

Your Legacy
Permanent
Life Insurance

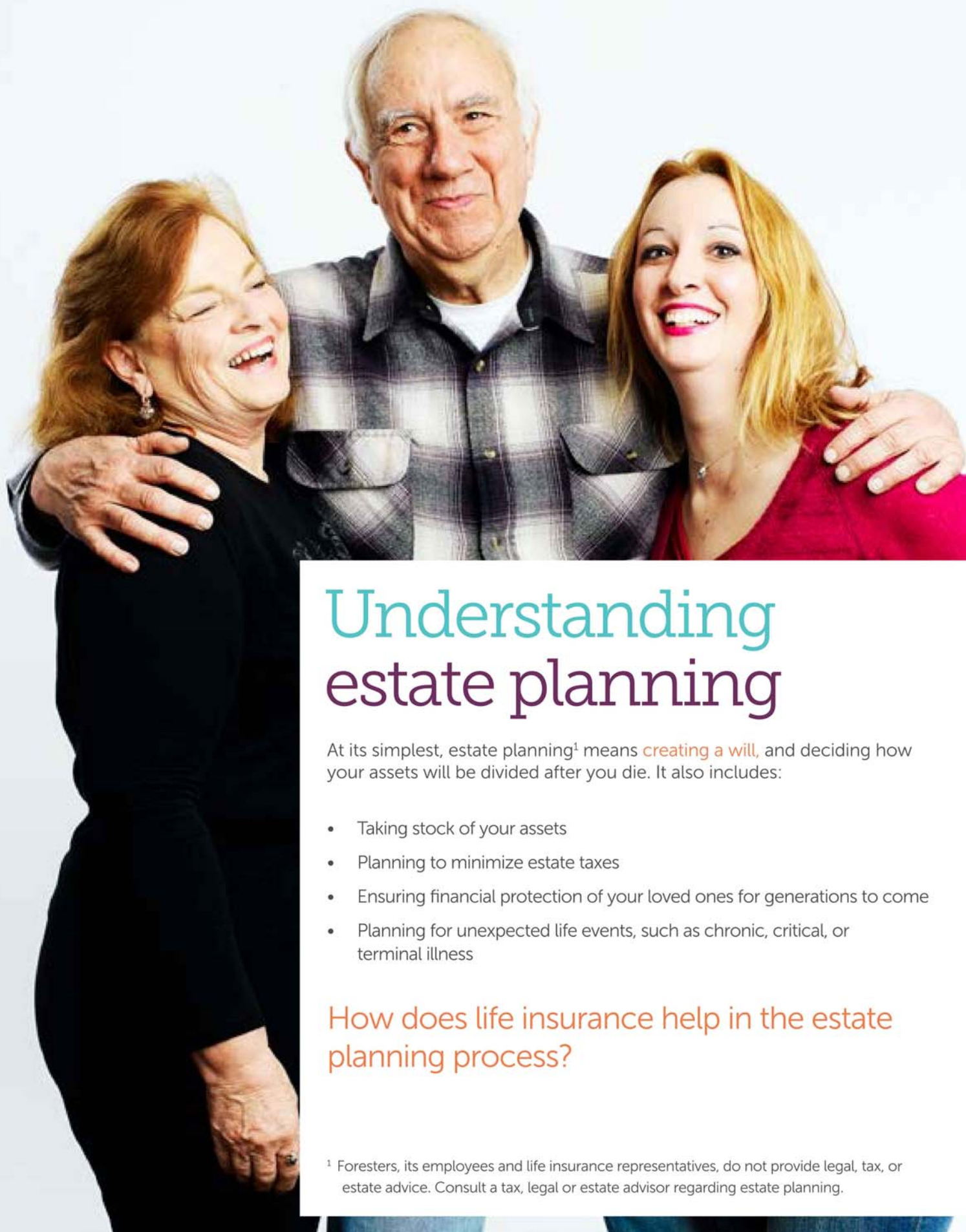
How can you be sure you're leaving the legacy you want?

We all want our legacy to be straightforward and easy for our loved ones – especially when they feel deep loss. An important part of the solution is sound estate planning.

Fortunately, estate planning doesn't have to be complicated. But where do you begin?

Foresters
Financial





Understanding estate planning

At its simplest, estate planning¹ means **creating a will**, and deciding how your assets will be divided after you die. It also includes:

- Taking stock of your assets
- Planning to minimize estate taxes
- Ensuring financial protection of your loved ones for generations to come
- Planning for unexpected life events, such as chronic, critical, or terminal illness

How does life insurance help in the estate planning process?

¹ Foresters, its employees and life insurance representatives, do not provide legal, tax, or estate advice. Consult a tax, legal or estate advisor regarding estate planning.

Make sure you protect your assets

When thinking about how you can protect your assets, permanent whole life insurance can be a good place to start. It's designed to be there for your lifetime and the potential growth in death benefit may increase the value of the legacy for your loved ones. One permanent whole life product available from Foresters Financial™ can potentially be a good estate planning solution. Naturally enough, it's called Your Legacy.

So, what's so special about Your Legacy? It's a "single premium", non-med⁴ permanent life insurance product. That means you only pay for your coverage once. Then you can sit back and not worry about paying premiums, confident that your coverage will be there when your loved ones need it most.

Did you know?



55% of Americans die without a will or estate plan.²

Once you've taken stock of your assets, a proper will and estate plan will let your loved ones know how to divide your assets.

Foresters members⁹ have access to free and discounted legal services – including help with writing a will.^{3,9}

Potential dividends can increase the value of your estate

Foresters has a solid track record of paying dividends on participating products. Since 2004 our dividend interest rate has ranged from 5.60% and 6.75%.⁵

How can dividends be used to increase coverage?

Your Legacy is a participating life insurance product, meaning it's eligible to receive dividends. But what is a dividend?

In effect, a dividend represents a return of a portion of the Owner's premium payment. Certificate premiums are calculated to cover the anticipated cost of insurance protection. The cost of insurance is affected by factors such as mortality experience, control of expenses and return on investments. When these factors are better than anticipated, Foresters may declare a dividend. Dividends are not guaranteed.

One way potential dividends can be used is to purchase paid-up additional life insurance. A paid-up addition uses the dividends to purchase additional permanent insurance with no additional premium required. It's a way to build up additional coverage and cash value.

Plus...

Financial strength you can count on

Foresters maintains a strong financial position with assets of

\$13.7 billion⁶

Ability to withstand adverse business and market conditions with a surplus of

\$2.3 billion^{6,7}

A.M. Best Company

"A" (Excellent) rating⁸

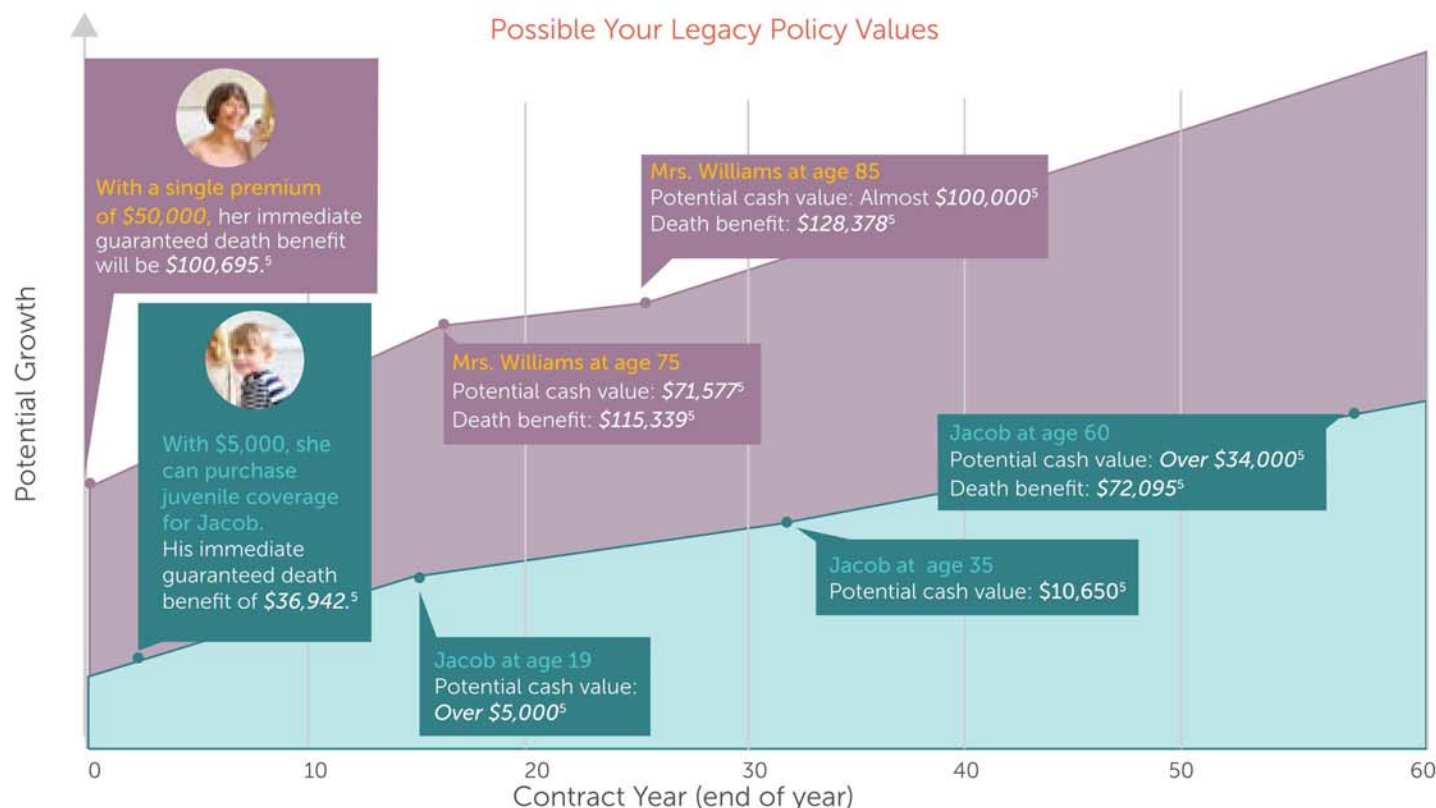
for 16 consecutive years



Take Mrs. Williams for example. She's a 60-year-old grandmother who wants to build cash value and leave more to her loved ones.

She has \$55,000 that she would like to invest in a life insurance policy that allows for cash value growth and purchase juvenile coverage for her 4-year-old grandson, Jacob. How can Your Legacy address these needs? Assuming Foresters declares dividends every year, dividends on Your Legacy can be used to purchase paid-up additions and grow her cash value. She'll be able to leave her daughter more to pay off debts or any other expenses she may have. Plus, she can feel secure knowing that she's given Jacob a head start on financial security.

See footnote #5 for more information on how sample values are calculated.



That's not all...

By becoming a Foresters member, Mrs. Williams can access a range of member benefits. She can help ease the financial burden that comes with post secondary tuition costs by giving Jacob the opportunity to qualify for a Foresters Competitive Scholarship.¹⁰

Competitive scholarships for grandchildren

Foresters is proud to contribute to the opportunities that education can bring to individuals, families and communities. In 2015 alone, Foresters awarded \$2million⁶ in funding for more than 1,050 Foresters Competitive Scholarships.



Estate planning doesn't have to be intimidating

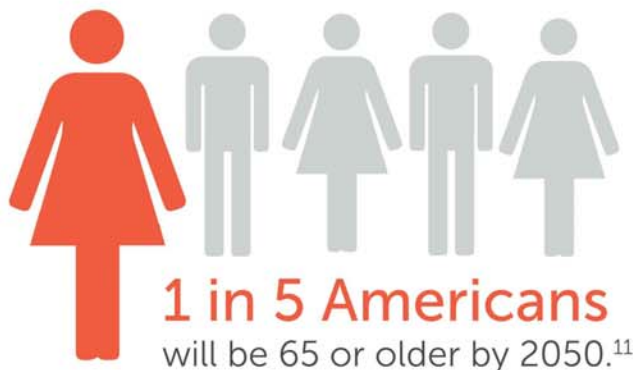
It's tempting to delay planning your estate. It all seems too complicated and intimidating. But it doesn't have to be. Just use this 10-step estate planning checklist to cover all your bases.

- 1 Create a "team" of professionals who can provide you with advice and support, including a life insurance representative, and tax and legal advisors.
- 2 Draw up a household balance sheet and budget.
- 3 Understand and fund your life insurance needs.
- 4 Draw up a will and trust documents, with the help of an attorney. Name your beneficiaries.
- 5 Establish a power of attorney for property and personal care.
- 6 Name guardians for any minor children.
- 7 Work with your tax and legal advisors to create a plan to minimize estate taxes and administration fees.
- 8 Keep track of accounts, investments, assets and important information. (Keep them in a safe place.)
- 9 Review and update your estate planning strategy regularly with your life insurance representative and the rest of your team. Make funeral arrangements.
- 10 Tell someone about your estate plans to avoid confusion and uncertainty in the future.



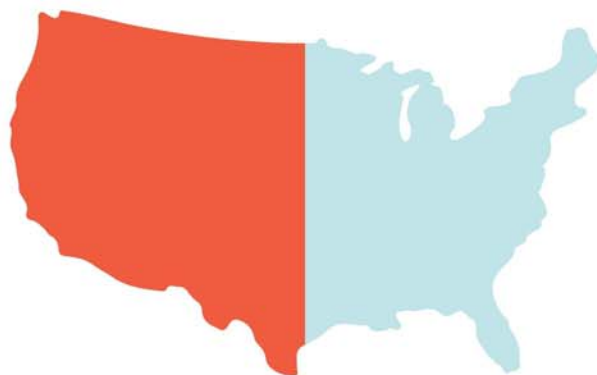
Jump ahead to a fillable checklist.

Plan for a healthy, active retirement



What if you get sick?

As of 2012, 60% of Americans age 50 to 64 had one or more chronic health problems.¹²



The Solution: Living Insurance Benefits

Living life insurance benefits can be priceless

Believe it or not, the living benefits of life insurance can be just as important as the death benefit. Let's look at the living benefits of Your Legacy permanent whole life insurance.

Your Legacy offers comprehensive **living insurance benefits** automatically included at no additional premium.

- The **Accelerated Death Benefit Rider**¹³ lets you take a portion of the death benefit¹⁴ in advance if you develop a chronic, critical or terminal illness that's covered. Please note that this rider is not available in CA or CT.

For example, let's say you develop life threatening cancer. This rider is designed to let you take an advance of up to 95% of the death benefit (up to a maximum of \$500,000) to use as you wish. Perhaps you need the cash for special medical treatments, to create comfortable surroundings in your home or just want to spend time with loved ones.

- Natural disasters – like earthquakes, hurricanes or tornadoes – can saddle your family with unexpected medical costs, such as hospital stays or emergency room visits. The **Family Health Benefit Rider** reimburses you for qualified health situations and it also covers your immediate family.



Going beyond living life insurance benefits

You get a lot when you purchase a Foresters product. And as a Foresters member, you get much more.⁹



Everyday Money – Do you need financial advice on how to balance your budget? Looking for ways to work down credit card debt or pay down your mortgage? As a Foresters member you have access to complimentary telephone advice from accredited financial counsellors.

Community Grants – This funding allows members to plan local activities for their families and other Foresters members, creating exciting volunteer opportunities and family activities.

Competitive Scholarships – Awarded annually to ease the burden of post secondary tuition costs.

Did you know?

In 2015, Foresters awarded \$5 million in Community Grants and \$2 million in Competitive Scholarships.¹⁰



There are many wonderful ways Foresters make a real difference in the lives of American families. **Watch this short video** to see more about how Foresters and our members enrich communities across the country.

Foresters for families and communities <https://youtu.be/wvHhfJRdgRo>

Compliments of

Estate Planning: Your 10-Step Checklist

Use this handy worksheet as a guide to start planning your estate. Your agent can walk you through this checklist to help you reach your personal estate plan objectives.

	To Do	Started	Done	Notes
1	Create a "team" of professionals who can provide you with advice and support, including a life insurance representative, and tax and legal advisors.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Draw up a household balance sheet and budget.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Understand and fund your life insurance needs.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Draw up a will and trust documents, with the help of an attorney. Name your beneficiaries.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Establish a power of attorney for property and personal care.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Name guardians for any minor children.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Create a plan to minimize taxes and administration fees.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Keep track of accounts, investments, assets and important information. (Keep them in a safe place.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Review and update your estate planning strategy regularly with your life insurance representative and the rest of your team. Make funeral arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Tell someone about your estate plans to avoid confusion and uncertainty in the future.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other notes

Glossary of Terms

Accelerated Death Benefit Rider - A living insurance benefit included in most Foresters products that allows you, under certain circumstances, to receive a portion of the proceeds (also called the Death Benefit) of your life insurance before you die. Such circumstances include chronic, critical or terminal illness.

Beneficiary - The person named in your life insurance certificate to receive the insurance proceeds when you pass away.

Cash Value - is the amount of money that the insurer will pay to the owner if the life insurance is terminated before the death of the insured. Certain insurance products, such as Foresters Your Legacy, have guaranteed cash value that builds up over time in your certificate. Additional cash value may also be created by potential dividends used to purchase paid-up additional insurance or when dividends are left on deposit. Typically, cash value from dividends can be withdrawn, if immediate access to funds is needed.

Death Benefit - The payment made by the insurer to the one or more beneficiaries when you pass away.

Dividend - A dividend represents a return of a portion of the Owner's premium payment. Certificate premiums are calculated to cover the anticipated cost of insurance protection. The cost of insurance is affected by factors such as mortality experience, control of expenses and return on investments. When these factors are better than anticipated, Foresters may declare a dividend. Dividends are not guaranteed.

Face Amount - The amount stated in the certificate to be paid at death or at the maturity of the policy. It does not include additional amounts payable under accidental death or other special provisions, or acquired through the application of policy dividends. The face amount can be reduced by the amount of any policy loans that the insured has outstanding as of the date of death.

Family Health Benefit Rider - A living insurance benefit included on most Foresters life insurance products at no additional premium that pays a benefit for qualified health situations, such as a hospital stay or emergency room visit, as a result of a catastrophic event such as an earthquake, hurricane, or tornado.

This benefit covers both the insured and his or her immediate family.

Interest - For participating life insurance products that can earn dividends, such as Foresters Your Legacy, interest is paid on the value of the dividends if they are left on deposit in the certificate. Interest is also earned on the cash value of universal life products. Of course, you need to pay interest on any loans you take from the cash value of your life insurance.

Paid-up Coverage - Life insurance coverage that is in effect, but no longer requires you to pay additional premiums. Single Premium life insurance, such as Foresters Your Legacy, is an example.

Participating Life Insurance - A type of permanent life insurance that can earn dividends. Foresters Your Legacy is a participating product.

Permanent Life Insurance - Intended to provide coverage for the rest of your life. Designed to pay a benefit no matter when you pass away.

Premium - The payment you agree to make for an insurance certificate. Depending on the terms of the certificate, the premium may be paid in one payment (called a "Single Premium") or a series of regular payments (e.g., annually, semi-annually, quarterly or monthly).

Rider - A provision of an insurance certificate that is separate from the basic certificate and that provides additional benefits, usually but not always, at additional cost.

Whole Life Insurance - Life insurance intended to provide coverage for as long as you live.

Description of Foresters Member Benefits⁹

Grants and Scholarships

Foresters Competitive Scholarship¹⁶ – The Foresters Competitive Scholarship Program offers up to 250 renewable tuition scholarships for postsecondary education worth up to \$8,000 each. Eligible members and their family members, with at least 40 hours of community service and a minimum GPA of 2.8 or minimum grade of 70%, may apply.

Foresters Community Grants – Foresters Community Grants provides funding to members to organize fun family activities and volunteer events in their own communities. In addition to the grants, Foresters provides tools and resources to help ensure the events are successful. Members can apply for two types of grants:

Community Involvement Grant: funds for member volunteering opportunities, such as creating care packages for a local Ronald McDonald House® or refreshing a park or library.

Member Involvement Grant: funds family-friendly events that help members relax and reconnect at little to no cost like a day at the zoo, theme park or sporting event.

Orphan Scholarship¹⁶ – This scholarship may provide children of deceased members with a post secondary scholarship ranging from \$1,500 to \$6,000 per year for up to four consecutive years to help cover tuition and maintenance.

Emergency Assistance Program – Emergency grants provide short-term, temporary financial assistance to members affected by significant personal hardship, disaster or large-scale emergency. This benefit is a one-time, per disaster, per household payment.

Well-being Benefits

Everyday Money – Our toll-free, personalized and phone-based financial helpline gives members access to accredited counselors who can answer their daily money management questions.

Legal Link – Members can access certain free and discounted legal services in their area and consult with a lawyer on wills, family law and more.

Terminal Illness¹⁵ – A member who becomes terminally ill may receive an interest-free loan of up to 75% of the total amount of the Foresters life insurance on that insured to a maximum of \$250,000.

Orphan Benefit¹⁶ – A monthly orphan benefit, which may pay up to \$900 per month per child to the legal guardian of children under 18 years of age in the event of the death of both parents.

Community and Volunteering

Community Involvement Events – Each year Foresters and our members organize thousands of local, hands-on volunteer activities so members can spend time with their loved ones and also make a meaningful impact in their communities.

Fun Family Events – Foresters and our members organize fun family events that help members take a break from their busy schedules and enjoy quality family time at little to no cost. Activities include visits to local attractions, theme parks and sporting events.

Partners and Activities – Foresters invests in local and national causes that enrich the lives of families and communities and is proud to partner with KaBOOM!, Ronald McDonald House Charities® (RMHC®) and the American Red Cross™.

Member Leadership – Foresters members can have their say in the future of the organization by participating in the annual elections process. Through its Branch Council system, Foresters also provides leadership opportunities for members who want to help focus and support its impact in local communities.

Description of member benefits that you may receive assumes you are a Foresters Financial member. Foresters Financial member benefits are non-contractual, subject to benefit specific eligibility requirements, definitions and limitations and may be changed or cancelled without notice. Access to certain member benefits requires Foresters Your Legacy coverage of \$10,000 or greater.

- ¹ Foresters, its employees and life insurance representatives, do not provide legal, tax, or estate advice. Consult a tax, legal, or estate advisor regarding estate planning.
- ² Source: American Bar Association – Estate Planning FAQ: http://www.americanbar.org/groups/real_property_trust_estate/resources/estate_planning/estate_planning_faq.html
- ³ Free and discounted legal services provided through Legal Link member benefit.
- ⁴ Insurability depends on the answers to a few medical and lifestyle questions and an underwriting review, based on underwriting requirements and guidelines.
- ⁵ Based on current dividend rates as of February 2015. Dividends are not guaranteed. This example assumes non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters based on factors such as claims, investment earnings, expenses and the overall economic environment. The actual results may be more or less favorable and are expected to vary from those shown.
- ⁶ Consolidated financial results as at December 31, 2015. All figures in Canadian dollars.
The surplus comprising assets of \$13.7 billion and liabilities of \$11.4 billion represents excess funds above the amount required as legal reserves for insurance and annuity certificates in force and provides additional assurances to our members for our long term financial strength. Financial strength refers to the overall health of The Independent Order of Foresters. It does not refer to nor represent the performance of any particular investment or insurance product. All investing involves risk, including the risk that you can lose money.
- ⁷ This surplus represents excess funds above the amount required as legal reserves for insurance and annuity certificates in force and provides additional assurances to our members for our long term financial strength.
- ⁸ The Independent Order of Foresters has received an "A" (Excellent) rating from A.M. Best for 16 straight years. The A.M. Best rating assigned on August 18, 2016 reflects The Independent Order of Foresters overall strength and claims-paying ability but does not apply to the performance of investment products. An "A" (Excellent) rating is assigned to companies that have a strong ability to meet their ongoing obligations to policyholders and have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by A.M. Best Company. A.M. Best assigns ratings from A++ to F, A++ and A+ being superior ratings and A and A- being excellent ratings. See ambest.com for our latest rating.
- ⁹ Foresters Financial members are insured under a life insurance certificate issued by the Independent Order of Foresters. Descriptions of member benefits that you may receive assume that you are a Foresters Financial member. Foresters member benefits are non-contractual, subject to benefit specific eligibility requirements, definitions and limitations and may be changed or cancelled without notice.
- ¹⁰ Foresters Competitive Scholarships program is administered by International Scholarship and Tuition Services, Inc.
- ¹¹ Source: US Census Bureau – Working Beyond Retirement Age. <https://www.census.gov/hhes/www/laborfor/Working-Beyond-Retirement-Age.pdf>
- ¹² Source: Pew Research – Health Fact Sheet: <http://www.pewinternet.org/fact-sheets/health-fact-sheet/>
- ¹³ This rider is not available for certificates issued with a base face amount of less than \$20,000. On certificates where the insured's issue age is higher than 80 or issued as sub-standard, Terminal illness, where available, will be the only eligible illness issued. **This rider is not available in CA or CT.**
This product is a life insurance policy that accelerates the death benefit on account of chronic illness and is not a health insurance certificate providing long term care insurance subject to the minimum requirements of New York Law, does not qualify for the New York State Long Term Care Partnership Program and is not a Medicare supplement certificate.
- ¹⁴ The payment, due to diagnosis of an eligible illness, may be less than the acceleration amount which may be subject to a fee, an actuarial discount amount and other applicable deductions. Payment will decrease certificate values and benefits. Receipt of the accelerated death benefits may affect eligibility for public assistance programs. Receipt of the accelerated death benefits may be taxable.
- ¹⁵ Not available as a member benefit in the state of Illinois and New York or on Accidental Death products.
Terminally ill means there is a reasonable certainty of death within 12 months as determined by a legally qualified physician who can provide medical proof of satisfactory to Foresters.
- ¹⁶ Available to eligible members with an in force certificate having a minimum face value of \$10,000 or if an annuity, a minimum cash value of \$10,000 or a minimum contribution of \$1,000 paid in the previous twelve months.
This brochure is provided for information purposes only; it does not form part of the Foresters Your Legacy Single Premium Whole Life participating life insurance contract and is not intended to amend, alter or change any of the terms and conditions of the contract. Refer to the Foresters Your Legacy Whole Life contract for your state for these terms and conditions.
Life insurance contracts are underwritten by The Independent Order of Foresters, a fraternal benefit society.
Foresters Your Legacy and its riders may not be available or approved in all states and are subject to eligibility requirements, underwriting approval, limitations and state variations. Foresters Your Legacy and its riders are filed under the following form numbers, where "XX" represents either "US" or your state's postal abbreviation, as applicable.
Foresters Your Legacy: ICC14-WL-SPREM-US01 or WL-SPREM-XX01-2014
Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness):
ICC14-TRAD-ABRCHCRTI-US01 or TRAD-ABRCHCRTI-XX01-2014
Accelerated Death Benefit Rider (for Critical and Terminal Illness):
ICC14-TRAD-ABRCRTI-US01 or TRAD-ABRCRTI-XX01-2014
Accelerated Death Benefit Rider (for Terminal Illness): ICC14-TRAD-ABRTI-US01 or TRAD-ABRTI-XX01-2014
Common Carrier Accidental Death Rider: ICC11-WL-CCADR-US01 or WL-CCADR-XX01-2011
Family Health Benefit Rider: WL-FHB-XX01-2011
Not a deposit. Not FDIC insured. Not guaranteed by any bank or credit union. Not insured by any federal government agency.
Ronald McDonald House Charities and RMHC are registered trademarks of McDonald's Corporation or its affiliates and are used with permission.
This product is a life insurance certificate that accelerates the death benefit on account of chronic illness and is not a health insurance certificate providing long term care insurance subject to the minimum requirements of New York Law, does not qualify for the New York State Long Term Care Partnership Program and is not a Medicare supplement certificate. The precedent statement also applies to terminal illness and critical illness, if available under this rider.
Underwritten by The Independent Order of Foresters

[illegible]

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

F. 877 329 4631

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

T. 800 828 1540 foresters.com

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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").

ICC14 770803 US 02/14

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T. 800 828 1540

foresters.com

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Financial

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): _____

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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): _____

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Tips for Submitting a Foresters Application for Individual Life Insurance

- Money orders or cashier's checks are NOT permitted for the payment of initial premiums.
- Premium payments CANNOT be made by the producer (unless the proposed insured is the producer or a dependent of the producer).
- Explain to your client that if a premium is returned due to non sufficient funds, the bank could attempt to re-draft within 5 business days in order to try to successfully collect the premium.
- 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.
- We may require additional information for each "Yes" answer to a question in the Lifestyle, either Medical, or a Rider section. You can 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. Available questionnaires are listed on the Producer Report.
- 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.
- For medically underwritten products, you are responsible for ordering requirements (refer to the Age & Amount requirements charts in the Underwriting Guide).
- Make sure all applicable questions are answered and that the answers are legible.
- When faxing, make sure pages are straight to avoid cutting off form numbers during submission.

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

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

Foresters Difference

- We believe in enriching lives and building strong communities – that's our purpose. It has defined us since 1874, and it helps us continually redefine what a financial services provider can do for you and your family.
- We believe that you deserve more than a financial services provider – you deserve a partner that will help you prosper and improve your community.
- 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.

Questions? Go to Foresters producer website ezbiz (<https://portal.foresters.biz>)

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

F. 877 329 4631

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

T. 800 828 1540

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Foresters
Financial

Product Details (Complete and submit only if applying for term life insurance.)

Proposed Insured

First name: _____ Middle name: _____ Last name: _____

Your Term Life

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

Non-medical

Term: ☐ 10 year ☐ 15 year ☐ 20 year ☐ 25 year ☐ 30 year

Medical

Term: ☐ 10 year ☐ 15 year ☐ 20 year ☐ 25 year ☐ 30 year

Charity Benefit Beneficiary Designation

The life insurance product applied for will, if issued, include a Charity Benefit. The owner can designate an eligible beneficiary for that benefit now or at any time prior to the insured's death. If an eligible beneficiary is not designated prior to the insured's death, no Charity Benefit will be paid. Eligible beneficiary means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.

Charitable Organization Name: _____ Tax I.D. #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Riders (Subject to state and product availability.)

☐ Disability income (accident and sickness): \$ _____ OR ☐ Disability income (accident only): \$ _____

If Disability income (accident and sickness) applied for but not approved, applying for Disability income (accident only)?

☐ Yes ☐ No

☐ Accidental death:

\$ _____

☐ Children's term:

\$ _____

☐ Waiver of premium

☐ Other rider(s): _____

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.

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ICC16 770620 US 12/16

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Product Details (Complete and submit only if applying for SMART Universal Life insurance.)

Proposed Insured

First name: _____ Middle name: _____ Last name: _____

SMART Universal Life

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

Underwriting: ☐ Non-medical ☐ Medical

Planned premium: \$ _____ ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Life insurance qualification test:

☐ Guideline Premium Test (GPT)

☐ Cash Value Accumulation Test (CVAT)

Death benefit option:

☐ Level

☐ Increasing

Initial lump sum premium:

\$ _____

Source of lump sum premium:

Riders (Subject to state and product availability.)

☐ Accidental death:

\$ _____

☐ Children's term:

\$ _____

☐ Disability income (accident only):

\$ _____

☐ Waiver of monthly deductions

☐ Guaranteed purchase option

☐ Other rider(s): _____

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.

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

Proposed Insured

First name: _____ Middle name: _____ Last name: _____

Advantage Plus Whole Life

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

Plan Type: ☐ Paid-up at 100 ☐ 20 Pay

Underwriting: ☐ Non-medical ☐ Medical

Dividend Option: ☐ Paid-up additions ☐ Paid in cash ☐ Left on deposit ☐ To reduce premiums

Automatic premium loan provision elected? ("Yes" or "No" must be indicated) ☐ Yes ☐ No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.

If "No", the certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.

Riders (Subject to state and product availability.)

<input type="radio"/> Accidental death: \$ _____	<input type="radio"/> Children's term: \$ _____	<input type="radio"/> Disability income (accident only): \$ _____
---	--	--

<input type="radio"/> Guaranteed insurability	Term: <input type="radio"/> 10 year <input type="radio"/> 20 year \$ _____	<input type="radio"/> Waiver of premium
---	---	---

<input type="radio"/> Flexible payment paid-up additions Maximum annual payment amount: \$ _____ Planned payment amount (by mode): \$ _____ (must be the same mode as premiums for certificate) The planned payment amount will be added to the total premium for the certificate and rider(s), if any, to determine the amount of each billing, if direct bill, or of each draft, if PAC or another automatic payment option, is elected for payment of premium.	<input type="radio"/> Single payment paid-up additions Planned payment amount: \$ _____ Payment method: <input type="radio"/> Check <input type="radio"/> PAC (planned payment amount will be added to the amount to be drafted as first premium payment). <input type="radio"/> Transfer <input type="radio"/> Other _____ Source of payment: _____
---	---

☐ Other rider(s): _____

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.

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Application for Individual Life Insurance

Proposed Insured				
First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female	
Street address		City	State	Zip
Social security #	Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth
U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No", immigration status: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____				
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____				
Photo I.D. # (used to verify identity): _____				
Occupation & duties: _____				
<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal		Income (past 12 months): \$ _____	Active duty military or reserves? <input type="radio"/> Yes <input type="radio"/> No	
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		Email	Primary language: <input type="radio"/> English <input type="radio"/> Spanish	
Owner (Complete only if other than the proposed insured. If there is to be a contingent owner, use the Contingent Owner/Other Payer I.D. Form.)				
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust			Social security # / Tax I.D. #	
Street address		City	State	Zip
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____				
Photo I.D. # (used to verify identity): _____				
Relationship to the proposed insured: _____			Email: _____	
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: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____		
Beneficiary (Each beneficiary below is revocable, unless "irrevocable" is written next to the name of that beneficiary.)				
		Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	% Share
Primary				
Name:				Total
Address:				
Name:				must equal
Address:				
Name:				100%
Address:				
Contingent				
Name:				Total must
Address:				
Name:				equal 100%
Address:				
Financial Questions				
1. Is there an understanding or agreement, whether in writing or not, or has an offer been made to: a) Borrow or be given money, or other property, to pay for or enter into the insurance contract applied for? b) Sell, transfer or assign an insurance contract issued as a result of this Application? If "Yes" to 1a or 1b, provide details. _____				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

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For each "Yes" answer to a question in the Lifestyle, either Medical, a Rider or the Other Insurance section, providing details in the Additional Information section or completing the corresponding questionnaire may be required. For purposes of these questions, "you" and "your" mean the proposed insured, "diagnosed", "tested", "advised", "treated", "counseling" and "treatment" mean by a licensed physician or medical practitioner.

Lifestyle Questions	
2. Within the past 12 months, have you used tobacco, in any form, or another nicotine product? If "Yes", specify: <input type="radio"/> Cigarettes <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 5 years, have you: a) Used marijuana (more than once a week), heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or another controlled substance except as prescribed by a licensed physician or medical practitioner? b) Received or been advised to receive treatment or counseling for, or to discontinue or reduce, the use of alcohol, or a non-prescribed or prescribed drug?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
4. Do you expect, within the next 2 years, to change your country of residence or to travel outside of the United States, Canada, Caribbean Islands (excluding Haiti), Western Europe, Hong Kong, Australia or New Zealand?	<input type="radio"/> Yes <input type="radio"/> No
5. Within the past 2 years, have you: a) Flown, or do you intend within the next 2 years to fly, in an aircraft as a student pilot or licensed pilot? b) Engaged, or do you intend within the next 2 years to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
6. Within the past 5 years, have you had your driver's license suspended or revoked or been convicted of or pled guilty to more than 3 moving violations or to 1 or more driving while impaired or under the influence violations?	<input type="radio"/> Yes <input type="radio"/> No
7. a) Within the past 10 years, have you been convicted of or pled guilty to a felony? b) Are you currently on parole, incarcerated, or serving probation or within the past 12 months have you served probation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
PART 1: Medical Questions	
8. Your: Height (ft/in): _____ Weight (lbs): _____	
9. a) Date you last consulted a physician: _____ Physician Name: _____ Address: _____ Phone #: _____ b) Reason(s) you last consulted a physician: _____ c) Were you advised that results of that consultation were outside normal ranges?	<input type="radio"/> Yes <input type="radio"/> No
10. Are you currently taking prescription medication or under treatment?	<input type="radio"/> Yes <input type="radio"/> No
11. 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
12. Within the past 2 years, have you: a) Had or been advised to have a test (other than for HIV) such as an EKG, CT scan, bone scan, MRI scan, colonoscopy, 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
13. Do you currently: a) Reside in a nursing home or skilled nursing facility or psychiatric facility, or are you receiving or been advised to receive, skilled nursing care, hospice care, or home healthcare for a terminal condition that is expected to result in death within the next 12 months or for a chronic condition? b) Require the use of a wheelchair due to a chronic illness or disease? c) Require assistance with any of the following activities of daily living: taking medications, bathing, dressing, eating, or toileting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
14. Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or epilepsy?	<input type="radio"/> Yes <input type="radio"/> No
15. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for: a) Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery? b) Cancer (excluding skin cancer that is basal cell carcinoma), tumor, gastrointestinal bleeding, unexplained weight loss, or a disease or disorder of the pancreas or endocrine system? c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of the respiratory system or do you currently require the use of oxygen equipment? d) Dementia, Alzheimer's disease, paralysis, multiple sclerosis, Parkinson's disease, Lou Gehrig's disease (ALS), muscular dystrophy, fibromyalgia, or a disease or disorder of the brain or nervous system? e) Anxiety, depression, manic depression, bi-polar disorder, schizophrenia or a mental health disorder? f) Blood in the urine, hepatitis, Crohn's disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

[illegible]

Other Insurance (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.)					
27. Is there another annuity or life insurance application pending, on the life of the proposed insured, with Foresters or another insurer?					<input type="radio"/> Yes <input type="radio"/> No
28. Do you 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 27 or 28, complete the chart below. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those lapsed or surrendered within the past 13 months.					
Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending
29. Have you 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
30. 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
Payment Information and Authorization (The planned premium quoted may change following underwriting review.)					
Payer is: <input type="radio"/> Proposed insured <input type="radio"/> Owner (if other than proposed insured) <input type="radio"/> Other (Complete Contingent Owner/Other Payer I.D. Form)					
Payment mode: <input type="radio"/> Monthly (not available for direct bill) <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually					
First premium payment to be made by: <input type="radio"/> Pre-Authorized Check (PAC) <input type="radio"/> Check (payable to Foresters) <input type="radio"/> Other _____					
Subsequent premium payments to be made by: <input type="radio"/> Pre-Authorized Check (PAC) <input type="radio"/> Direct Bill <input type="radio"/> Other _____					
Preferred draft date: <input type="radio"/> No <input type="radio"/> Yes, draft on the _____ day (between 1 st and 28 th) of the month.					
PAC banking information (including drafting first premium) to be taken from: <input type="radio"/> Attached void check <input type="radio"/> Check submitted with this Application <input type="radio"/> Information completed below (if no check available)					
Type of account: <input type="radio"/> Checking <input type="radio"/> Savings					
Name of financial institution: _____					
Routing 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, for premiums and/or other payments related to an insurance contract issued, if any, as a result of this Application, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds. 2) The financial institution from which deductions 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. 4) If a deduction request is not honored when submitted to the financial institution Foresters may, at its sole discretion, do further resubmits for the deduction. 5) This authorization 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 authorization must be signed by the bank account owner as his/her name appears on bank records for the account provided. <div style="text-align: center; margin-top: 10px;"> X _____ (Signature of payer) </div>					
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 & Acknowledgement				
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
TIA Acknowledgement: Were all of the pre-conditions to temporary coverage met? <input type="radio"/> No (Do not provide a check for first premium payment). The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided, authorized or collected. X _____ (Owner's initials) <input type="radio"/> Yes. I, the owner, understand that temporary coverage is subject to, and I had the opportunity to review, the Temporary Life Insurance Agreement. First premium payment, in the amount of \$ _____, is authorized, provided or collected by (select same method chosen in the Payment Information and Authorization section): <div style="margin-left: 20px;"> <input type="radio"/> Pre-Authorized Check (PAC) <input type="radio"/> Check <input type="radio"/> Other (cannot be a transfer of funds from existing life insurance or annuity contract(s)) </div> <p style="margin-left: 20px;">Although the first premium 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.</p>				
Secondary Addressee (Complete only if designating another person to receive notification regarding a possible lapse in coverage.)				
First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female	
Street address	City	State	Zip	
Declarations and Agreements				
<p>"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.</p> <p>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. 4) If I am the owner and if the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, I have been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.</p> <p>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 entire contract if an insurance contract is issued 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 received by Foresters from 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, and 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 and its subsidiaries may review, transfer and otherwise use, information provided in this Application or obtained by Foresters or its subsidiaries to assess, develop, or offer and issue to me (including post issue administration), other financial products or benefits. 8) Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identity.</p> <p>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) I understand that providing an email address is optional. 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.</p>				

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 analysis and 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 each child named, if any, and proposed for insurance, in this Application. "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and 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. This time limit complies with the time limit, if any, permitted by the applicable law in the state where the certificate is delivered or issued for delivery. 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 if this Application was signed in paper or will be sent electronically as part of the signed application package if this Application was signed electronically. 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: **X** _____
(If the proposed insured is not a juvenile.)

Owner's signature: **X** _____
(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: **X** _____

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 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. c) This Application was reviewed by each person signing in the Signature Section before it was signed by that person. d) 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. e) 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. f) 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. g) 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. h) If the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.

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

Are you related to the proposed insured? ☐ Yes ☐ No

Did you personally meet with the proposed insured and owner and review the document(s) used to verify identity and birth date of each person? ☐ Yes ☐ No

Producer's name (print full name): _____ Producer #: _____

Producer's signature: **X** _____ Date: _____
(mmm/dd/yyyy)

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

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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 comes into effect as described in that certificate, if a certificate is issued in response to the Application. 3) The issue date, as shown in our records, for an approved Foresters certificate issued in response to the Application if that certificate either does not meet the conditions to come into effect, as described in that certificate, or is rescinded. 4) 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. 5) 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. 6) 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

Anthony M. Garcia, President & Chief Executive Officer

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Accelerated Death Benefit Rider Disclosure (This disclosure must be given to the owner.)

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 75th 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.

	Before Acceleration	After Acceleration
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.

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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, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and 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.

Producer Report

Proposed Insured

First name: _____ Middle name: _____ Last name: _____

Producer's name	Producer #	% of split

1. Indicate the anticipated rating class: _____
If underwriting approval is for a rating class other than as anticipated, Foresters will contact you and, if we do not receive direction otherwise, the certificate will be issued to maintain face amount.
2. Should the certificate's issue date be adjusted to save the insurance age?
If "Yes", additional premium may be required. ☐ Yes ☐ No
3. Is the proposed insured you, your spouse/partner or your child/stepchild? ☐ Yes ☐ No
4. In the Application, are you the owner, payer or beneficiary? ☐ Yes ☐ No
5. Have you submitted an additional application to Foresters 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
6. Was a copy of the Buyer's Guide provided to the owner at the time of sale? ☐ Yes ☐ No
7. Indicate in the chart below if age & amount requirements were ordered (only if applying for a medically underwritten product).

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 to a question in the Lifestyle, either Medical, or a Rider section. 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

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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:

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

Universal Life Only

Death Benefit: <input type="radio"/> Level <input type="radio"/> Increasing	Guaranteed Interest Rate: %	Current Interest Rate (Non-Guaranteed): %
Life Insurance Qualification Test: <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.

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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:

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

Universal Life Only

Death Benefit: <input type="radio"/> Level <input type="radio"/> Increasing	Guaranteed Interest Rate: %	Current Interest Rate (Non-Guaranteed): %
Life Insurance Qualification Test: <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.

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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*)¹ 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)

¹ 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.

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APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

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

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

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

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

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

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

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

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

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

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

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

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

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

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

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A Fraternal Benefit Society.

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F. 877 329 4631

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

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Foresters
Financial

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?

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The Independent Order of Foresters ("Foresters")

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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 life 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:** _____