

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

F. 877 329 4631

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

T. 800 828 1540 foresters.com

Foresters
Financial

Tips for Submitting a Foresters Application for Accidental Death Term Insurance - Foresters Prepared II

This checklist is a quick guide to help avoid processing delays. If you have questions about Foresters, Foresters Prepared II product, or the Foresters Prepared II 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** or go to Foresters ezbiz producer website.

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.

How to Avoid Delays

- ☐ Are you contracted with Foresters?
 - Prepared II is considered health insurance so you are required to have a health insurance license.
- ☐ 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 specific draft day did you select the day of the month (between the 1st and the 28th)?
- ☐ If there were changes, did you and the proposed insured and/or owner, initial ALL corrections before signing the application?
- ☐ Are all sections of the application signed, including:
 - the Signature Section signed by the proposed insured and/or owner?
 - the Producer Certification signed by the producer?
 - the Acknowledgement of First Premium(s) signed by the producer?
- ☐ Did you leave all necessary forms from the application package with the proposed insured and/or owner?
- ☐ 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 Resources section of Foresters ezbiz 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 Accidental Death Term Insurance

1. Proposed Insured (full legal name)				
First name		Middle initial	Last name	☐ Male ☐ Female
Street address		City	State	Zip
Social security #	Date of birth (mmm/dd/yyyy)	E-mail	Phone #	
U.S. Citizen? ☐ Yes ☐ No. If "No" then immigration status: ☐ Permanent resident (Green Card) ☐ Other (provide visa type): _____			Foresters member? ☐ Yes ☐ No (applying for membership)	
Type of photo I.D. used to verify identity: ☐ Driver's license ☐ Passport ☐ Other government I.D.: _____				
Occupation & duties				
Current employment status: ☐ Full time (30+ hours/week over the past 6 months) ☐ Seasonal (30+ hours/week for less than 26 weeks over the past 12 months) ☐ Part time (less than 30 hours/week over the past 6 months) ☐ Not currently employed				
Gross income over the past 12 months: \$ _____				

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

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

1. Have you received notice of deployment or are you currently deployed, on active duty or alert with the Military or the Reserves? _____ ☐ Yes ☐ No
2. Have you ever had your driver's license suspended or revoked or within the past 5 years (60 months) been convicted of, or pled guilty to, a driving under the influence (DUI) or driving while intoxicated (DWI) offence, or more than 3 moving violations? _____ ☐ Yes ☐ No
3. Have you, within the past 5 years, been diagnosed with a terminal illness? _____ ☐ Yes ☐ No

Complete questions 4 and 5 only if applying for Disability Income Rider (Accident Only).

4. Are you currently disabled or have you, within the past 5 years (60 months), been unable to work at your regular job for more than 20 consecutive days due to injury, sickness, or a medical condition? _____ ☐ Yes ☐ No
5. Do you have existing disability income insurance? _____ ☐ Yes ☐ No
If "Yes", indicate total amount of existing disability income coverage: \$ _____ (monthly)

4. Other Insurance

Will the insurance applied for in this Application replace, reduce coverage of, or modify premiums paid for, existing accident or sickness insurance? _____ ☐ Yes ☐ No

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5. Coverage Applied For

Foresters Prepared II (Accidental Death Term Insurance): Insurance amount: \$ _____

Optional Rider(s) ☐ Disability Income (Accident Only): \$ _____

☐ Return of Premium

☐ Waiver of Premium (Accident Only)

6. Payment Information

Payer is: ☐ Proposed insured ☐ Owner ☐ Other (Complete Contingent Owner/Other Payer I.D. Form)

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.

7. 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 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 account holder as his/her name appears on banking records for the account provided.

Print Name of Payer

X

Signature of Payer

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

8. Beneficiary Information

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.

Primary (Total % share for all primary beneficiaries listed must equal 100%)

Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Contingent (Total % share for all contingent beneficiaries listed must equal 100%)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type ☐ Revocable ☐ Irrevocable	% Share

9. 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

10. Agreements

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

11. Authorization

"Authorized purpose" means (a) assessing insurance coverage eligibility and premium amounts, (b) servicing an application for insurance or insurance product, (c) adjudicating claims and assessing member benefits, (d) identity verification, (e) supporting The Independent Order of Foresters ("Foresters") membership, business analysis and operations and (f) record keeping and future servicing by authorized persons. "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services for an authorized purpose. I, the proposed insured and/or owner, authorize the collection and use of information about me for an authorized purpose and the disclosure of that information: 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. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this Application. A copy of this authorization shall be as valid as the original. Each person signing this authorization may at any time, by written notice to Foresters, revoke their authorization, except that action(s) begun before receipt of notice will not be affected. A Notices page has been provided, either in paper or electronically to the proposed insured. A copy of this authorization will be provided upon request.

12. Signature Section (For purposes of sections 1-11. Review entire application before signing.)

NOTICE TO BUYER: PLEASE REVIEW THIS PLAN CAREFULLY. IT ONLY PROVIDES LIMITED BENEFITS, AND IT DOES NOT ON ITS OWN OR IN COMBINATION WITH OTHER LIMITED BENEFITS POLICIES CONSTITUTE MAJOR MEDICAL INSURANCE COVERAGE. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

TO LEARN IF YOU ARE ELIGIBLE FOR A MAJOR MEDICAL PLAN, PLEASE VISIT WWW.BEWELLM.COM OR CALL 1-833-862-3935. PREMIUM DISCOUNTS, FINANCIAL ASSISTANCE, OR OTHER MAJOR MEDICAL COVERAGE OPTIONS MAY BE AVAILABLE.

I understand that the certificate I am applying for does not provide major medical coverage.

X _____ **X** _____
Proposed insured's signature Owner's signature (if other than the proposed insured)
The owner, or the proposed insured, if the proposed insured is the owner, signed in: _____ on: _____
State Date (mmm/dd/yyyy)

13. 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 that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured or owner were recorded as shown and this application was reviewed with the proposed insured and owner before it was signed. I also certify that I have provided the owner with an Accidental Death Term Insurance Outline of Coverage.

Did you personally meet with the proposed insured and owner and review the document(s) 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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THE INDEPENDENT ORDER OF FORESTERS ("Foresters")

ACCIDENTAL DEATH TERM INSURANCE

REQUIRED OUTLINE OF COVERAGE

ACCIDENT ONLY COVERAGE. Benefits are NOT provided for loss due to sickness.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

For purposes of this form, "I", "you" and "your" mean the owner of the insurance contract that is issued, if any, and "we", "our" and "us" mean Foresters™. "Age" means the insured's issue age plus the number of completed certificate years. "Injury" means an accidental bodily injury that is the direct result of an accident, independent of an illness, disease, condition or bodily infirmity.

READ YOUR INSURANCE CONTRACT CAREFULLY: This outline of coverage provides a very brief description of some of the important features of the insurance contract. This is not the insurance contract and only the actual provisions of the insurance contract will control. The insurance contract sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ THE INSURANCE CONTRACT CAREFULLY!**

If you require assistance with a complaint or a claim you may contact the New Mexico Office of Superintendent of Insurance at:

New Mexico Office of Superintendent of Insurance
1120 Paseo de Peralta
Santa Fe NM 87501
1-855-4-ASK-OSI

Accident only coverage is designed to provide the insured with coverage for certain losses due to injury resulting from a covered accident ONLY. Coverage is provided for the benefits outlined in the Benefits section (below), subject to the limitations described in the Excluded Risks section (below). Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Benefits

Certificate Death Benefit

Subject to the provisions of the entire contract, we will pay the death benefit upon our receipt of proof of the insured's accidental death. Accidental death being death that (a) is caused, directly and independently from all other causes, by an injury that occurs while the certificate is in effect, and (b) occurs within 180 days of that injury.

Renewability

The certificate is noncancellable and guaranteed renewable to age 80 (certificate expiry date). As long as the total premium is paid when due, as described in the certificate, we cannot cancel the coverage provided by the certificate before that age.

Optional Rider Benefits (The rider benefits outlined below are only applicable if that rider is attached to the certificate.)

Return of Premium Rider

Subject to the provisions of the entire contract, we will pay you the rider's benefit amount on the rider payment date if the insured is alive on that date. The rider's benefit amount is determined on the rider payment date and is equal to a percentage, up to 100%, of the eligible premiums paid. The rider's benefit amount is not payable if the insured dies on or before the rider payment date.

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Disability Income Rider (Accident Only)

Subject to the provisions of the entire contract, we will pay you the rider's benefit amount for each completed month of the insured's total disability that follows after completion of the waiting period. Total disability must:

- Be due to an injury that occurs while the rider is in effect.
- Begin while the rider is in effect and within 180 days of that injury.
- Be immediately preceded by a week during which the insured is actively employed for at least 30 hours.
- Be continuous throughout the entire waiting period.

Payment of the benefit amount is limited to a maximum of 24 months each, for two separate and independent injuries.

Rider Renewability

The rider is noncancellable and guaranteed renewable to age 65 (rider expiry date). As long as the total premium is paid when due, as described in the certificate, we cannot cancel the coverage provided by the rider before that age. The total premium, up to the rider expiry date, includes the required premium for the rider.

Waiver of Premium Rider (Accident Only)

Subject to the provisions of the entire contract, we will waive the total premium due on a premium due date that the insured is totally disabled. Total disability must:

- Be due to an injury that occurs while the rider is in effect.
- Begin while the rider is in effect and within 180 days of that injury.
- Be continuous for at least six months.

If total disability begins prior to the certificate anniversary on which the insured is age 60 and is continuous after that anniversary, then the maximum date that premiums can be waived for that total disability is the certificate anniversary on which the insured is age 80 (certificate expiry date).

If total disability begins on or after the certificate anniversary on which the insured is age 60 and is continuous after that anniversary, then the maximum date that premiums can be waived for that total disability is the certificate anniversary on which the insured is age 65 (rider expiry date).

Rider Renewability

The rider is noncancellable and guaranteed renewable to age 65 (rider expiry date). As long as the total premium is paid when due, as described in the certificate, we cannot cancel the coverage provided by the rider before that age. The total premium, up to the rider expiry date, includes the required premium for the rider.

Excluded Risks

We will not provide benefits for death or total disability that results directly or indirectly from any of the following:

- Attempted suicide or intentionally self-inflicted injuries, while sane or insane, and within two years of the issue date.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Mountaineering, climbing, scuba diving or driving or riding in an air, land or water vehicle in a race, speed or endurance contest.
- Sky diving, gliding, parachuting, BASE jumping, ultra-lighting, parasailing or bungee jumping.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a medical professional, coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of either or both of the following:
 1. A narcotic in the body of the insured, regardless of the measurement or quantity.
 2. A concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - A medical professional, coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit, or a narcotic.

A narcotic does not include a prescribed or legal, non-prescribed drug that was consumed by the insured as recommended by the drug manufacturer and, if a prescribed drug, as instructed by the licensed physician who prescribed, and pharmacy that dispensed, that drug, including restrictions related to the operation of a motorized vehicle.