



Tips for Submitting a Foresters Conversion Application

Foresters Fraternal Difference

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

How to Avoid Delays and Get PAID Fast

- Money orders or cashier's checks are not permitted for the payment of initial premiums.
- The new certificate will contain the same Rating class and Insurance Class of the existing term product or term rider being converted. If either is not available, the new certificate will be in the next less favorable classes available on the conversion date.
- **This Application is to be used for any conversion that DOES NOT require any Underwriting.** If changing the coverage (i.e. increasing the risk such as adding a rider or increasing the face amount) requesting a change to non-smoker rates or requesting a rating review, at time of conversion, please complete an Application for Change and submit along with the Application for Conversion.
- Make sure you have the right Application and forms for the state where the application is signed. Make sure you verify state availability for the applicable state.
- If an Initial Lump Sum is being submitted, indicate this information in the Planned Premium section, page 1.
- If a preferred PAC date is requested, please indicate in the Payment Section, page 2.
- If the Owner of the term product is different than the Insured, obtain the Owner's signature, page 3.
- Premium payments cannot be made by the producer (unless the insured is the producer or a dependent of the producer).
- For products requiring an illustration, the signed illustration must match exactly to what is issued. Otherwise commissions will be paid when a signed illustration matching the issued certificate is returned to Foresters.
- Where additional space is required, use a separate sheet of paper, which must be signed and dated by the producer, insured and owner, if different from the insured.

Checklist (The owner is the insured unless the Owner of New Coverage section of the Conversion Application is completed.)

Owner	Insured	Payer	Producer
✓ Initialed all corrections (do not use white out), if any & signed the Signature section	✓ Must sign application if different than the Owner	✓ Signed the PAC authorization section, if PAC is elected	✓ Initialed all corrections, if any, & signed the Producer Certification section
✓ Signed & dated any supplemental sheets of paper, if required			✓ Signed & dated any supplemental sheets of paper, if required
Send to Foresters			
<ul style="list-style-type: none"> ✓ Completed application ✓ First premium ✓ Void check ✓ Completed Contingent Owner/Other Payer Identification form, if applicable ✓ Signed Illustration or illustration acknowledgement/certification form 			

Questions? Go to Foresters producer website (www.foresters.com/Agent Login)



The Independent Order of Foresters ("Foresters")

Application for Conversion

Existing Coverage Information			
Certificate #:	Owner's First name:	Owner's Middle name:	Owner's Last name:
Indicate what coverage is being converted:		Amount being Converted:	
<input type="radio"/> Term Plan		\$:	<input type="radio"/> Full Conversion <input type="radio"/> Partial Conversion
<input type="radio"/> Term Rider		\$:	<input type="radio"/> Full Conversion <input type="radio"/> Partial Conversion
<input type="radio"/> Children's Term Rider		\$:	
<input type="radio"/> Guaranteed Insurability Rider		\$:	
If a partial conversion, indicate what is to happen to remaining coverage: <input type="radio"/> Maintain Remaining Coverage <input type="radio"/> Cancel Remaining Coverage			

New Coverage Information	
Requesting Conversion to: (Specify Product Name)	Certificate Type: <input type="radio"/> Whole Life <input type="radio"/> Universal Life
If a Children's Term Rider conversion, complete the following:	
<ul style="list-style-type: none"> Has the insured converting used a product containing tobacco or nicotine in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No Original document shown to verify the identity of the insured converting under the Children's Term Rider: <ul style="list-style-type: none"> <input type="radio"/> Driver's License <input type="radio"/> Passport <input type="radio"/> Other government photo ID Document number: _____ 	
If converting to a whole life insurance certificate complete the following:	
<ul style="list-style-type: none"> Is the Automatic Premium Loan provision elected? <input type="radio"/> Yes <input type="radio"/> 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. 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 	
If converting to a universal life insurance certificate complete the following, as applicable: Planned Premium: \$ _____	
<ul style="list-style-type: none"> Death Benefit Option: <input type="radio"/> Level <input type="radio"/> Increasing Life Insurance Qualification Test: <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT) 	

Insured Converting			
First name:	Middle name:	Last name:	<input type="radio"/> Male <input type="radio"/> Female
Street address (cannot be a P.O. Box.):		City:	State: Zip:
Phone #:	Email address (optional):	Social Security #:	Date of birth (mmm/dd/yyyy):

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

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

Name and address of each primary beneficiary	Relationship to insured converting	% Share
		Total amount
		must equal
		100%
Name and address of each contingent beneficiary	Relationship to insured converting	% Share
		Total amount
		must equal
		100%

Payment Information and Authorization

Payer is: <input type="radio"/> Insured Converting	<input type="radio"/> Owner (if other than insured converting)	<input type="radio"/> Other (complete Contingent Owner/Other Payer Form)
First premium payment to be made by:	<input type="radio"/> Draft via Pre-Authorized Check (PAC)	<input type="radio"/> Check (payable to Foresters)
Subsequent premium payments made by:	<input type="radio"/> PAC	<input type="radio"/> Direct Bill
Payment mode: <input type="radio"/> Monthly (PAC only)	<input type="radio"/> Quarterly	<input type="radio"/> Semi-annually <input type="radio"/> Annually

Check Conversion Notification: Foresters may process a check provided for payment as a check transaction or we may, at our option, use the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

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 _____		
Street address _____		
City _____	State _____	Zip _____
Transit # _____	Account # _____	

PAC Authorization

The payer, by signing this PAC authorization, verifies that the payer is the account holder of the account identified in the PAC banking information section and agrees that: 1) Foresters is authorized to draft deductions under the PAC plan from that account or another account later identified or substituted by the payer. 2) The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the insurance contract issued. 4) This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by signed notice to the other.

X _____
Signature of payer

Agreements

"I/Me" means individually each person identified in this Application as either the insured converting or an owner, and the parent/legal guardian signing this Application if the insured converting is a juvenile.

I, as evidenced by my signature in this Application, understand and agree that: 1) The insurance contract issued, as a result of this Application, comes into effect as described in, and subject to, the terms of that insurance contract. There is no conditional or temporary coverage in effect even if an amount was provided, authorized, or collected, as first premium. 2) Coverage, if any, for the insured under the certificate or rider being converted will terminate or be reduced, as described in that certificate or rider. 3) No producer, medical examiner or any other person, except for Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. 4) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the entire contract with Foresters. 5) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means, including but not limited to, email and facsimile transmission. 6) 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. 7) If I have chosen to provide a current internet 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. 8) Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

X _____
Signature of insured converting (if the insured converting is not a juvenile)

X _____
Signature of owner of the certificate being converted from (if other than insured converting)

X _____
Signature of parent/legal guardian
(if the insured converting is a juvenile and the owner is not a parent/guardian)

X _____
Signature of owner of new certificate
(if other than insured converting or owner of the certificate being converted from)

Each person signed at _____
(City, State)

Each person signed on _____
Date (mmm/dd/yyyy)

Producer Certification

I certify that: a) I have not altered this Application in any way after it has been signed by the Insured converting and the Owner; b) 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; c) If applicable, I have disclosed that this Application may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission; d) 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.

X _____
Name of Producer

X _____
Signature of Producer

X _____
Producer #