

## The Independent Order of Foresters ("Foresters")

### Product Details (Complete and submit only if applying for single premium whole life insurance.)

#### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Foresters Your Legacy Single Premium Whole Life

#### Single Premium

Non-1035 Premium Amount: \$ \_\_\_\_\_ Source of Premium: \_\_\_\_\_

1035 Premium Amount: \$ \_\_\_\_\_ Source of Premium: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Amount of life insurance applied for on the proposed insured: \$ \_\_\_\_\_

The amount of life insurance under a certificate issued, if any, will be based upon the premium amount accepted by Foresters and other factors including the insurance and rating class approved by Foresters for that certificate.

**Dividend Option:**       Paid-up additions       Paid in cash       Left on deposit

#### Complete if the proposed insured is a juvenile.

- a) State amount of life insurance on primary caregiver: \$ \_\_\_\_\_
- b) Are all brothers and sisters insured for the same amount? If "No", state amount and reason in the Remarks section below.  Yes  No
- c) Does the child live with the owner? If "No", provide reason in the Remarks section below.  Yes  No

#### Remarks:

---

---

---

---

---

---

---

---

There may be additional Disclosure forms required. Check the State requirements as these forms would need to be completed before the certificate can be issued.

This form is part of the Application for Individual Life Insurance.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

**The Independent Order of Foresters ("Foresters")**

**Single Premium Whole Life Insurance  
Acknowledgement**

**I, the Prospective Owner, by signing below acknowledge and understand that:**

- I am applying for a single premium whole life insurance certificate from Foresters™. It is not an investment, annuity or savings vehicle; it is life insurance.
- Optional riders, such as those providing accidental death, children's term or disability income insurance coverage, which may be available, for an additional cost, on some other whole life insurance certificates offered by Foresters are unavailable on the Foresters single premium whole life insurance certificate that I am applying for.
- The certificate should not be purchased with money or funds I need, or could need in the near future, to pay for my or my family's living expenses and financial obligations, or for unexpected expenses and emergencies.
- If, after the certificate is issued, I do need to access the cash value of the certificate, then I will need to either take a certificate loan, which will incur interest charges, or surrender the certificate for its cash surrender value.
- The amount available to me through a loan or surrender could be less than the amount of the single premium I will have paid for the certificate, particularly in the early certificate years.
- An outstanding certificate loan amount, which includes accrued interest, will reduce the amount of the death benefit payable, if any, under the certificate or the amount received if the certificate is surrendered.
- I should discuss all tax consequences related to this transaction with a qualified tax advisor.
- There may be charges and/or income tax consequences due to a withdrawal or transfer made from an existing product, other than life insurance, used as premium to purchase the certificate.
- Unless the entire single premium is being transferred from existing life insurance, that is not a Modified Endowment Contract (MEC), the certificate I am applying for will be issued as a MEC. If the certificate will be issued as a MEC I am aware (a) that there may be tax consequences in relation to the certificate and (b) that the life insurance illustration for that certificate, given to me by the producer or to be sent to me by Foresters, will contain some information regarding MECs.

I believe that the purchase of a single premium whole life insurance certificate is appropriate for me and my family.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**Producer Certification**

I understand that two copies of this acknowledgement should be completed and signed. I certify that one signed copy will be left with the prospective owner and one signed copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**The Independent Order of Foresters ("Foresters")**

**Single Premium Whole Life Insurance  
Acknowledgement**

**I, the Prospective Owner, by signing below acknowledge and understand that:**

- I am applying for a single premium whole life insurance certificate from Foresters™. It is not an investment, annuity or savings vehicle; it is life insurance.
- Optional riders, such as those providing accidental death, children's term or disability income insurance coverage, which may be available, for an additional cost, on some other whole life insurance certificates offered by Foresters are unavailable on the Foresters single premium whole life insurance certificate that I am applying for.
- The certificate should not be purchased with money or funds I need, or could need in the near future, to pay for my or my family's living expenses and financial obligations, or for unexpected expenses and emergencies.
- If, after the certificate is issued, I do need to access the cash value of the certificate, then I will need to either take a certificate loan, which will incur interest charges, or surrender the certificate for its cash surrender value.
- The amount available to me through a loan or surrender could be less than the amount of the single premium I will have paid for the certificate, particularly in the early certificate years.
- An outstanding certificate loan amount, which includes accrued interest, will reduce the amount of the death benefit payable, if any, under the certificate or the amount received if the certificate is surrendered.
- I should discuss all tax consequences related to this transaction with a qualified tax advisor.
- There may be charges and/or income tax consequences due to a withdrawal or transfer made from an existing product, other than life insurance, used as premium to purchase the certificate.
- Unless the entire single premium is being transferred from existing life insurance, that is not a Modified Endowment Contract (MEC), the certificate I am applying for will be issued as a MEC. If the certificate will be issued as a MEC I am aware (a) that there may be tax consequences in relation to the certificate and (b) that the life insurance illustration for that certificate, given to me by the producer or to be sent to me by Foresters, will contain some information regarding MECs.

I believe that the purchase of a single premium whole life insurance certificate is appropriate for me and my family.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**Producer Certification**

I understand that two copies of this acknowledgement should be completed and signed. I certify that one signed copy will be left with the prospective owner and one signed copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**The Independent Order of Foresters ("Foresters")**

**Accelerated Death Benefit Rider Disclosure**

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

**Benefit Description**

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer's Disease (before the insured's 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

**Amount of the Accelerated Death Benefit Payment**

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

For terminal illness: The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

For chronic and critical illness: The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured's age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

**Effect of Payment on the Certificate**

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

The following example is hypothetical and is intended only to show the relationship between certificate values before and after payment of an accelerated death benefit. The example is based upon a whole life insurance certificate where an acceleration amount of 50% of the eligible death benefit has been approved.

	<u>Before Acceleration</u>	<u>After Acceleration</u>
Face Amount:	\$100,000.00	\$50,000.00
Amount of Paid-up Additional Insurance:	\$ 20,000.00	\$10,000.00
Eligible Death Benefit:	\$120,000.00	\$60,000.00
Cash Value:	\$30,000.00	\$15,000.00
Cash Value of Paid-up Additional Insurance:	\$10,000.00	\$ 5,000.00
Loan Amount:	\$ 8,000.00	\$ 4,000.00
Cash Surrender Value:	\$32,000.00	\$16,000.00
Annual Premium	\$ 1,272.00	\$ 672.00

**Effect of Payment on Taxation and Eligibility for Public Assistance**

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

I acknowledge that I have been provided with this disclosure for review.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

I understand that two copies of this disclosure should be completed and signed. I certify that one copy will be left with the prospective owner and one copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**The Independent Order of Foresters ("Foresters")**

**Accelerated Death Benefit Rider Disclosure**

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

**Benefit Description**

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer's Disease (before the insured's 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

**Amount of the Accelerated Death Benefit Payment**

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

For terminal illness: The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

For chronic and critical illness: The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured's age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

**Effect of Payment on the Certificate**

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

The following example is hypothetical and is intended only to show the relationship between certificate values before and after payment of an accelerated death benefit. The example is based upon a whole life insurance certificate where an acceleration amount of 50% of the eligible death benefit has been approved.

	<u>Before Acceleration</u>	<u>After Acceleration</u>
Face Amount:	\$100,000.00	\$50,000.00
Amount of Paid-up Additional Insurance:	\$ 20,000.00	\$10,000.00
Eligible Death Benefit:	\$120,000.00	\$60,000.00
Cash Value:	\$30,000.00	\$15,000.00
Cash Value of Paid-up Additional Insurance:	\$10,000.00	\$ 5,000.00
Loan Amount:	\$ 8,000.00	\$ 4,000.00
Cash Surrender Value:	\$32,000.00	\$16,000.00
Annual Premium	\$ 1,272.00	\$ 672.00

**Effect of Payment on Taxation and Eligibility for Public Assistance**

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

I acknowledge that I have been provided with this disclosure for review.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

I understand that two copies of this disclosure should be completed and signed. I certify that one copy will be left with the prospective owner and one copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

## The Independent Order of Foresters ("Foresters")

### Tips for Submitting a Foresters Paper Application for Individual Life Insurance

#### Foresters Fraternal Difference

- Foresters shares its financial strength with its members by offering them more than just a financial product; eligible members also benefit from member benefits and community involvement opportunities to help them and their families get more out of life. Use the Foresters Benefit of Membership pamphlet to share the Foresters story and make a difference.
- Foresters is a fraternal benefit society and as such, some aspects of our ownership and beneficiary rules are different than other carriers. Be sure to read the rules found in the Toolbox/Underwriting Resources section of Foresters producer website before taking an application for Foresters products.

#### How to Avoid Delays and Get PAID Fast

- Money orders or cashier's checks are not permitted for the payment of initial premiums.
- Make sure you have the right Application and forms for the state where the application is signed. Make sure you verify product rules and state availability for the applicable state.
- Available questionnaires are listed in the Producer Report. We may require additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the Underwriting process by completing the questionnaire that is applicable to each "Yes" answer or if an applicable questionnaire is not available by providing details in the Additional Information section.
- Where additional space is required, use a separate sheet of paper, which must be signed and dated by the producer, proposed insured and owner, if different from the proposed insured.
- Premium payments cannot be made by the producer (unless the proposed insured is the producer or a dependent of the producer).
- If submitting an application through the POS process, refer to the POS Reference Guide on Foresters producer website for instructions.

#### Checklist (The owner is the proposed insured unless the Owner section of the Application is completed.)

Owner	Payer	Producer
<ul style="list-style-type: none"> <li>✓ Initialed all corrections (do not use white out), if any &amp; signed the Signature section</li> <li>✓ Initialed the TIA Acknowledgement (if pre-conditions not met)</li> <li>✓ Signed &amp; dated any supplemental sheets of paper (if required)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Signed the Payment Information section</li> </ul>	<ul style="list-style-type: none"> <li>✓ Initialed all corrections, if any, &amp; signed the Producer Certification section</li> <li>✓ Signed &amp; dated any supplemental sheets of paper (if required)</li> </ul>
Send to Foresters	Leave with Owner	Leave with Proposed Insured
<ul style="list-style-type: none"> <li>✓ Completed application, the Product Details page and the Producer Report section</li> <li>If applicable:                             <ul style="list-style-type: none"> <li>✓ First premium</li> <li>✓ Underwriting questionnaire(s)</li> <li>✓ State and Foresters replacement/rollover/surrender/disclosure forms</li> <li>✓ Notice of Consent for Blood and Body Fluid Testing</li> <li>✓ Completed Contingent Owner/Other Payer Identification form</li> <li>✓ Void check</li> <li>✓ Signed Illustration or illustration acknowledgement/certification form</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ TIA Agreement (if pre-conditions are met)</li> <li>✓ Disclosure forms (if required)</li> <li>✓ Buyer's Guide</li> </ul>	<ul style="list-style-type: none"> <li>✓ Notices</li> </ul>



# The Independent Order of Foresters ("Foresters")

## Application for Individual Life Insurance

Proposed Insured				
First name:	Middle name:	Last name:	<input type="radio"/> Male <input type="radio"/> Female	
Street address (cannot be a P.O. Box.):		City:	State:	Zip:
Home phone #:	Alternate phone # / Cell #:	Best time to call:	Date of birth (mmm/dd/yyyy):	State & Country of birth:
Social security #:	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____			Primary language: <input type="radio"/> English <input type="radio"/> Spanish
Type of Photo I.D. (used to verify identity): <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government ID: _____ Photo I.D. # _____				
Occupation & duties:		<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal		
Hours worked per week (past 6 months): _____		Income (past 12 months): \$ _____		
Number of weeks worked in the past 12 months: _____		Net worth: \$ _____		
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		Email address (optional): _____		

**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.)**

Primary Beneficiary(ies)		
Name, date of birth, and address (street, city, state, zip code) of each primary beneficiary.	Relationship to proposed insured.	% Share
Name: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		Total
Name: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		must equal
Name: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		100%
Contingent Beneficiary(ies)		
Name, date of birth, and address (street, city, state, zip code) of each contingent beneficiary.	Relationship to proposed insured.	% Share
Name: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		Total must
Name: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		equal 100%

**Owner (Complete only if other than the proposed insured. If not completed the proposed insured is the owner. If a contingent owner is to be named, use Contingent Owner/Other Payer Identification Form.)**

Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:		Social security # / Tax I.D. #:	
Street address (cannot be a P.O. Box.):	City:	State:	Zip:
Relationship to the proposed insured:		Email address (optional):	
Phone #:	If Trust, name of Trustee:	If Trust, date of Trust agreement:	
If Individual:			
<input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy):	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____	

**Other Insurance**

1. Is there another annuity or life insurance application pending for the proposed insured with Foresters or another insurer?		<input type="radio"/> Yes <input type="radio"/> No			
2. Does the proposed insured currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force?		<input type="radio"/> Yes <input type="radio"/> No			
If "Yes", to either question 1 or 2, complete the chart below. Also include information about Foresters life insurance or annuity certificate(s).					
Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending
3. Has the proposed insured ever had an application for life, health, disability or critical illness insurance declined, rated or modified? If "Yes", provide date _____ and reason _____		<input type="radio"/> Yes <input type="radio"/> No			
4. Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)?		<input type="radio"/> Yes <input type="radio"/> No			
Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force. Check the State requirements as these would need to be satisfied before the certificate can be issued. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those completed within the past 13 months.					

**Children's Questions (Complete only if applying for Children's Term Coverage. For purposes of these questions, "diagnosed", "advised" and "treatment" mean by a licensed physician or medical practitioner.)**

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force
5. Has a child listed above:					<input type="radio"/> Yes <input type="radio"/> No
a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disorder or disease?					<input type="radio"/> Yes <input type="radio"/> No
b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for Human Immunodeficiency Virus (HIV)) that has not yet been started or completed, or the results of which are not yet known?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 5a or 5b, complete the chart below.					
Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #		

### Financial Questions

<p>6. Is there an intention, or an arrangement, that all or part of the insurance applied for will be:</p> <p>a) Paid for by borrowing, financing or receiving money or any other property? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Transferred, assigned, sold or pledged? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes", to either question 6a or 6b provide details. _____</p> <p>_____</p> <p>_____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>7. Has the proposed insured, owner or a beneficiary arranged, been offered, or received, an inducement, fee or compensation to buy, or pay for, the insurance applied for? If "Yes", provide details. _____</p> <p>_____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

For each "Yes" answer in the Lifestyle and Medical Questions sections additional information may be required. Completing the corresponding questionnaire or, if no corresponding questionnaire is available, providing details in the Additional Information section may help speed up the Underwriting process.

### Lifestyle Questions (For purposes of these questions "you" and "your" mean the proposed insured.)

<p>8. Have you ever used tobacco in any form, or another nicotine product? If "Yes", specify:</p> <p>Type used: _____ Date last used: _____</p> <p>If currently smoking, how many pack(s) per day? _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>9. Do you currently drink alcohol? If "Yes", specify:</p> <p>How many times per week? _____ How many drinks per occasion? _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>10. Within the past 10 years have you:</p> <p>a) Used marijuana, heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or a controlled substance except as prescribed by a licensed physician or medical practitioner? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Received or been advised to receive treatment or counseling, by a licensed physician or medical practitioner, to discontinue or reduce the use of alcohol, non-prescribed or prescribed drugs? <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>11. Do you expect to travel outside of North America or change your country of residence within the next 2 years? If "Yes", indicate each that applies and provide the details requested:</p> <p><input type="radio"/> Travel outside of North America: Country(ies): _____ Duration of travel (in weeks): _____</p> <p><input type="radio"/> Change country of residence: Country : _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>12. Have you received notice of deployment or are you currently deployed, on active duty or alert with the Military or the Reserves?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>13. Have you, within the past 2 years, flown, or do you in the future intend to fly, in an aircraft as a student pilot, licensed pilot or crew member?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>14. Have you, within the past 2 years, engaged, or do you in the future intend to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>15. Have you ever had your driver's license suspended or revoked or within the past 5 years been convicted of or pled guilty to more than 3 moving violations? If "Yes", provide date, details and State where each occurred. _____</p> <p>_____</p> <p>_____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>16. Within the past 10 years have you:</p> <p>a) Been convicted of driving while impaired or under the influence of alcohol or a drug? If "Yes", specify:</p> <p>Number of convictions: _____ State where each conviction occurred: _____</p> <p>Date of most recent conviction: _____</p> <p style="text-align: center;">(mmm/dd/yyyy)</p> <p>b) Been convicted of, pled guilty to, or are you currently on probation or incarcerated for, a felony? If "Yes", provide date(s) and reason(s). _____</p> <p>_____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

**Medical Questions (For purposes of these questions “you” and “your” mean the proposed insured, “diagnosed”, “advised”, “tested” and “treatment” mean by a licensed physician or medical practitioner. For each “Yes” answer, provide details in the Additional Information section.)**

17. a) Your: Height: _____ Weight: _____ b) Have you had a weight change of 10 pounds or more, within the past 12 months? If “Yes”, specify: <input type="radio"/> Gain <input type="radio"/> Loss    How many pounds? _____ Reason: <input type="radio"/> Diet/Better eating <input type="radio"/> Exercise <input type="radio"/> Childbirth <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
--	--

18. Date you last consulted a physician: _____ Physician Name: _____ Address: _____ a) Reason(s): _____  b) Were you advised that results of that consultation were within normal ranges? If “No”, provide details. _____ _____	<input type="radio"/> Yes <input type="radio"/> No
--	--

19. Your Personal Physician(s), if different than question 18.

Name: _____	Address: _____	Phone #: _____
Name: _____	Address: _____	Phone #: _____

20. Within the past 5 years, have you consulted a physician other than identified in question 18 or 19, or a medical practitioner, or been a clinic, hospital or emergency room patient?	<input type="radio"/> Yes <input type="radio"/> No
--	--

21. Are you presently taking prescription medication or under treatment?	<input type="radio"/> Yes <input type="radio"/> No
--	--

22. Have you ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Yes <input type="radio"/> No
--	--

23. Do you have, alive or deceased, a parent or sibling diagnosed with or treated for, prior to age 65, diabetes, heart attack, heart disease, stroke, cancer, polycystic kidney disease, Huntington’s Chorea, Alzheimer’s, or other hereditary disorder?	<input type="radio"/> Yes <input type="radio"/> No
Details to “Yes” answers to question 23.	

	Age, if living	Age, at death	Details of condition / Cause of death
Father			
Mother			
Siblings			

24. Within the past 5 years, have you: a) Had or been advised to have a diagnostic test (other than for HIV) such as an EKG, CAT scan, MRI scan, echocardiogram, angiogram, biopsy, or endoscopy? b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known? c) Been unable to work at your regular job for more than 20 consecutive days or are you currently disabled?	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No
---	--



## Payment Information and Authorization

The planned premium quoted may change following underwriting review.

### Payer is:

Proposed insured       Owner (if other than proposed insured)       Other (complete Contingent Owner/Other Payer Identification Form)

### First premium payment to be made by:

Pre-Authorized Check (PAC)       Check (payable to Foresters)       Other (complete Payment Form)

### Subsequent premium payments to be made by:

Pre-Authorized Check (PAC)       Direct Bill       Other (complete Payment Form)

### Payment mode:

Monthly (not available for direct bill)       Quarterly       Semi-annually       Annually

### PAC banking information (including drafting first premium) to be taken from:

Attached void check       Check submitted with this Application       Information completed below (if no check available)

Type of account:  Checking       Savings

Name of financial institution: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

### PAC Authorization

The payer, by signing below, verifies that the payer is the account holder of the account identified in the PAC banking information section (above) and is permitted to provide this authorization, and agrees that: 1) Foresters is authorized to draft deductions, under the PAC selections made in the Payment Information and Authorization section (above), from that account or another account later identified or substituted by the payer. 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 the payer. 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) This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

This agreement must be signed by the bank account owner as his/her name appears on bank records for the account provided.

X \_\_\_\_\_  
Signature of payer

### 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.

### Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:

- |   |  |
|---|--|
| 1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?                      | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?   | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known? | <input type="radio"/> Yes <input type="radio"/> No |

### Temporary Life Insurance Agreement (TIA) Acknowledgement

Will the TIA be left with the owner?

- No. The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided or authorized.

X \_\_\_\_\_  
(Owner's initials)

- Yes. Complete the TIA and leave it with the owner.

First premium payment, in the amount of \$ \_\_\_\_\_, is provided or authorized by (select same method chosen in the Payment Information and Authorization section):

- Pre-Authorized Check (PAC)  
 Check  
 Other (cannot be a transfer of funds from existing life insurance or annuity contract(s)).

Although the first payment amount shown above is subject to change following underwriting, this amount must be at least equal to the monthly premium quoted for the insurance, including each rider, applied for in this Application.

### Declarations and Agreements

"Application" means this Application for Individual Life Insurance and includes additional forms, if any, that are part of this Application. "I/Me" means individually each person identified in this Application as either the proposed insured or the owner, and the parent/legal guardian signing this Application if the proposed insured is a juvenile.

I, as evidenced by my signature(s) in this Application, declare that: 1) I have reviewed this Application. 2) I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. 3) The statements, answers, and representations contained in this Application are full, complete and true, to the best of my knowledge and belief.

I understand and agree that: 1) All statements made in this Application shall be representations and not warranties. 2) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the insurance contract (defined as a certificate and each rider attached to that certificate) issued, if any, by Foresters. 3) No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. 4) The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. 5) 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. 6) Foresters will have no liability under an insurance contract issued, if any, as a result of this Application until the date that insurance contract comes into effect, according to its terms, and then only if (a) the first premium due, for that insurance contract, is provided in full on or before the delivery date of that insurance contract and is honored by the financial institution from which it is to be collected, and (b) between the date this Application was signed and the date that insurance contract comes into effect there is no event, no diagnosed change in health, or no change in the habits or circumstances of the proposed insured, or a child if any, identified in this Application, that would require a change to an answer to a question in this Application. 7) 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. 8) Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identity.

I further understand and agree that: 1) 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. Such changes or corrections may be made directly on this Application or by an amendment to this Application. 2) 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. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means and if completed in paper form this original Application may be destroyed after confirmation of successful transmission. 4) 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. 5) 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. 6) 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.

**Authorization To Obtain And Disclose Information**

This authorization is for the purpose of (a) assessing insurance coverage eligibility and premium amounts, (b) adjudicating claims, (c) supporting The Independent Order of Foresters ("Foresters") business operations and (d) record keeping and future servicing by authorized persons. In this authorization, "proposed insured", "owner" and "parent/legal guardian" mean each person identified as such in this Application. "Child" means every child named, if any, and proposed for insurance, in this Application. "Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business operations. As evidenced by the signature(s) in the Signature Section of this Application, the proposed insured and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons to obtain an investigative consumer report and/or information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or MIB, Inc. ("MIB"). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Information may be disclosed: between and among Foresters and authorized persons; to companies to which the proposed insured has or may apply to for insurance coverage or benefits; as required or permitted by law. The proposed insured, and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons, to make a brief report of the proposed insured's and each child's personal and/or protected health information to MIB, even if this application is cancelled or withdrawn. 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. Each person signing this authorization may at any time, by written notice to Foresters, revoke their authorization, except that reporting to MIB and action(s) begun before receipt of notice will not be affected. A Notices page has been provided to the proposed insured. It includes the MIB and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

**Signature Section (For purposes of entire Application.)**

Proposed insured's signature: \_\_\_\_\_  
(If the proposed insured is not a juvenile.)

Owner's signature: \_\_\_\_\_  
(If other than proposed insured.)

The owner or the proposed insured, if the proposed insured is the owner, signed in \_\_\_\_\_ on \_\_\_\_\_ .  
(State) (mmm/dd/yyyy)

Parent/Legal guardian's name (print full name): \_\_\_\_\_  
(If the proposed insured is a juvenile and the owner is not a parent/legal guardian.)

Parent/Legal guardian's signature: \_\_\_\_\_

**Producer Certification**

Unless specifically stated otherwise in the Producer Report, I certify each of the following: a) I am not aware of undisclosed information about the health, habits or lifestyle of the proposed insured or a child, identified in this Application, that might affect insurability; b) I personally met with the proposed insured, owner and each child and reviewed the document(s) used to verify identity and birth date; c) I asked the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and/or the owner each question as written in this Application to which an answer is shown, and recorded the answers as given to me by each person; d) This Application was reviewed by each person signing in the Signature Section before it was signed by that person; e) This Application has not been altered in any way after the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and owner signed it; f) 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; g) If applicable, I have disclosed that this Application, if completed in paper form, may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission; h) I have made no misrepresentation(s) about Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application.

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

Are you related to the proposed insured?  Yes  No

Producer's name (print full name): \_\_\_\_\_ Producer #: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mmm/dd/yyyy)



**Temporary Life Insurance Agreement (TIA) (Complete and leave with the owner only if all pre-conditions are met.)**

**Definitions** - "Application" means the Application for Individual Life Insurance to which this Agreement relates. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in the Application.

**Pre-Conditions to Temporary Coverage** - Subject to the terms of this Agreement, we agree to provide the temporary coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met: 1) The proposed insured is not, on that date, less than 15 days old or age 71 or older. 2) No more than \$1,000,000 of life insurance on the proposed insured is applied for in the Application, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. 3) Each question in the Temporary Life Insurance Agreement (TIA) Questions section is answered "No" and each "No" answer shown is truthful and 4) No later than the date the Application is signed by the owner, first payment, at least equal to a monthly premium quoted for the insurance, including each rider, applied for in the Application, is provided or authorized by a method other than a transfer of funds from existing life insurance or annuity contract(s). If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

**Temporary Life Insurance Agreement (TIA) Questions**

Has the proposed insured:	
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No

**Amount of Temporary Coverage** - Subject to the terms of this Agreement, if each of the above pre-conditions is met and the proposed insured dies while this Agreement is in effect, Foresters shall pay in total, to the beneficiary(ies), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured, the lesser of a) \$500,000; and, b) the amount of life insurance coverage applied for in the Application on the deceased proposed insured, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. No temporary coverage is provided under this Agreement for coverage or benefits, whether applied for or not, that are to be provided under a rider. If we pay under this Agreement then we will retain, if collected, or deduct from the amount payable, if not collected, an amount equal to the minimum first payment amount described in the 4th pre-condition. If we do not pay under this Agreement then the first payment amount, if collected, will be (a) applied as first premium to the certificate issued, if any, as a result of the Application, or (b) refunded, without interest, if no such certificate is issued.

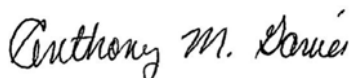
**Termination of Temporary Coverage** - Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement, temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following: 1) Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period. 2) The date an approved Foresters certificate on the life of the proposed insured takes effect as described in that certificate, if a certificate is issued in response to the Application. 3) The date we offer, as shown in our records, the owner a Foresters certificate in response to, but not as applied for in, the Application. 4) The date a written or oral request to cancel or withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 5) The date written notice is sent by us, as shown in our records, to the owner, terminating this Agreement, cancelling or declining the Application.

**Special Limitations** - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. Fraud, material misrepresentation or non-disclosure in the Application will void this Agreement and limit our liability to a refund of payment(s) made to us. If the proposed insured dies by suicide, whether sane or insane, our liability under this Agreement is limited to a refund of the payment(s) made to us.

**Entire Agreement and Governing Law** - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

**Acknowledgement** - I, the proposed insured and owner, if other than the proposed insured, by signing in the Signature Section of the Application, acknowledge and agree that I have reviewed, understand and accept the terms of this Temporary Life Insurance Agreement.

Countersigned,



Anthony M. Garcia, President & Chief Executive Officer

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

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

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business operations; "Producer" means the licensed individual who signed the Application as the producer; "You" and "Your" mean individually the proposed insured, and each child, if any, identified in the Application. If you have questions regarding your application, discuss them with your producer or contact us directly at 1-800-828-1540. If you have questions regarding privacy contact Foresters Chief Privacy Officer or regarding underwriting or MIB, Inc. contact Foresters Chief Underwriter. You can write to either at 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, information may be disclosed, without further authorization, between and among Foresters and authorized persons, to consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, to companies to which you have applied for insurance coverage or benefits, and to those conducting bona fide actuarial, marketing or scientific studies or audits and the respective employees, agents, contractors and consultants of each of the aforementioned. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a 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 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. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. You may request a personal interview with the agency and they will make a reasonable attempt to talk to you. It will include that information in its report. If we order a report, it may include information obtained through interviews with your neighbors, friends or others you know. 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 authorized persons 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 it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of 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, Suite 400, Braintree, MA 02184-8734. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## Producer Report

### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Producer's name	Producer #	% of split
Producer's name	Producer #	% of split
Producer's name	Producer #	% of split

1. Rating class applied for: \_\_\_\_\_  
 If underwriting approval is given other than as quoted, Foresters will contact you and, if we do not receive direction otherwise, the certificate will be issued to maintain face amount.

2. Certificate date shall be:  Date issued  To save insurance age  
 Certificate date can be backdated to save insurance age but is subject to rules and requires all back premiums to be collected.

3. Are you related to the proposed insured? If "Yes", please state the relationship in the Producer Comments section below.  Yes  No

4. Have you submitted an additional application to Foresters:  
 a) On the proposed insured or owner (if other than the proposed insured)?  Yes  No  
 b) On a family member of the proposed insured or owner (if other than the proposed insured)? If "Yes", list the name(s) in the Producer Comments section below.  Yes  No

5. Was a copy of the Buyer's Guide provided to the owner at the time of sale?  Yes  No

6. If a personal health interview (PHI) was conducted as part of the application process, provide the PHI Inspection Reference ID #.  
 \_\_\_\_\_

7. Indicate in the chart below if age & amount requirements were ordered.

Age & Amount Requirements	Vendor	Date ordered
Vitals, paramed or medical (with or without lab tests)		

### Producer Comments (Can be used to provide additional information relevant to the Application and must be completed if needed to qualify statements in the Producer Certification section.)


We may require additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the Underwriting process by completing the questionnaire, from the list below, that is applicable to each "Yes" answer or if an applicable questionnaire is not available by providing details in the Additional Information section. Please refer to the Underwriting Guide for a list of all available questionnaires.

Alcohol Usage	Chest Pain	Cyst, Lump or Tumor
Diabetes	Drug and Substance Usage	Mental Health



**The Independent Order of Foresters ("Foresters")**

**Illustration Certification**

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

**Proposed Insured's Name:** \_\_\_\_\_ **Plan Applied For:** \_\_\_\_\_

**Prospective Owner's Name:** \_\_\_\_\_ **Producer's Name:** \_\_\_\_\_  
 (if other than proposed insured)

**Producer's Certification** *(Check the one box that applies.)*

No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

<b>Plan Applied For:</b>		<b>Face Amount: \$</b>	
<b>Premium Amount: \$</b>		<b>Premium Mode:</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	
<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Issue Age:</b>	<b>Insurance Class:</b> <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
<b>Dividend Option:</b> <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums			
<b>Rider(s) (name and benefit amount):</b>			

**Universal Life Only**

<b>Death Benefit:</b> <input type="radio"/> Level <input type="radio"/> Increasing	<b>Guaranteed Interest Rate:</b> %	<b>Current Interest Rate (Non-Guaranteed):</b> %
<b>Life Insurance Qualification Test:</b> <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Prospective Owner's Certification**

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Prospective Owner's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.**



**The Independent Order of Foresters ("Foresters")**

**Illustration Certification**

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

**Proposed Insured's Name:** \_\_\_\_\_ **Plan Applied For:** \_\_\_\_\_

**Prospective Owner's Name:** \_\_\_\_\_ **Producer's Name:** \_\_\_\_\_  
 (if other than proposed insured)

**Producer's Certification** *(Check the one box that applies.)*

No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

<b>Plan Applied For:</b>		<b>Face Amount: \$</b>	
<b>Premium Amount: \$</b>		<b>Premium Mode:</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	
<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Issue Age:</b>	<b>Insurance Class:</b> <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
<b>Dividend Option:</b> <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums			
<b>Rider(s) (name and benefit amount):</b>			

**Universal Life Only**

<b>Death Benefit:</b> <input type="radio"/> Level <input type="radio"/> Increasing	<b>Guaranteed Interest Rate:</b> %	<b>Current Interest Rate (Non-Guaranteed):</b> %
<b>Life Insurance Qualification Test:</b> <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Prospective Owner's Certification**

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Prospective Owner's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.**

## Life Insurance and Annuity Replacement Certification of Sales Material Used in Connection with Application

\_\_\_\_\_  
(Insert Serial Number)

In connection with a replacement transaction, certain State life insurance and annuity replacement regulations require that all sales materials be left with the applicant.

List by form number, all product sales materials (*print or electronic*)<sup>1</sup> presented to the applicant in connection with the above-referenced application:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that:

- a) Only The Independent Order of Foresters (Foresters™), approved sales materials referenced above were presented in connection with the above referenced application.
- b) A copy of all print sales materials presented in connection with the above referenced application were left with the applicant at the time the application was completed.
- c) A copy of any electronically presented materials presented in connection with the above referenced application have been or will be provided to the certificate holder in printed form no later than at the time of the certificate delivery.
- d) A financial need analysis was/was not (circle one) completed based on the information provided by the applicant as reflected on the copy enclosed with the application.

\_\_\_\_\_  
Independent Producer Signature

\_\_\_\_\_  
Date (mmm/dd/yyyy)

<sup>1</sup> Sales Material includes, but is not limited to, a sales illustration and any other written, printed (for example, brochures) or electronically presented information created, completed or provided by Foresters or Independent Producer that is used in the presentation to the applicant which describes the benefits, features and costs of the specific product applied for.

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.)

**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.)



## IMPORTANT NOTICE:

To be read aloud to the applicant unless he or she has initialed the preceding page indicating he or she does not want this notice read aloud.

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?

## IMPORTANT NOTICE:

To be read aloud to the applicant unless he or she has initialed the preceding page indicating he or she does not want this notice read aloud.

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?

**The Independent Order of Foresters ("Foresters")**

**Accelerated Death Benefit Rider Disclosure**

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

**Benefit Description**

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer's Disease (before the insured's 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

**Amount of the Accelerated Death Benefit Payment**

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

For terminal illness: The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

For chronic and critical illness: The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured's age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

**Effect of Payment on the Certificate**

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

The following example is hypothetical and is intended only to show the relationship between certificate values before and after payment of an accelerated death benefit. The example is based upon a whole life insurance certificate where an acceleration amount of 50% of the eligible death benefit has been approved.

	<u>Before Acceleration</u>	<u>After Acceleration</u>
Face Amount:	\$100,000.00	\$50,000.00
Amount of Paid-up Additional Insurance:	\$ 20,000.00	\$10,000.00
Eligible Death Benefit:	\$120,000.00	\$60,000.00
Cash Value:	\$30,000.00	\$15,000.00
Cash Value of Paid-up Additional Insurance:	\$10,000.00	\$ 5,000.00
Loan Amount:	\$ 8,000.00	\$ 4,000.00
Cash Surrender Value:	\$32,000.00	\$16,000.00
Annual Premium	\$ 1,272.00	\$ 672.00

**Effect of Payment on Taxation and Eligibility for Public Assistance**

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

I acknowledge that I have been provided with this disclosure for review.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

I understand that two copies of this disclosure should be completed and signed. I certify that one copy will be left with the prospective owner and one copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**The Independent Order of Foresters ("Foresters")**

**Accelerated Death Benefit Rider Disclosure**

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

**Benefit Description**

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer's Disease (before the insured's 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

**Amount of the Accelerated Death Benefit Payment**

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

For terminal illness: The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

For chronic and critical illness: The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured's age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

**Effect of Payment on the Certificate**

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

The following example is hypothetical and is intended only to show the relationship between certificate values before and after payment of an accelerated death benefit. The example is based upon a whole life insurance certificate where an acceleration amount of 50% of the eligible death benefit has been approved.

	<u>Before Acceleration</u>	<u>After Acceleration</u>
Face Amount:	\$100,000.00	\$50,000.00
Amount of Paid-up Additional Insurance:	\$ 20,000.00	\$10,000.00
Eligible Death Benefit:	\$120,000.00	\$60,000.00
Cash Value:	\$30,000.00	\$15,000.00
Cash Value of Paid-up Additional Insurance:	\$10,000.00	\$ 5,000.00
Loan Amount:	\$ 8,000.00	\$ 4,000.00
Cash Surrender Value:	\$32,000.00	\$16,000.00
Annual Premium	\$ 1,272.00	\$ 672.00

**Effect of Payment on Taxation and Eligibility for Public Assistance**

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

I acknowledge that I have been provided with this disclosure for review.

Prospective Owner's Name (print full name): \_\_\_\_\_

Prospective Owner's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

I understand that two copies of this disclosure should be completed and signed. I certify that one copy will be left with the prospective owner and one copy will be returned to Foresters.

Producer's Name (print full name): \_\_\_\_\_

Producer's Signature: **X** \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

**1035 Exchange/Absolute Assignment Form ("Form")**  
**For Use with New Life Insurance Contracts Only**

*In order to qualify as an exchange under section 1035 of the Internal Revenue Code, the insured and owner of the new contract must be the same as the insured and owner of each existing contract. Complete a separate Form for each existing company whose insurance contract(s) are being exchanged.*

**Insured's Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Owner's Social Security Number:** \_\_\_\_\_

**Existing Company: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address, City, State & Zip Code)

**Existing Contract(s)** (Each life insurance contract listed below is designated for exchange):

Contract Number	Attached or Lost/Destroyed	Contract Number	Attached or Lost/Destroyed
	<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed		<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed
	<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed		<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed

**Definitions:** "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "I", "me" or "my" mean individually the owner and each person, if any, signing this Form as the spouse of the owner or as an irrevocable beneficiary. "New Contract" means the Foresters life insurance contract to which funds, if any, resulting from the exchange(s) requested in this Form are to be applied. "Existing Contract" means each life insurance contract designated in this Form for exchange.

For purposes of an exchange under Section 1035 of the Internal Revenue Code, I, as evidenced by my signature in this Form, declare, understand and agree that:

1. Effective the date, shown on this Form, that a Foresters authorized representative signs this Form, I, for value received, revoke all prior beneficiary designations and designate Foresters as sole beneficiary of each Existing Contract, and then assign and transfer, without limitation, to Foresters all right, title and interest in each Existing Contract, including its value payable upon surrender. Foresters is authorized to forward this Form to the Existing Insurer and request the surrender of the Existing Contract(s).
2. If the application for the New Contract is cancelled, declined, withdrawn or postponed or the New Contract is issued by us but not accepted by the Owner, (a) before we forward this Form to the Existing Company, then we will release this assignment or (b), after we forward this Form to the Existing Company, then we will, unless previously directed otherwise by the Owner, return the transferred funds received by us, if any, to the Owner and our liability and obligation under this assignment will end. There may not be a right to reinstate an Existing Contract after we have forwarded this Form to the Existing Company.
3. Coverage under the New Contract, if issued, will be effective only as described in, and subject to the terms of, the New Contract. If, as shown in Foresters records, I have not provided the first premium payment for the New Contract, separate from this exchange, the New Contract may not be issued until after the transferred funds have been received by Foresters. Coverage, if any, under a Temporary Insurance Agreement or Conditional Receipt provided by Foresters, if any, is subject to the terms of that agreement or receipt, and will not be affected by this assignment.
4. Each Existing Contract is in effect and no Existing Contract is subject to a prior assignment, bankruptcy or collection proceeding, federal or state levy or other legal action.
5. The Owner is responsible for and agrees to pay the premium(s) required, if any, to keep each Existing Contract in effect, according to the terms of that Existing Contract, until the transfer is completed. Failure to pay the premium(s) required for an Existing Contract may result in a loan, lower cash surrender value and/or a lapse, reduction or termination in coverage, under that Existing Contract.
6. An outstanding loan, if any, on an Existing Contract will not be transferred to the New Contract and a taxable gain, if any, that results from such loan(s) may be reported to the Internal Revenue Service by the Existing Company.
7. Foresters (a) is furnishing this Form and is participating in this transaction at my specific request and as an accommodation to me, (b) makes no representations concerning my tax treatment under Section 1035 of Internal Revenue Code or otherwise, and (c) has no responsibility or liability for the validity of the assignment(s) or transfer(s) made under this Form or my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

**Owner's Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

**Owner's Spouse:** *(If an Existing Contract was issued in a community property state then the owner's spouse must also sign this Form.)*

**Name (print full name):** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

**Irrevocable Beneficiary(ies):** *(If an Existing Contract has a beneficiary designated as irrevocable then each irrevocable beneficiary must also sign this Form.)*

**Name (print full name):** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

**Name (print full name):** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

**Name (print full name):** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

---

**Acceptance of 1035 Exchange/Transfer** *(to be completed by Foresters):*

Foresters hereby accepts this assignment and subsequent transfer of funds under the terms described in this Form.

**Authorized Signature: X** \_\_\_\_\_ **Date (mmm/dd/yyyy):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **New Contract Certificate Number:** \_\_\_\_\_