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 Individual Life Insurance - Foresters PlanRight

This Checklist is a quick guide to help avoid processing delays. For more information on completing the Application, please refer to the *Guide to Completing the PlanRight Application,* available on Foresters producer website. If you have questions about Foresters, Foresters PlanRight product, Foresters PlanRight Application process, or if you have trouble initiating the required personal health interview (PHI) with Apptical Corp. ("Apptical"), contact **Foresters Service Center, Monday through Friday 8:00 a.m to 8:00 p.m. ET.**

Things You Need To Know

- Money orders or cashier's checks are not permitted for the payment of initial premiums.
- Do not use white out (liquid paper/correction fluid) on any part of the Application.
- Cash is not permitted for the payment of premium(s).
- A producer cannot make premium payments (unless the proposed insured is the producer or a dependent of the producer).
- A personal health interview (PHI) **must** be completed with the proposed insured at the time the Application is taken in order for the Application to be processed. The PHI must be conducted as soon as sections 1 through 10 of the Application have been completed and signed, and while you are still with the proposed insured.
- Completion of the PHI must take place at the point of sale and during Apptical's hours of operation, **8:30 a.m. to 2:00 a.m. ET, Monday through Friday and 10:00 a.m. to 10:00 p.m. ET, Saturday and Sunday**. To call Apptical, dial **1-866-844-9276**.
- In **ALL** cases where a PHI has been initiated, the signed Application **must** be submitted to Foresters and the Notices page given to the proposed insured, regardless of whether or not the Application is to be processed. Foresters is required to retain the signed Application as it contains the authorization used to complete the PHI. If the Application is not to be processed, write 'Withdrawn' on the Producer Report and send the Application to Foresters; no premium should be accepted and the Acknowledgement of First Premium should not be left with the owner.
- For instructions on conducting a PHI, refer to the *PlanRight Producer Guide*, available on Foresters producer website.
- The certificate's issue date is the date that Foresters approves the Application, unless a preferred draft date is requested.

How To Avoid Delays

- ○ Are you contracted with Foresters? You must provide your producer number to Apptical in order to proceed with the PHI.
- ○ Do you have the right Application and forms for the state where the application is signed? Did you verify the product rules and state availability for the applicable state?
- ○ Did you print legibly in English, using ink (preferably black)?
- ○ If the payer is other than the proposed insured or the owner, did you complete a Contingent Owner/Other Payer Identification form and include with the Application?
- ○ If PAC has been requested, did you complete a Payment Information form and include with the application? Did you explain PAC to the payer and are they fully aware that the PAC authorization is effective immediately?
- ○ When choosing a preferred draft date did you include the day (between the 1st and the 28th) and the month the draft should begin?
- ○ If replacing existing insurance or an annuity, did you complete the applicable replacement form(s) and include with the Application?
- ○ If there were changes, did you, the proposed insured and the owner, if other than the proposed insured, initial **ALL** corrections before signing the Application?
- ○ Is the Application dated the same day as the Apptical interview?
- ○ Are all sections of the Application signed?
  - Section 10 (Signature Section) by the proposed insured and the owner, if other than the proposed insured.
  - Section 11 (Producer Certification) by the producer.
  - Conditional Receipt signed by the owner and producer (only if first premium is by check).
  - Preliminary Statement of Policy Cost and Benefit Information signed by the owner and producer.
- ○ Did you leave the following pages from the Application Package?
  - Notices page with the proposed insured.
  - Conditional Receipt with the owner (only if first premium is by check).
  - Preliminary Statement of Policy Cost and Benefit Information with the owner.
- ○ Did you record the Inspection Reference ID number provided by Apptical on the Producer Report? We can't proceed without it.
- ○ If you'd like to save insurance age, did you indicate this on the Producer Report?
- ○ If paying the first premium by check, did the payer make 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 the void check?

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Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name		
Street address	City	State	Zip code	E-mail Address (optional)
Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #
Sex: ○ Male ○ Female	Height / Weight /	Used tobacco or nicotine in any form within the past 12 months? ○ Yes ○ No	Foresters member? ○ Yes ○ No, applying for membership.	

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

Part A. If a "Yes" answer in Part A, the proposed insured is not eligible for Whole Life Insurance. Do not complete or submit this Application.

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ○ Yes ○ No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting? ○ Yes ○ No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ○ Yes ○ No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known? ○ Yes ○ No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ○ Yes ○ No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ○ Yes ○ No
   b) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ○ Yes ○ No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ○ Yes ○ No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ○ Yes ○ No

If all "No" answers in Part A, complete Part B.

Part B. Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

1. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ○ Yes ○ No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ○ Yes ○ No
2. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ○ Yes ○ No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ○ Yes ○ No
   c) Brain tumor or aneurysm? ○ Yes ○ No
3. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ○ Yes ○ No

If a "Yes" answer in Part B, select Whole Life Insurance (With a modified death benefit) in Section 4. If all "No" answers, complete Part C.

Part C. Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

1. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Parkinson's disease or Systemic Lupus (SLE)? ○ Yes ○ No
   b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ○ Yes ○ No
   c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ○ Yes ○ No

If a "Yes" answer in Part C, select Whole Life Insurance (With a graded death benefit) in Section 4. If all "No" answers, select Whole Life Insurance (With a level death benefit) in Section 4.

3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? ○ Yes ○ No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ○ Yes ○ No

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ○ Yes ○ No

4. Insurance Applied For

Certificate type: ○ Whole Life Insurance (With a level death benefit.) ○ Whole Life Insurance (With a graded death benefit.) ○ Whole Life Insurance (With a modified death benefit.)

Insurance amount: $ _____ **Premium amount:** (based on payment mode) $ _____

Additional coverage: ○ Accidental Death Rider (only if selecting Whole Life Insurance (With a level death benefit)) $_____

○ Other: _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if: (i) selecting but not qualifying for, based on the information in this application, Whole Life Insurance (With a level death benefit) the owner is instead automatically applying in this application for Whole Life Insurance (With a graded death benefit); (ii) selecting or applying as per (i) above but not qualifying for, based on the information in this application, Whole Life Insurance (With a graded death benefit), the owner is instead automatically applying in this application for Whole Life Insurance (With a modified death benefit); (iii) the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

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 provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: ○ Proposed insured ○ Owner (if other than proposed insured) ○ Other (complete Payer ID Form)

First premium payment provided by: ○ Pre-Authorized Check (PAC) (complete Payment Form) ○ Check ○ Other (complete Payment Form)

If first premium payment is provided by check, then conditional coverage is explained in the Conditional Receipt.
If first premium payment is provided by another method, then no conditional coverage is in effect.

Subsequent premium payments made by: ○ Pre-Authorized Check (PAC) (complete Payment Form) ○ Direct bill ○ Other (complete Payment Form)

Payment mode: ○ Monthly (PAC only) ○ Quarterly ○ Semi-annually ○ Annually

Is a specific draft date being requested? ○ No
○ Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in ____ (month).

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.

6. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust				
Street address		City	State	Zip code
Home phone #	Alternate phone/Cell #	E-mail Address (optional)	Social security/Tax ID #	
Relationship to the proposed insured		If individual: Sex ○ Male ○ Female	Date of birth (mmm/dd/yyyy)	

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

Primary Beneficiary(ies)

Full legal name, home phone #, social security # (if available), date of birth and address (street, city, state, zip code) of each primary beneficiary.	Relationship to proposed insured	% Share
Name: _____ Home phone #_____ Social security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		Total
Name: _____ Home phone #_____ Social security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		must equal
Name: _____ Home phone #_____ Social security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		100%

Contingent Beneficiary(ies)

Full legal name, home phone #, social security # (if available), date of birth and address (street, city, state, zip code) of each contingent beneficiary.	Relationship to proposed insured	% Share
Name: _____ Home phone #_____ Social security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		Total must
Name: _____ Home phone #_____ Social security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		equal 100%

8. 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. Except as explained in the Conditional Receipt provided to me, if any, Foresters will have no liability until an insurance contract is issued based on this application and the first premium due is paid in full on or before the delivery 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. At my revocable option, 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. **The insurance contract that Foresters issues, if any, as a result of this application, may include a Terminal Illness Benefit Rider providing for an accelerated death benefit. The receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The accelerated death benefit is provided through an interest free loan; the loan will be a first charge on any death, disability or other benefits payable under the insurance contract.**

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis (excluding HIV testing), treatment and prognosis of a physical or mental condition, physical and mental health, information that may be protected by federal or state laws and regulations. I authorize Foresters or its reinsurers to make a brief report of my personal health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization excludes divulging whether tests for the presence of the HIV antibody have been performed and excludes divulging the results of such tests. Such test results shall not be disclosed or published. Nothing in this caveat will prohibit this authorization from divulging the fact that the proposed insured has AIDS/ARC. 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. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

Note: Since the certificate, if any, issued as a result of this application will be issued with minimal or no medical underwriting, the premium rate charged will include an extra mortality risk charge. If the proposed insured is healthy enough to qualify as a "standard" risk, premiums would likely have been lower if you had applied for a fully underwritten certificate.

X _____ Signed on: _____ Signed at: _____
Proposed insured's signature — Date (mmm/dd/yyyy) — (City, State)

X _____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) — Date (mmm/dd/yyyy) — (City, State)

11. Producer Certification

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 were recorded as shown and this application was reviewed with him/her before it was signed.

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

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

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

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Foresters Financial

Payment Information Form

Billing and Payment Information

Proposed Insured: First Name: _____ Last Name: _____

Date of birth (mmm/dd/yyyy): _____

Reference/certificate number (if available): _____

Payer is: ○ Proposed Insured ○ Owner ○ Other (complete Payer ID form)

PAC Banking Information to be taken from:

○ Checking Account (attach void check below) ○ Savings Account (complete below) ○ From check submitted with the application

Please:
1) Attach void check here
OR
2) Provide the following banking information (please print):

Name of financial institution: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Transit Number: _____ **Account Number:** _____

By signing below, I, as payer, verify that I am the account holder of the account identified in this Payment Information Form and I am permitted to provide this authorization, and agree that: 1) Foresters is authorized to draft deductions under the PAC selection(s) made in the application in relation to the above named Proposed Insured, from that account or another account later identified or substituted by me. 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 me. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction according to the coverage(s) and certificate type issued. 4) The PAC plan is effective immediately and will continue until terminated, which either Foresters or I may do at any time by written notice to the other.

_____
Printed name of payer

X _____ Signed on: _____
Signature of payer Date (mmm/dd/yyyy)

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

For purposes of these Notices the following words are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Producer" means the licensed individual who signed that Application as the producer; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "You" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 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, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written 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 written 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. 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 its reinsurers 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 in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the 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 Park, Suite 400, Braintree, Massachusetts 02184-8734. Foresters, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Website at www.mib.com.

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Conditional Receipt. (This section should be given to the owner only if a check for the premium amount was provided.)

This Conditional Receipt provides life insurance coverage on the life of the proposed insured, beginning on the Application Date, provided, and only if, the following three conditions are met: 1. A check for the premium amount required for the certificate type selected, and insurance amount applied for, in the Application, was paid with the Application. 2. That check is honored for payment when presented to the financial institution from which payment is to be made. 3. There was no fraud, material misrepresentation or non-disclosure in the Application. The coverage provided under this conditional receipt is limited to the death benefit payable during the first two certificate years under the Whole Life Insurance (With a modified death benefit) certificate type, unless the proposed insured is insurable, assessed as of the Application Date, under our underwriting rules and practices, at our standard rates, for the certificate type selected, and insurance amount applied for, in the Application, in which case coverage is limited to the amount payable under that certificate type. This coverage ends on the earlier of (a) the Issue Date (b) the date we receive a request to withdraw the Application and (c) the date written notice, with a refund of unearned premiums, if any, is sent by Foresters to the proposed insured or the owner, as no certificate was issued. If a condition is not met, Foresters only liability under this Conditional Receipt is to return the premium paid. If a certificate is issued, that premium will be applied to that certificate as of the Issue Date. If a certificate is not issued, that premium will be refunded. "Application Date" means the date that the application was signed by the proposed insured. "Issue Date" means the issue date of the certificate issued, if any, in response to the Application. No benefit is payable if death is by suicide, however, premium paid will be returned. There is no coverage under this Conditional Receipt in relation to any rider applied for in the Application.

I understand the terms and conditions for coverage under this Conditional Receipt.

Owner's signature: **X** _____

I received, for the certificate type selected, and insurance amount applied for, in the Application for Individual Life Insurance on the life of

_____ , a premium of $ _____ .
Proposed insured's name

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

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Preliminary Statement of Policy Cost and Benefit Information

The purpose of this Preliminary Statement of Policy Cost and Benefit Information and the Buyer's Guide is to provide information which will help you decide how much life insurance you should buy, improve your ability to select the most appropriate product for your needs, improve your understanding of the basic features of the policy ("certificate") which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar products of insurance.

Proposed Insured's Name: _____ **Age**: _____ **Sex**: _____

Producer's Name: _____ **Producer's Telephone Number**: _____

Producer's Address: _____

Insurance Company's Name: Foresters **Home Office Address**: 789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9

Description of Coverage – Whole Life Insurance

The certificate you have applied for is a Whole Life Insurance certificate. It provides life insurance, subject to its provisions, to the maturity date as long as the required premiums are paid. Cash surrender value is payable at surrender or maturity.

Death Benefit Type: ☐ **Level Death Benefit** ☐ **Graded Death Benefit** ☐ **Modified Death Benefit**.

Optional Riders: ☐ **Accidental Death $** _____ ☐ **Other** _____

Initial Face Amount	Initial Annual Premium	Cash Value end of 10th Year	Cash Value end of 20th Year
$	**$**	**$**	**$**

The guaranteed cash values shown above are based upon the following assumptions; that the certificate is issued with the death benefit type and face amount shown, that total premium will be paid when due, that no loans will be taken, and that no coverage changes will be made.

	Life Insurance Surrender Cost Index at 5%	Life Insurance Net Payment Cost Index at 5%	Equivalent Level Annual Dividend at 5%
10 Years	**$**	**$**	**$**
20 Years	**$**	**$**	**$**

An explanation of the intended use of these indexes and the Equivalent Annual Dividend is provided in the Life Insurance Buyer's Guide. The Equivalent Annual Dividend shown above is based upon the company's current dividend scale, which is not guaranteed. The description of coverage is general. A complete statement of coverage is found only in the insurance contract.

You may borrow against the certificate's cash value at an annual loan interest charge that will not exceed the higher of:

1. The monthly Average of the Composite Yield on the Seasoned Corporate Bonds as published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.
2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

We do not expect to pay any dividends under the certificate.

The figures shown in this Preliminary Statement of Policy Costs and Benefit Information are based on the assumption that the proposed certificate will be issued as applied for. If a certificate is issued, you will be given a complete policy summary, including cost data, which will be based upon the benefits, premiums and dividends of the certificate as issued. Within 10 days of receiving the issued certificate and policy summary you may return the certificate for an unconditional refund of premiums paid.

_____ Prospective Owner's Name

_____ Producer Number

_____ Prospective Owner's Signature

_____ Producer's Signature

_____ Date (mmm/dd/yyyy)

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Preliminary Statement of Policy Cost and Benefit Information

The purpose of this Preliminary Statement of Policy Cost and Benefit Information and the Buyer's Guide is to provide information which will help you decide how much life insurance you should buy, improve your ability to select the most appropriate product for your needs, improve your understanding of the basic features of the policy ("certificate") which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar products of insurance.

Proposed Insured's Name: _____ **Age**: _____ **Sex**: _____

Producer's Name: _____ **Producer's Telephone Number**: _____

Producer's Address: _____

Insurance Company's Name: Foresters **Home Office Address**: 789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9

Description of Coverage – Whole Life Insurance

The certificate you have applied for is a Whole Life Insurance certificate. It provides life insurance, subject to its provisions, to the maturity date as long as the required premiums are paid. Cash surrender value is payable at surrender or maturity.

Death Benefit Type: ☐ **Level Death Benefit** ☐ **Graded Death Benefit** ☐ **Modified Death Benefit**.

Optional Riders: ☐ **Accidental Death $** _____ ☐ **Other** _____

Initial Face Amount	Initial Annual Premium	Cash Value end of 10th Year	Cash Value end of 20th Year
$	**$**	**$**	**$**

The guaranteed cash values shown above are based upon the following assumptions; that the certificate is issued with the death benefit type and face amount shown, that total premium will be paid when due, that no loans will be taken, and that no coverage changes will be made.

	Life Insurance Surrender Cost Index at 5%	Life Insurance Net Payment Cost Index at 5%	Equivalent Level Annual Dividend at 5%
10 Years	**$**	**$**	**$**
20 Years	**$**	**$**	**$**

An explanation of the intended use of these indexes and the Equivalent Annual Dividend is provided in the Life Insurance Buyer's Guide. The Equivalent Annual Dividend shown above is based upon the company's current dividend scale, which is not guaranteed. The description of coverage is general. A complete statement of coverage is found only in the insurance contract.

You may borrow against the certificate's cash value at an annual loan interest charge that will not exceed the higher of:

1. The monthly Average of the Composite Yield on the Seasoned Corporate Bonds as published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.
2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

We do not expect to pay any dividends under the certificate.

The figures shown in this Preliminary Statement of Policy Costs and Benefit Information are based on the assumption that the proposed certificate will be issued as applied for. If a certificate is issued, you will be given a complete policy summary, including cost data, which will be based upon the benefits, premiums and dividends of the certificate as issued. Within 10 days of receiving the issued certificate and policy summary you may return the certificate for an unconditional refund of premiums paid.

_____ Prospective Owner's Name

_____ Producer Number

_____ Prospective Owner's Signature

_____ Producer's Signature

_____ Date (mmm/dd/yyyy)

105347 NY 05/11

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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Producer Report *(Required)*

This form is for internal and producer use only and is not part of the Application.

Producer:
Name: _____ Number: _____

Proposed insured:
First Name: _____ Last Name: _____ Date of birth (mmm/dd/yyyy):_____

1. How long have you known the proposed insured? _____ _____ Years
2. Are you related to the proposed insured? _____ ○ Yes ○ No
   If 'Yes', what is the relationship? _____
3. a) At the time the Application was taken, did you see the proposed insured? _____ ○ Yes ○ No
   b) Did you personally interview and complete the Application in the presence of the proposed insured? _____ ○ Yes ○ No
   If 'No' to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the Application? _____ ○ Yes ○ No
   If 'No', identify and provide contact information of person who obtained and witnessed the signature(s).
   _____
5. Did you personally review each document used to verify identity and birth date? _____ ○ Yes ○ No
   If 'No', identify and provide contact information of person who reviewed each document (if different than the person identified in question 4.)
   _____
6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number. #_____
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? _____ ○ Yes ○ No
   If 'No', were changes to the Application made and initialed, and a new page 3 signed, in both sections 10 & 11, as required? _ ○ Yes ○ No
8. Did you review and leave the Conditional Receipt with the owner? _____ ○ Yes ○ No
9. Proposed insured's primary language is ○ English ○ Spanish ○ Other _____
10. Number of people under 25 years of age living in the proposed insured's household? _____
11. Was a copy of the Buyer's Guide provided to the owner at the time of sale? _____ ○ Yes ○ No
12. Are the commissions to be split with another producer? _____ ○ Yes ○ No
    If 'Yes', state what the percentage should be for the producer who filled out this Application: _____%
    Name and producer number of producer who will receive the remaining percentage: _____

Note: If the proposed insured has had life insurance with Foresters that was in force within the last 13 months, this will be considered an internal replacement and will affect compensation.

Certificate Issuing Instructions

Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required) __ ○ Yes ○ No

The certificate should be: ○ Mailed directly to owner. ○ Sent to Producer for delivery.

Remarks

New York Compensation Disclosure

The following disclosure is provided pursuant to Insurance Department Regulation No. 194 (11 NYCRR 30.1 et seq.):

_____ is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

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APPENDIX 11
INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE PRODUCER OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? . . . . . ◯ YES ◯ NO
2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? . . . . . ◯ YES ◯ NO
3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? . . . . . ◯ YES ◯ NO
4. REISSUED WITH REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? . . . . . ◯ YES ◯ NO
5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? . . . . . ◯ YES ◯ NO
6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? . . . . . ◯ YES ◯ NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR PRODUCER OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: . . . . . ◯ YES ◯ NO

Date: _____ Signature of Producer or Broker: _____

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Contingent Owner/Other Payer Identification Form

For purposes of this form, "Application" means the Foresters application for insurance on the proposed insured, and "I" means individually each person identified in that Application as either the proposed insured or the owner.

Proposed Insured

First name	Middle name	Last name

Contingent Owner /Other Payer Information. (Complete this section to designate a Contingent Owner or to identify a payer other than the proposed insured or the owner.)

Intent of this form (select one): ○ Designation of Contingent Owner. ○ Identify a payer other than the proposed insured or the owner.			
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:			If Trust, date of Trust agreement:
Street address (cannot be a P.O. Box.)		City / State / Zip	
Phone #	Social Security # / Tax I.D. #	Relationship to the proposed insured	Email address (optional)
If Trust, name and address of trustee:			
If Contingent Owner or Other Payer is an individual, complete the following:			
○ Male ○ Female	Date of birth (mmm/dd/yyyy)	U.S. citizen? ○ Yes ○ No. If No, immigration status / type of Visa: _____	

Additional Other Payer Information. (Answer the following questions when using this form to identify a payer other than the proposed insured or the owner.)

Is the payer paying the premium as a loan or for financing to, or will it create a debt by, the insured or owner or is there an intent or arrangement that the payer will be paid back the premium? ○ Yes ○ No

If yes, provide details: _____

Is there an agreement or understanding that the insurance applied for will be assigned, pledged or transferred to the payer or that the payer will receive a fee, compensation or benefit for paying the premium? ○ Yes ○ No

If yes, provide details: _____

I understand that this Contingent Owner/Other Payer Form is part of and is subject to the Application.

_____ Signature of proposed insured

_____ Signature of owner (if other than proposed insured)

_____ Producer's name (print full name)

_____ Producer number

_____ Producer's signature

Each person signed at: _____

This form is part of the Application.