

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

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

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foresters.com

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

This checklist is a quick guide to help avoid processing delays. If you have questions about Foresters, Foresters BrightFuture product, or the Foresters BrightFuture application process, contact Foresters Sales Desk at 1-866-466-7166 option 1, Monday through Friday 8:30 a.m. to 7:00 p.m. ET.

Things You Need To Know

- Money orders, cashier's checks, or cash are not acceptable methods for the payment of premiums. A producer cannot make premium payments (unless the proposed insured is a dependent of the producer).
- Do not use white out (liquid paper/correction fluid) on any part of the application.
- A separate certificate will be issued for each approved proposed insured listed in the application.
- The owner must be a parent, grandparent or legal guardian of the proposed insured(s). State variations may apply.
- The payer must be the owner.

How to Avoid Delays

- ☐ Are you contracted with Foresters?
- ☐ Do you have the right application and forms for the state where the application is signed by the owner? Did you verify the product rules and state availability for the applicable state?
- ☐ Did you print legibly in English, using ink (preferably black)?
- ☐ If Pre-Authorized Check (PAC) has been requested, did you complete the payment information section in full? Did you explain PAC to the owner and are they fully aware that the PAC authorization is effective immediately?
- ☐ When choosing a preferred draft date did you select the day of the month (between the 1st and the 28th)?
- ☐ If required under the state of solicitation's replacement regulations, did you complete the applicable state replacement form(s) and include them with the application?
- ☐ If there were changes, did you and the owner, initial ALL corrections before signing the application?
- ☐ Are all sections of the application signed, including:
 - the Signature Section signed by the owner?
 - the Producer Certification signed by the producer?
 - the Acknowledgement of First Total Premium(s) signed by the producer?
- ☐ Did you leave the following pages from the application package with the owner?
 - Notices & Acknowledgement of First Total Premium(s).
 - Accelerated Death Benefit Rider (for Terminal Illness) Disclosure.
- ☐ If paying the first premium by check, is the check payable to Foresters? The check must be dated no later than the date the application was signed by the owner.
- ☐ If mailing the application and a check was provided, did you mail the application and the check together?
- ☐ If submitting the application by fax, Foresters fax number is 1-866-300-3830. When faxing, did you include a photocopy:
 - of a void check if first premium is being paid by PAC and you did not provide banking information in the application?
 - of the check that you will mail in separately if first premium is being paid by check?

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://ezbiz.foresters.com>)

For Producer Use Only. Not for use with the general public.

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Application for Individual Whole Life Insurance

Use this Application to apply for Foresters BrightFuture Children's Whole Life Insurance

1. Owner (full legal name)				
First name	Middle initial	Last name	☐ Male ☐ Female	
Street address	City	State	Zip	
Type of photo I.D. used to verify identity: ☐ Driver's license ☐ Passport ☐ Other government I.D.: _____				
Relationship to proposed insured(s)		E-mail	Phone #	
Social security #	Date of birth (mmm/dd/yyyy)	U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____		

2. Secondary Addressee (Optional. To designate another person to receive notification of a possible lapse in coverage).				
First name	Middle initial	Last name	☐ Male ☐ Female	
Street address	City	State	Zip	

3. Charity Benefit Beneficiary Designation (applies to each certificate issued, if any, as a result of this application)	
The life insurance product(s) applied for will, if issued, include a Charity Benefit. The owner can designate an eligible beneficiary for that benefit for each certificate issued pursuant to this application now or at any time prior to the applicable 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: _____

4. Medical Questions (For purposes of these questions "advised", "diagnosed", "investigated", "medical care", "received", "referred", "surgical care", "tested", and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" and "end-stage disease" mean an illness or disease that would reasonably be expected to cause death within 12 months.)	
Consider each child proposed for insurance individually when reading these medical questions. Do not complete or submit this application on a child for whom the answer to a medical question would be "Yes", as that child would not be eligible for Foresters BrightFuture.	

- Has the proposed insured ever been diagnosed with, received or been advised to receive treatment, medical care, or surgical care, or been prescribed medication, or investigated for:
 - A type of heart disease, birth defect, Down's Syndrome, autism, a mental disorder or developmental problems?
 - A form of cancer, leukemia, Cystic Fibrosis, chronic lung disease (excluding asthma), spinal atrophy, muscular dystrophy or diabetes?
 - A terminal illness or end-stage disease?
- Within the past 5 years (60 months), has the proposed insured had a diagnostic test, been advised to get surgery, a medical procedure or a lab test (excluding tests related to Human Immunodeficiency Virus (HIV)), or been referred to a doctor or medical specialist, any of which has not yet been started or completed or for which the results are not yet known?

5. Proposed Insured Information

I acknowledge that any proposed insured who is not a current Foresters member is applying for membership: _____ ☐ Yes

If "irrevocable" is selected as the beneficiary type, certain transactions cannot be done without the consent of each irrevocable beneficiary. The changes, requiring that consent, include revoking that beneficiary or changing their share and may also include surrendering the insurance contract, taking a loan or changing the ownership.

Proposed Insured #1 (full legal name)

Is the answer to any of the medical questions "Yes" for this proposed insured?				☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female	
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100	
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____				
Primary Beneficiary The owner will be the primary beneficiary, unless the beneficiary information is completed for the proposed insured.				
Name		Address		
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable		Share 100%

Proposed Insured #2 (full legal name)

Is the answer to any of the medical questions "Yes" for this proposed insured?				☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female	
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100	
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____				
Primary Beneficiary Same as Proposed Insured #__ ☐ Yes ☐ No (complete information)				
Name		Address		
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable		Share 100%

Proposed Insured #3 (full legal name)

Is the answer to any of the medical questions "Yes" for this proposed insured?				☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female	
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100	
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____				
Primary Beneficiary Same as Proposed Insured #__ ☐ Yes ☐ No (complete information)				
Name		Address		
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable		Share 100%

Proposed Insured #4 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured?			☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____			
Primary Beneficiary Same as Proposed Insured #__ ☐ Yes ☐ No (complete information)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	Share 100%

Proposed Insured #5 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured?			☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____			
Primary Beneficiary Same as Proposed Insured #__ ☐ Yes ☐ No (complete information)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	Share 100%

Proposed Insured #6 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured?			☐ Yes (does not qualify and is not applying) ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____		Plan type: ☐ 10 Pay ☐ Pay to 100
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____			
Primary Beneficiary Same as Proposed Insured #__ ☐ Yes ☐ No (complete information)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	Share 100%

6. Other Insurance			
Proposed Insured	Does the proposed insured currently have any life insurance or an annuity in force?	If there is life insurance or an annuity in force, indicate the total amount in force.	Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force?
#1	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No
#2	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No
#3	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No
#4	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No
#5	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No
#6	☐ Yes ☐ No	\$ _____	☐ Yes ☐ No

7. Payment Information (applies to each certificate issued, if any, as a result of this application)

Payer is the Owner

First premium payment provided by: ☐ Pre-Authorized Check (PAC) ☐ Check
Subsequent premium payments made by: ☐ Pre-Authorized Check (PAC) ☐ Direct bill
Payment mode (select one): ☐ Monthly (PAC only) ☐ Quarterly ☐ Semi-annually ☐ Annually

Requesting a specific draft day?

- ☐ No (draft first premium payment immediately upon Foresters application approval)
☐ Yes, draft on the _____ day (choose between 1st and 28th) of the month

For monthly PAC, I understand premiums will be drafted on the day I requested, with the exception of the initial premium which may occur on a day other than specified on this application. If no day was requested, the premium will be drafted in accordance with the certificate issue date.

8. Banking Information

PAC Banking information to be taken from:

☐ Void check (attach here) ☐ Information completed below (if no check available) ☐ Check submitted with the application

Type of Account: ☐ Checking ☐ Savings

Name of financial institution: _____

Routing Transit # (9 digits): _____

Account # (maximum 17 digits): _____

PAC Authorization

The payer, by signing this application, 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 electronically draft deductions, for premiums and/or other payments related to insurance contract(s) 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.

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.

9. Automatic Premium Loan (applies to each certificate issued, if any, as a result of this application)

Automatic premium loan provision elected? _____ ☐ Yes ☐ No

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

If "No", or if an election is not made, a certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period.

10. Agreements

I, the owner, declare that I have reviewed all of the statements and answers as they pertain to this application and each of the proposed insureds and that they are true and complete to the best of my knowledge and belief. The statements and answers in this application are the basis for insurance contract(s) (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me or the proposed insured(s) will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract(s). No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability 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, the first premium due is provided in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. By providing an email address I confirm that I have access to the Internet for purposes of accepting electronic delivery of documents. I understand that I can contact Foresters, using the addresses and phone numbers listed in this application, to provide or update my email address. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. I acknowledge that I am either a parent, legal guardian, or grandparent of each of the proposed insured(s) named in this application. Foresters may share any and all information I provide on a Replacement of Life Insurance or Annuities form (the "Replacement Form") with any or all of the insurers stated on a Replacement Form. I have been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure and the Notices. 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.

11. Signature (For purposes of sections 1-10, including PAC Authorization. Review entire application before signing.)

X _____ signed in: _____ on: _____
Owner's signature State Date (mmm/dd/yyyy)

12. Producer Certification and Information

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

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

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

Did you personally meet with the owner and review the document used to verify identity? _____ ☐ Yes ☐ No

Did you review and leave the Acknowledgement of First Premium with the owner? _____ ☐ Yes ☐ No

Are the commissions to be split with another producer? _____ ☐ Yes ☐ No

If "Yes", then _____, under producer number _____ should receive ____%.

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

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

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Notices and Acknowledgement of First Total Premium(s)

(This page must be given to the Owner.)

Notices

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual Whole 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 the owner 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 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 and the proposed insured(s) 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. 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 each of the proposed insured(s) to see if they each respectively qualify for the requested insurance. Answers in the Application are our principal source of information. 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.

Acknowledgement of First Total Premium(s)

It is acknowledged that a total amount of \$_____ was provided or authorized to be collected, to be applied as the first premium payment for the certificate(s) issued, if any, in response to the Application for Individual Whole Life insurance (the "Application") on the life or lives of the proposed insured(s) listed in the Application, being:

Proposed Insured	First Name	Middle Initial	Last Name
#1			
#2			
#3			
#4			
#5			
#6			

The amount(s) collected by us, if any, for any certificate(s) not issued will be refunded. The total amount may be adjusted based on whether all, some, or none of the certificates applied for are issued. There is no conditional or temporary insurance coverage on any proposed insured even though an amount was provided, or collected, as the first premium payment. Insurance will only come into effect on the issue date of the certificate(s) issued, if any, and subject to the terms of each certificate, provided a) that first premium payment for that particular certificate is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to an Application question or the proposed insured's health or habits between the date the Application was signed and the issue date of that respective insurance contract.

Producer's signature: **X** _____

Date (mmm/dd/yyyy): _____

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Accelerated Death Benefit Rider (for Terminal Illness) Disclosure

(This disclosure must be given to the owner.)

The insurance contract you are applying for includes an Accelerated Death Benefit Rider (for Terminal Illness). This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that is 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 terminal illness. 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. The payment is paid to the owner and not to the beneficiary(ies). A claim made during the contestable period may result in cancellation of the insurance contract, with no benefit being paid. The rider is not, and is not intended to be, long-term care insurance.

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

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 the sum of the unpaid total premium and a loan repayment amount, if there is an outstanding loan.

The acceleration amount must be at least \$2,000.00 and must be such that after acceleration a residual face amount of at least \$2,000.00 remains. The maximum amount that can be accelerated is the lesser of 95% of the eligible death benefit on the effective date of the payment and \$75,000.

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, 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 may be more than the amount of the payment. Premiums due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums, if any, will be as if the certificate had been issued at the reduced face amount.

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.

Example of an Accelerated Death Benefit Payment

The following example is hypothetical and is intended only to demonstrate an accelerated death benefit payment and to show the relationship between certificate values before and after payment of an accelerated death benefit. This example is based upon a whole life insurance certificate, issued when the insured was age 10, with the maximum acceleration amount being accelerated. The amounts, including the accelerated death benefit payment, shown are based upon hypothetical certificate values at the time of acceleration and are not guaranteed. Actual amounts will vary and may be higher or lower.

Accelerated Death Benefit Payment Calculation

Acceleration Amount:	\$ 47,500.00
Payment Percentage:	100.00%
Gross Payment Amount:	\$ 47,500.00
minus Loan Repayment:	\$ 950.00
minus Overdue Premium(s):	\$ 0.00
Accelerated Death Benefit Payment:	\$ 46,550.00

Effect on Certificate Values

	Before Acceleration	After Acceleration
Face Amount:	\$ 50,000.00	\$ 2,500.00
Amount of Paid-up Additional Insurance:	\$ 0.00	\$ 0.00
Eligible Death Benefit:	\$ 50,000.00	\$ 2,500.00
Cash Value:	\$ 2,925.68	\$ 146.28
Cash Value of Paid-up Additional Insurance:	\$ n/a	\$ n/a
Loan Amount:	\$ 1,000.00	\$ 50.00
Cash Surrender Value:	\$ 1,925.68	\$ 96.28
Annual Premium:	\$ 295.50	\$ 26.18

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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.

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

Producer's Signature and Printed Name

Date

Date

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

APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

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

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

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

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

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

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

1.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO
2.

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO

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

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

Applicant's Signature and Printed Name

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Date

Date

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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")
A Fraternal Benefit Society.**

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Foresters 
Financial

Consent for Electronic Delivery of Insurance Contract and Related Documents

('you' and 'your' means the Owner identified below)

If your application for insurance is approved, Foresters Financial™ provides you with the opportunity to receive an electronic or paper copy of your Welcome Package.

How would you like Foresters to deliver your Welcome Package (which includes your insurance contract)?

Select one of the options below.

☐ Electronic copy

By selecting "**Electronic copy**," you are providing your consent to receive your Welcome Package by secure email, at the email address shown below, instead of receiving it in paper. You are also confirming this is your own valid email address.

My email address is: _____

☐ Paper copy

By selecting "**Paper copy**," you are providing your consent to receive your Welcome Package in paper, sent to the address listed on the application or delivered to you by the agent who assisted with this application.

You also reviewed, understand and agree that the Terms & Conditions below applies to the selection above, which includes information about the number of pages and that a fee may apply if a duplicate copy, in paper is requested, in the future, for some or all of the Applicable Documents.

Owner Name

Owner Signature

Owner Signed Date (mmm/dd/yyyy)

Terms & Conditions

Foresters Welcome Package includes your insurance contract and may also include additional document(s) for your review, signature and return to Foresters (collectively "Applicable Documents").

Your Welcome Package can also be provided, either electronically and/or in paper, to the agent who assisted with this application.

A request for a duplicate copy, in paper, may require payment of an administrative fee (currently \$25, subject to change) and it will be mailed to you within a reasonable period of receipt of payment by Foresters. Payment can be made by check payable to Foresters Financial or by online banking.

If you selected "Electronic copy":

The email will show in your inbox as Foresters Contract sent from contractdeliveries@foresters.com.

The Applicable Documents will be in PDF format which will require Adobe Reader to open. If you do not have that software, the free version can be downloaded from: <https://get.adobe.com/reader/otherversions/>

You can save or print the Applicable Documents. The number of pages to print can be as much as or more than 50 pages.

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