and fits your budget
- Decide how much insurance you need
- Make informed decisions when you buy a policy

IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

BUYING LIFE INSURANCE

When you buy life insurance, you want a policy which fits your needs.

First, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

WHAT ABOUT THE POLICY YOU HAVE NOW?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

HOW MUCH DO YOU NEED?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?

- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

WHAT IS THE RIGHT KIND OF LIFE INSURANCE?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up **cash values** and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: term insurance and cash value insurance. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash values.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more

premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole life insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

LIFE INSURANCE ILLUSTRATIONS

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

FINDING A GOOD VALUE IN LIFE INSURANCE

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider.

For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agents or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kind of questions to ask the agent about the numbers used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies – those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are non-guaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



Foresters

Financial

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APPENDIX A

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

(This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

3. The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older -- are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

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Notice To All Residents of California, Age 65 or Older

Life Agent Financial Product Disclosure

As required by California Insurance Code, Section 789.8

As you consider the purchase of a life insurance contract or an annuity contract (please circle one) from Foresters™ please be aware that there may be tax implications, early withdrawal penalties or other cost associated with the sale or liquidation of any stock, bond, IRA, Certificate of Deposit, mutual fund, annuity or other asset to fund the purchase of the new product.

You may wish to consult with independent legal counsel or obtain independent tax advice prior to any sale or liquidation of any asset prior to the purchase of a life or an annuity contract.

I certify that the Foresters representative identified below has provided me with a copy of this disclosure.

Proposed Applicant's Name

Signature

Date (mm/dd/yyyy)

Producer Full Name

Producer Signature

Date (mm/dd/yyyy)

California Producer Number