## Your Term (term) SMART UL (universal life) Advantage Plus II (whole life)



Helping is who we are.<sup>™</sup> Visit foresters.com to see how we can help you.



This guide provides information on how to complete a standard Foresters Financial<sup>™</sup> Life Insurance Application for Your Term, SMART UL, and Advantage Plus II. It is **NOT** applicable for submitting:

- iPipeline e-App
- PlanRight applications



### **Application Package**

- **Cover** page checklist with tips to help avoid delays
- Separate Product Details pages complete and submit only the applicable product page
- **Application** for Individual Life Insurance pages
  - For base product and all riders
  - Only one signature for insured/owner and one signature for payer required in the entire application
- Temporary Life Insurance Agreement if applicable, to be left with the owner
- **ABR Disclosure** form (excluding CA) to be left with the owner
- **Notices** page to be left with the proposed insured
- Producer Report



### Notes

- Be sure you have the most current version of the application.
- Submit corresponding supplemental forms and questionnaires for applicable questions answered "Yes".
- Interstate Compact Product page (form # starting with ICC) is applicable for all Interstate Compact states. It lists all optional riders – to avoid selecting riders that are not approved in your state, be sure to check the Product State Availability and Variations list on the ezbiz producer website.
- Print legibly in ink.
- Any corrections must be initialed by the owner, proposed insured and producer. Do <u>not</u> use white out.
- Where additional space is required, use a separate sheet of paper, which must be signed and dated by the producer, proposed insured and owner (if different from the proposed insured).



### Your Term Product Details Page

Do not submit this page to Foresters if Your Term is not applied for

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Product Details (Complete a	nd submit only if applying for t	erm life insurance.)		
Proposed Insured				
First name:	Middle name:	Las	t name:	
Your Term Life				
Amount of life insurance applied for	on the proposed insured: \$			
Non-medical	12.1.1.1.1.1.1.1.1	Medical		Contraction of
Term: () 10 year () 15 year () 2	0 year 🛈 25 year 🛆 30 year	Term: O 10 year O	15 year () 20 year	○ 25 year ○ 30 year
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Charitable Organization Name:			Tax I.D. #:	
Street Address:	Cit	y:	State:	Zip:
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#### Proposed Insured:

Ensure the name matches the proposed insured's name entered on page 1 of the Application for Individual Life Insurance

#### **Product Details:**

- Fill in the amount and select one term
- Include details about the beneficiary for the Charity Benefit provision

#### **Rider Details:**

- Select the desired rider(s) the appropriate circle must be filled in along with an amount (if applicable)
- If applying for the Children's Term Rider or Waiver of Premium Rider, make sure the questions in those sections on the application are answered



### SMART UL Product Details Page

Do not submit this page to Foresters if SMART UL is not applied for

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Product Details (Complete a	and submit only i	f applying for S	MART Univers	al Life insuran	ce.)	
Proposed Insured						
First name:		Middle name:		Last name	t.	
SMART Universal Life Each field in this section must be	completed.)					
Amount of life insurance applied for	on the proposed i	nsured, S				-
Underwriting: O Non-medical	O Medical					
Planned premium: 9			O Monthly	O Quarterly	O Semi-annually	O Annually
Life insurance qualification test: O Guideline Premium Test (GPT) O Cash Value Accumulation Test (C	VAT)	- 11	Death benefit O Loval O Increasing	option		
Charity Benefit Beneficiary De	signation	alatica Austra	Repail: The or	iner can design	ale an eligible beneficia preuvolte destà, po Ch	ry for that benefi
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#### Proposed Insured:

Ensure the name matches the proposed insured's name entered on page 1 of the Application for Individual Life Insurance

#### **Product Details:**

- Fill in the amount of life insurance
- Select either Non-medical<sup>1</sup> or Medical Underwriting (some issue ages have face amount ranges where both underwriting types are available, it is important to indicate which type is being applied for)
- A Death Benefit Option (Level or Increasing) and a Life Insurance Qualification Test (GPT or CVAT) must be selected
- Submit a signed illustration or Illustration Certification at time of application to avoid delays
- Include details about the beneficiary for the Charity Benefit provision

#### **Rider Details:**

- Select the desired rider(s) the appropriate circle must be filled in along with an amount (if applicable)
- If applying for the Children's Term Rider or Waiver of Monthly Deductions Rider, make sure the questions in those sections on the application are answered



### Advantage Plus II Product Details Page

Do not submit this page to Foresters if Advantage Plus II is not applied for

89 Don Mills Read: Toronto: DN, Canada M3 I.S. Mailing Adoress: P.O. Box 179 Buffalo, N	C 1T9 F. 877 : Y 14201-0179 T. 800 ;	829 4631 828 1540 foreste	ers.com	Financial
Product Details (Complete and sub	mit only if applying for	whole life insuran	169.)	
Proposed Insured				
First name:	Middle name	·	Last name	
Advantage Plus II Whole Life				
Amount of life insurance applied for on the p	proposed insured: \$			
Plan Type: O Paid-up at 100 Q 20 I	Pay	Underwriting:	O Non-medical	O Medical
Dividend Option: O Pald-up addl	tions O Paid in ca	sh O Left	on deposit	O To reduce premiums
f "No", or if an election is not made, the car Grace Penod, resulting in either reduced cov	tificates Nonforfeiture pr verage or surrender.	ovisions will autom	atically apply, if p	remium is overdue at the end of the
The life insurance product applied for will, if new or at any time prior to the insured's dee be paid. Eligible beneficiary means a charita	tesued, include a Charity atti. If an eligible benefici able organization accredity	Benefit. The owne ary is not designate ed as tax exempt u	er can designate a ed prior to the Insi inder section 501(	n eligible beneficiary for that benefit ured's death, no Charity Benefit will c)(3) of the Internal Revenue Code
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#### Proposed Insured:

Ensure the name matches the proposed insured's name entered on page 1 of the Application for Individual Life Insurance

#### **Product Details:**

- Fill in the amount of life insurance
- A plan type must be selected
- Select either Non-medical or Medical Underwriting (some issue ages have face amount ranges where both underwriting types are available)
- Submit a signed illustration or Illustration Certification at time of application to avoid delays
- A Dividend Option must be selected
- Answer "Yes" or "No" for automatic premium loan provision
- Include details about the beneficiary for the Charity Benefit provision

#### **Rider Details:**

- Select the desired rider(s) the appropriate circle must be filled in along with an amount (if applicable)
- If applying for the Children's Term Rider or Waiver of Premium Rider, make sure the questions in those sections on the application are answered



### Advantage Plus II Product Details Page (continued)

Do not submit this page to Foresters if Advantage Plus II is not applied for

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Product Details (complete and	d submit only if applying for	whole life insurance.	)	
Proposed Insured				
First name:	Middle name	¢	Last name	
Advantage Plus II Whole Life				
Amount of life insurance applied for or	n the proposed insured: \$			
Plan Type: O Paid-up at 100 (	<b>3</b> 20 Pay	Underwriting: C	Non-medical C	(Medica)
Dividend Option: O Paid-up	o additions O Paid in c	ash O Left on	deposit OTo	reduce premiums
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#### Term Rider:

Can choose either a 10 year term or 20 year term, but not both

#### Paid-up Additions Rider:

- Flexible Payment Paid-up Additions (PUA):
  - Enter the annual PUA amount applied for in the Maximum annual payment amount field
  - Enter the desired payment amount in the Planned payment amount field
  - Can choose any amount as long as it meets the modal minimum payment amounts (mode must match that chosen for the certificate premiums) and doesn't exceed the maximum annual payment amount entered above.
  - Enter \$0.00 if the client is applying for, but does not want to begin making a PUA rider payment at this time
- Single Payment Paid-up Additions (PUA):
  - Enter the desired lump sum amount in the Planned payment amount field.
  - If PAC is selected, the amount input in this field will be added to the premiums for the base certificate and riders as the total PAC withdrawal for the first premium payment
  - If Transfer is selected, be sure to enter the source of payment (e.g. 1035 exchange)



### **General Information**

789 Don Mi J.S. Mailing	le Road, Terol Address : P.O	tto, ON, Canada I Box 179 Bulfalo	W3C 1T9 , NY 14201	F 877 329 46 -0179 T 800 828 15	31 40 foresters.co	m		Financ	cial	
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Proposed	insured									_
First name			Middle na	me	Last name				O Ma	le naia
Street add	ess				City		State		Zip	
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×.	Q Male	Date of birth (m	imm/idiyyyy	U.S. citizen? O Yes (	O No. If "No", imm	nigration statu	18	-		
Individual:	O Female			O Green card hol	ler O Permaner	t resident O	Other (	provide Visa t	ype):	_
Benericia	ry (Each ben)	STICKARY DEIOW IE	revocadie.	uniess "irrevocanie" is w	vonten next to the	Dete of bi	din anana	Relationsh	in to	30
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Primary						-			_	r
Address:										True
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Financial	Questions									1 100.00
1 is then a) Bott	e an understa ow or be give	nding or agreem in money, or othe	enr, wheth ir property,	er in writing or not, or ha to pay for or enter into th issued as a result of this	s an offer been m he insurance cont a Application?	adë to) ract apoliëd fo	17		OYe OYa	

#### **Owner**

- The owner can be the proposed insured or a 3rd party (e.g. business, trust or individual) where insurable interest requirements are met
- Fill out the owner information only if the proposed insured is not the owner
- If a contingent owner is to be named, submit the Contingent Owner/Other Payer Identification Form

#### Beneficiary

- Each beneficiary designation must include the beneficiary's relationship to the proposed insured and the % and share.
- % shares MUST be in whole numbers (no fractions) and MUST total 100% for Primary and 100% for Contingent if beneficiaries designated

#### **Financial Questions**

 Provide details to a "Yes" answer in the designated area. If more space if needed, go to the Additional Information section or attach additional paperwork



### Lifestyle and Medical Questions

1 1	actula Aulactions	1
2.	Within the past 12 months, have you used tobacco, in any form, or another nicotine product?	O Yes O No
3	Within the past 5 years, howe you: a) Used manipulants (more than once a week), hereith, cuesaire, a nacuotis, a batchurate, a haituchayen or priother controlled subscher ackeyst nep presentiekd by a licenses physicilian or medical practitioner? b) Becelerad or been advised for scale treatment or counseling for, or to discontinue or reduce, the use of succivil, or a mon-presentieb or overschied dury.	O Yes O No O Yes O No
4	Do you expect, within the next 2 years, to change your country of residence or to travel outside of the United Stares, Canada, Cantibean Islands (excluding Haifi) Western Europe, Hang Kong, Australia or New Zealand?	O Yes O No
5	While the pest 2 years, have year: as Flown or do you intern within the read 2 years to fly in an surrant as a student plint or lowinged plint? (b) Sungard or do you intern within the next 2 years to engage, in motor which or both racing mourzen or nock clinthing, subjective, subjective instalments, thang and internation or within soft Himm?	O Yes O No O Yes O No
6 7	Within the past 5 years, have you had your driver's license suspended or medied of been convicted of an pied guilty to mere them 3 maning velocitors or to 1 or more driving while impairance under the influence watching? so Within the past 10 years: their you accorrect or marked of or guilty to a slowy of 2 months have you served probability? b) Are you currently an parcie, incarcerstep, or serving probation or within the past 12 months have you served probability?	O Yas O No D Yas O No O Yas O No
10	RT T Weddai Questions	
9	Version (us), version (us	O'Yes O No
10.	Are you currently tasking prescription medication or under meatment? Irave you ever been diagnosed with Acquired Immune Deficiency Syndrome (ADS). ADS Related Complex (APC), or itestig patients for luman Immunodolithenry Wus (MY)?	O Yes O No O Yes O No
12	Within the peet 2 years, have you: a) Had un been advised to lave et als (uther than fur HV) such as an EKG, CT scan, bone scan, VRI scan, columacogy, exclocating)am angiogram. biblipsy or endoscopy? b) gean advised to have a check up, consultation, madication, treatment, surgery hospitalization, lab lest or deprostic real (miner than for HV) that the construction accession and endoscopy.	O Yes O No O Yes O No
13.	Do your turnently: a) Raske in a nursking home or skilled nursking facility or psychiatric facility, or any you receiving or been advised to receive, skilled nursking care, biostore care, or home healthours for a termined condition that is exceeded to result in death which the med 12 months or for a chronic condition? b) Require the use of a whech had in do a orion of linear or desses? of securic assistance with any of the toloving activities of daily ireng: taking medications, hathing, dreasing, sering, or tolibing?	O Yes O No O Yes O No O Yes O No
14.	Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or oblices/?	O Yes O No
15.	Within the past 10 years, have you been disgneed with, or received treatment or medication, tested positive or been given medicat backes fur a Ditamens, high feads persuite, a disease or disorder of the blood or lynghaho system, coronary artrey disease, hard mumur, chest pen, irregular heartheat aneuryem, stroke, transient schemic attack, congetive heart falue (CHF), a	
	b) Carter (excluding skin cancer that is basic cell carcinoma) tumor, gestrointestinal bleeding, unexplained weight loss,	O Yes O No
	or a disease or disorder of the pancreas or endocrine system? c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of	O Yes O No
	<ul> <li>d) Dementia, Alzheimer's disease, paralysis, multiple scienosis, Parkonson's disease, Lou Gehrig's disease (ALS), muscular</li> </ul>	UTES UNO
	dystroptry, fibromyalgia, or a disease or disorder of the brein or nervous system? e) Andety depression, mark: depression, is-point disorder, solizoptinenia en a mettal health disorder? P) Bool in the unive, flexatilis - control adeease, systemic Lupia, crinosis, or a disease or disorder of the liver orostate.	O Yes O No O Yes O No
	bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HV)?	O Yes O No
1	270025 UD 4045	

#### Record the responses to each question

- Ask each question exactly as worded and record each answer as given by the proposed insured (even if you know or suspect that a given answer is incorrect. If this happens, alert the underwriter on the Producer Report or a cover letter)
- Answer all questions of the Lifestyle and Part 1 of the Medical Question sections for all products
- We require additional information for each "Yes" answer. You can provide details in the Additional Information section or complete the corresponding questionnaire.

#### Lifestyle Questions

 Indicate tobacco/nicotine use - Smoking status is based on the date that the proposed insured last used cigarettes or other tobacco or nicotine products

#### Part 1: Medical Questions

 Recording an accurate and complete health history is important for expediting the underwriting process. Partial or vague declarations often raise more questions which may cause delays in processing the application.



### **Additional Medical Questions and Rider Questions**

16. Hove were a	ver user tobacco i	a any form on anothe	r nicotine ra	oduct2					ION ON
il "Yas" sa	ecify: Type used:	in any write or entitling	o meaning be	Date &	ast used				C iss C ivi
	If currently sn	how many pa	ickis) per da	V?					1
17. Do you cur	rently drink alcohol	? If "Yes", specify: H	ow many tin	ies pei wee	k? How nia	ny urinks pe	er occasion?	1	O Yes O N
18. Within the been treate	past 5 years, have y ed, tested or monito	rou consulted a phys red in a clinic, hospit	ician other ti al or emerge	tan identifie ncy room?	d in question 9, o	r a medical	practitione/,	0Ì	
19. Within the given medi	past 10 years, have cal advice for high	yoù been diagnosed cholesterol?	with, or rec	erved treatm	nent or medicatio	n, tested po	sitive or bee	n	O Yes O N
20. Net worth	\$								21.00
21. Primary Ph Address:	ysician Name (if dif	ferent from question	9):			Pho	ne #		
22. Do you hav heart dises	ie, alive or deceaser ise stroke, cancer, j	a parent or sibling polycystic kidney dis-	diagnosed w ease, Huntin	rith or treati gton's Chore	ed for, prior to age ea. or Alzheimer's	e 65, diabete 7	es heart alte	ick,	OVes ON
Details to "Yes"	Age, if living	Age, at death	1		Details of con	dition / Caus	se of death		a sugar a sign
Father									
Mother									
Sibling(s)	-		1.00						
<b>Disability</b> Inco	me / Waiver Rider	Questions (Comple	te only if app	siying for di	sability income o	waiver cov	erage/)		
23. a) Hours w	orked per week (pa	st 6 months):	b) # 0	f weeks wa	rked (past 12 mo	nths):			
24. Within the currently n	past 160 days, have of actively at work o	e you been unable to due to an injury or sid	work at you skness?	r regular jol	o for more than 20	) consecutiv	re idays or ar	е урц	O Yes ON
25. Within the given made	past 10 years, have cal advice for arthri	you been diagnosed his or for a disease o	with, or rec r disorder of	eived freatn the back, n	ent or medicatio	n, tasteci po nietni systa	sitive or bee m?	n	O YES ON
Children's Ten	m Rider Questions	(Complete only if as	plying for cl	lidren's ter	in coverage.)				
Name o in	t child (First, Middle nust be a child of th	e, Cast) under 18 yea e proposed insured)	rs old	Gender (M.or.I)	Date of birth Commulatives	Height (120)	Weight	Amiou	int of coverage In force
								-	
26. Within the a) Been die b) Been ad	past 5 years, has a ignosed with, receiv vised to have a che	child listed above: ad treatment or met ck up, consultation,	lication for, c	r been plac	ed under observa aurgery, hospitalia	tion for a d shon, lab te	isease or dis est or diagne	torder?	O Yes O M
26. Within the a) Been dis b) Been ad test (oth 1f "Yes", to	past 5 years, has a ignosed with, receiv vised to have a che er than for HW) that either question 260	child listed above. ved treatment or met ck up, consultation, i has not yet been sta i or 26b, complete th	lication for, c medication arted or com le chart belo	r been plac treatment s plated, or th	ed under observa aurgery, hospitali: ne results of whic	tion for a d ation, lab te h are not ye	isease or dis est or diagno 4 known?	l conder? ostic	O Yes O N O Yes O N
26. Within the a) Been die b) Been ad test (off 1f "Yes", to Question #	past 5 years, has a ignosed with, receiv vised to have a che or than for HM) that either question 26d Name of child	child listed above ed treatment or mec ck up, consultation, thas not yet been sti to 126b, complete it Diagnosis, pres	lication for, c medication arted or com e chart belo date(s), tras ent condition	r been plac treatment s pleted, or ti w tment. 1	ed under observa aurgery, hospitalis he results of whic Phys	tion for a d ration, lab te in are not ye ician's nam	isease or dis est or diagno 4 known? e, adoress a	l conder? costic und phor	O Yes O N O Yes O N ne 4
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26. Within the a) Been dis b) Been ad test (ath If "Yes", to dusation # Additional Inte	past 5 years, has a ignosed with, received to have a che er than for HM) that eirher question 26c Name of child	child listed above ed treatment or mer ck up, consultation, has not yet been sti so 26b. complete th Diagnosis, pres	lication for, c medication arted or com e chart belo date(s), tras ent condition ere applicable	r been plac treatment s pleted, or fl W. tment: 1	ed under observa aurgery, hospitalia te results of whic Phys	tion for a d sahon, lab te h are not ye icien's nam	isease or dis est or diagno d known? e, address a	l conder? costic and phot	O Yes O M O Yes O M ne 4
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26. Within the a) Been db b) Been ad test (oth 11 "Yes", to Clussion # Additional Info Include Question	past 5 years, hes a ignosed with, racek vised to have a che er than for HW) that either question 266 Name of child prmation (Explain e n #, diagnosis, detr	child listed above and treatment or mer- ck up, consultation, thas not yet been st to o 28b, complete th Diagnosis, pres dl* Yes' answers with first diagnosed, treat	lication for, c medication. affed or com- e chart belo date(s), traa- ent condition are applicable are applicable attment, med	r been plac treatment a pleted, or th W. trmant. T	ed under observa aurgery, hospitalia he results of which Physi chical facilities an	tion for a d shor, lab te h are not ye ician's nam d physician	isease or dis est or diagno 4 known? e, adoress a e, adoress a	l conder? costic and phon dresses	O Yes O M O Yes O M ne #
26. Within the a) Baen dia b) Been ad heat (oth if 'Yes'', to Cusation # Additional Info Include Question	past 5 years, has a ingrosed with, raceA wised to have a che er than for HM) that eirher question 200 Name of child mmation (Explain e m #, diagnosis, date	child listed above: ed treatment or mes ck up, consultation, has not yet hean sti Diagnosis, pres diff Yas' answers white first diagnosed, trea	ication for, c medication, anted or com ie chart belo riate(s), tras ent condition ere applicable atment, med	r been place treatment, s pleted, or th W. trmant. T	ed under observa aurgery, hospitalis e results of whic Phys Adreal facilities ar	tion for a d shor, lab te h are not ye ician's nam d physician	isease or dis est or diagno 4 known? e, adoress a s' namë, ad	l conder? costic and photo dresses	O Yes O M O Yes O M ne 4 s. phone 4s.
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26. Within the a) Seen di bib Been do test (oth 11 "fee". o Guestion # Additional Info Include Questio	past 5 years, has a graded with, receive rithen for HW, that either question 260 Name of child primation (Explain ei # diagnosis, date	child licted above: red treatment or met ck up, consultation, has not yet been st to 1288. complete rh Diagneeis, pres dir Yas' answers who first diagnosed, trea	licition for, c medication, aned or com le chart belo diate(s), tras- ent condition ere applicable atment, med	r been plac treatment, t pleted, or th w. tment. T	ed under observa aurgery, hospitali he results of whic Phys Adrical facilities ar	tion for a d tahon, lab te in are not ye inclen's nam d physician	isease or dis est or diagno 4 known? e, adoress a s' name, ad	l conder? costic and photo dresses	O Yes O N O Yes O N ne #
26. Within the a) Baren dis 1) Baren dis 1) Baren da 1	past 5 years, has a gnosed with, receive vised to have a che or than for HR) that here cuestion 266 Name of child <b>Name of child</b> <b>namation</b> (Explain e in #, diagnosis, data	child licted above: ed treatment or met ck up, consultation, has not yet been at not 28b. complete th Diagnosis, pres di*Yds* answers why s first diagnosed, trea	lication for, ci medication, anted or com le chart belo ristor(s), tras ent condition ere applicable atment, med	r been plac treatment, s pleted, or th w. tmant. 1 (cations, m	ed under observa surgery, hosciteli er results of whic Phys school facilities ac	tion for a d cator, lab te in are not ye ician's nam d physician	isenae or dis er or diagno d known? e, adoress a e, adoress a	nd photo	O Yes O M O Yes O M Nes 4 s. phone 4s.
26. Within the a) Baren die b) Baren die test (pin fi "Yes", to Question # Additional Info Include Questio	past 5 years, hes a groosed with, receivised to have a certain to HAV HA that either question 266 Name of child semation (Explain a n #, diagnosis, date	child listed above red treatment or met ck up, consultation, has not yet been st so 20th comolete th Diagnose, pres di*Yes' answers wh first diagnosed, trea	lication for, c medication, arred or com le chart belo date(s), tras ent condition ere applicable arre applicable atment, med	r been place treatment, s joieted, or th W. trmant. Y icetions, me	ed under observa aurgery, hospitali ne results of whice Physical facilities ac	tion for a d ahon, lab te ician's nam d physician	isease or dis est or diagno if known? e, adoress a e, adoress a	and phone	O Yes O N O Yes O N ne #
26. Within the a) Seen at high light togit (ah) If "Yes", to Question # Additional Internet Include Question	post 5 years, hes a groosed with, recent wisod to hose a cheer with a for HVM hears a either question 28% Hame of child <b>smation</b> (Explain e # diagnosis, dist	child litted above and treatment or mea- treatment or mea- ting of the second second second the second second second second present second second second dr. Yes' answers who first diagnosed, treat	lication for, c medication, anted or com le chart belo diato(s), tras ent condition are applicable atment, med	r been place treatment, s pleted, or th w. trment. r	ed under observa surgery, hospitalis er results of white Pitys storal facilities an	tion for a d sahon, lab te h are not ye ician's nam d physician	isease or disgn es or diagne if known? e, adoress a s' name, ad	and photo	O Yes O N O Yes O N ne #

#### Record the responses to each question

We require additional information for each "Yes" answer. You can provide details in the Additional Information section or complete the corresponding questionnaire.

#### Part 2: Additional Medical Questions

- Complete this section only if applying for a medically underwritten product
- Record an accurate and complete health history to help expedite the underwriting process. Partial or vague declarations often raise more questions which may cause delays
- While completing an application for a Foresters non-medical product and you suspect that your client may be declined, complete Part 2 as part of the non-med application
- If the non-med application is declined they can apply for a medically underwritten product in one of two ways:
  - If Part 2 was not completed, then complete a new application with all required signatures, and send back to Foresters; or
  - If Part 2 was completed, then submit a cover letter with the statement "Non-med decline (certificate #) please process as medically underwritten" along with an updated Product Details Page



### Additional Medical Questions and Rider Questions (continued)

10, HEVE YOU	ever used tobacco, i	n any form, or another	nicotina pro	nduct?					O Yes O N
il "Yns" s	aecify: Type used: If currently so	nokina, hew many had	kisi per itan	Diate la	ist used	_	-		
17. Do you cu	irently drink alcohol	? If "Yes", specify; How	v many tim	es per wee	k? How ma	ny urinks p	er occasion?	4	O Yes O N
18. Within the been trea	past 5 years, have y led, tested or monito	ou consulted a physici red in a clinic, hospital	an other th	an identifie ncy room?	d in question 9, o	r a medical	practitione/,	0Ì	O Yes ON
19. Within the given mer	past 10 years, have fical advice for high	yoù been diagriosed w cholesterol?	vith, or rece	rved treatm	ient or medicatio	n, tested po	sitive or bee	n	Q Yes O N
20. Net worth	\$							_	
21. Primary P Address:	hysician Name (if dif	lerent from question 9	e			Pho	ne #		_
22. Do you he heart dise	we, alive or decease ase, stroke, cancer, j	) a parent or sibling di polycystic kidney disea	agnosed w se, Hunting	itli or treate ton's Chore	ed for, prior to age a , or Alzheimer's	e 65, diabete 7	es heart alta	ick,	O Ves ON
Details to "Ye	Age, if living	Age, at death	_		Details of con	dition / Cau	se of death		_
Pather Mother			_						
Sibling(s)	A Constitution of the	and the second second							
Disability Inc	ome / Waiver Rider	Questions (Complete	only if app	lying for di	sability income o	wainer con	erage.)		
23. a) Hours v	vorked per week (pa	st 6 months):	b) # of	weeks wo	rked (past 12 mo	nths):			1
24. Within the currently	i past 160 days, nave not actively at work o	i you been unable to w lue to an injury or sick	fork at your ness?	regular job	for more than 2	) consecutiv	re days or ar	e you	O Yes ON
25. Within the given mai	past 10 years, have fical advice for arthri	you been diagnosed w his or for a disease or r	vith, or race liso:der.of t	ived treatm the back, n	ent or medicatio sok ar musculosi	n, tasteci po nietni syste	sitive or bee m?	n	O YSS ON
Children's le	m Rider Questions	(complete only if app	lying for cli	lidren a teri	n coverage.1	TOPOTAL	in the second second	Laci	
negron (	must be a child of th	e proposed insured)	010	(M.ort)	formed days	(12)0)	(BS)	anny	in force
26. Within the a) Been d b) Been a test (of	past 5 years, has a lagnosed with, receiv wised to have a che her than for HW) that a either question 26a	child listed above ed treatment or medic ck up, consultation, m has not yet been start or 268, complete the	ation for, or edication, t ted or comp chart below	been plac reatment, s leted, or th	ed under observa rurgery, hospitaliz re results of whic	tion for a d shon, lab ti h are not ye	isease or dis est or diagno f known?	order? istic	O Yes O N O Yes O N
1 100 .0	Name of child	Diagnosis, d preser	ate(s), traat at condition	ment.	Phys	ician's nam	e, adoress a	nd pho	18 #
Question					-			_	
Question #	ormation (Explain a	I. Yes ' answers when	s apólicable	80)				-	nhoto ás
Additional In	formation (Explain e	d' Yes ' answers when ( first diagnosed, treat	e apòlicabl ment, medi	a.) cations. me	idical facilities at	d physician	s' name, ad	dresses	C DI COLLE CEST
Additional In	lormation (Explain e on #, diagnosis, date	di"Yes' answers whan i first diagnosed, treati	e apólicabl ment, medi	a.) cations. me	edical facilities ar	d physiciar	s' name, ad	dresses	, prione set
Additional In	lormation (Explain a on #, diagnosis, date	di" Yes ' answers when i first diagnosed, treati	e apòlicabl ment, medi	a.) cations, me	edical facilities ar	d physician	s' name, ad	dresses	, prone ya
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Additional In	lormation (Explain e on #, diagnosis, date	dl 'Yes' answers when a first diagnosed, treat	s apòlicabl ment, medi	a.) cations, me	ktical facilities ar	d physiciar	s' name, ad	dresses	, prone ea.
Additional In	lormation (Explain e on #, diagnosis, date	di*Yes' answers when	s apòlicabl ment, medi	a.) cations, me	ixtical facilities ar	d physiciar	s' name, ad	dresses	, prone va.
Additional In	lormation (Explain e on #, diagnosis, date	di "Yes" answers when	s apòlicabl ment, medi	a.) cations, m	ixtical facilities ar	d physiciar	s' name, ad	dresses	, proje ya,
Additional In	lormation (Explain e on #, diagnosis, date	di' Yes' answens when	e apólicabli ment, medi	a.) cations, m	schical facilities ar	d physiciar	s' name, ad	dresses	, proje ya,
Additional Im	lormation (Explain a on #, diagnosis, date	di'Yes' answers when	e apólicabli ment, medi	a.) cations, m	stical facilities ac	d physician	s' name, ad	dresses	, proje še

#### **Children's Term Rider Questions**

Complete only if applying for Children's Term Rider

#### Additional Information & Questionnaires

Additional information is required for each "Yes" answer in the Lifestyle, Medical, and Rider Questions sections. You can help speed up the Underwriting process by completing, at the time of the application, the Underwriting Questionnaire that is applicable to each "Yes" answer.

For all other "Yes" answers, include the following details in the Additional Information section of the application:

- Diagnosis, date first diagnosed, treatment
- Prescribed medications and equipment, medical facilities
- Physician's name, address, phone number(s)
- Dates of hospitalization and duration of each stay

In the event insufficient or no details are provided in the application for a "Yes" answer or a discrepancy between information from MIB and/or Pharmacy checks and the application, Foresters will contact the producer for further information and may request to have a questionnaire completed. All questionnaires can be found in the "Forms & Brochures" section of Foresters producer website under "Underwriting & Questionnaires". Consult the UW Guide for details.



### Other Insurance and Payment Information and Authorization

27. Is there another annuity or life.		A Plan Dave 14 Dec 1997	and the second sec			
mother insurer?	insuranco applicatio	n panding, on the life	e of the propose	id insured, wit	h Foresters or	O Yes O N
28. Do you currently have an annul	ity or life, accidental	desth, critical illness	or disability inc	ome insurance	pending or in tore	2 OYes O No
If "Yes", roleither question 27 of 28	complete the chart	below. Include existi	ng life insuranc	e or annulties	that will be, or are i	n the process of
being, tapsed or surrendered, and t	hose lapsed or surre	indered within the pa	st 13 months		1	1.000
Name of Insul	ier	Annuity/Life	Acsidental death \$	Critical illuess \$	Disacility income	Issue year or indicate if pendin
					disc to strengt at	and a second second
29. Have you ever had an applicati If "Yes", provide date.	ion for life, health, di	sability or critical lin and reason:	ess insurance o	ieclineo, rated	er modified?	O Ves O No
30. Will coverage be discontinued	or reduced, or prem	um payments stopp	ed, on existing I	ife insurance o	overage of an anni	
Payment Information and Author	rivation (The plenne	area (includes minical	y group me insi my channe foll	mance) (	filition readiests \	O tes O te
Payer is: O Proposed insurent. C.	Owner of other than	proposed insurem	O Other (Conni	ete Continaant i	When/Other Paver I I	), Form):
Payment mode: O Monthly (not av	allable for direct hill	O Quarterly O	Semi-annually	OAnnually	in the second second second	
First premium payment to be made	by: O Pre-Authori	zed Check (PAC)	Check (cavab	le to Forestars)	O Other	
Subsequent premium payments to	be made by: O Pre	Authorized Check (	PAC) O Dire	t Bill O Ot	16r	
Preferred draft date: O No O Yes	s, draft on the	day (between 1*	and 28") of the	month.		
PAC banking information (including	drafting first premi	um) to be taken from	1:	-		
O Attached void check O Chec	k submitted with th	s Application Oir	normation com	plated below I	if no check availab	ter)
Type of account: O Checking C	D Savings					
Name of financial institution:						
5						
Hontonii Lisuza a.		-	ABGOUNT #			
PAC Authorization						
PAC Authorization The acyer: by signing heliar, wort (advance and to permitted to primite any advance of the anisotratic analyticated by or one heraid of the approximation from where devices one 3) Foresters reaserves the right to a activity devices and advance on the devices and devices. If a device of the devices foresters range do any time by a	lisis that the payer in this authorization, a contract issued, if or he payer, such as (o are to be drafted is a sitemine when the request is not hono - 5) fhis authorizati riften notes to the c	s the account holder nd agrees that: 1) Fo ny, as a result of thi radditional coverag uthorized to treat ease first adduction and red when submitted on is atfactive imme ther.	of the account resters is authors a Application, for both draft by Fore- sach subsequent to the financial diately and will	t identified in nized to draft rom that acces ent(s) or for pr sters as thoug it deduction, if institution Fo continue until	the PAC benking leductions, for pre- mixm deposit har hit was made para any, will be made resters may, or its ferminated, which	nformation section niums service other ount later identifies ds. 2) The financia onally by the oxyster and the amount o sole discretion, di either the oxyst o
PAC Authorization The pays, by signing helws, worf (allows and is payments to provide payments related to an insurance anothelication, and an insurance same deduction, and if a debuildion further resubhinits the deduction Forestes and you for the deduction formation and do at any time by wo this authorization must be signed.	lies that the payer is this autholization, a contract issued, if a he payer, such as [c ne to be draffed is a datemine when the request is not hono n.5) This autholization inten notes to the c by the bank account	s the account incident and agrees that 1) Fo radditional coverag uthorized to froat ex- final metaution and a final metauton and a final metauton and and when submitted the.	nof the account restrats is author e. loan repayment in draft by Foreach subsequences to the financia diately and will same appeals or	t identified in rized to draft rom thet account ant(s) or for pr aters as though it deduction, it institution Fo continue until i bank records	the PAC benking I leductions, for prer mixin depose Fam hit was made pare any, will be made resters; may, or its ferminated, which for the account, pr	nformation section niums end/or offle aunt later identifica 2) The financia 2) The financia 2) The financia 2) The financia 2) The financial 2) The financial 2
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#### Other Insurance

- Indicate all annuities or insurance pending and in-force, including group insurance and whether it will be replaced
- Producers must comply with replacement laws and regulations and are expected to offer suitable products to their clients. You can refer to ezbiz for details

#### **Payment Information and Authorization**

- For 3<sup>rd</sup> party payer (not the proposed insured nor the owner), complete the Contingent Owner/Other Payer Identification form
- Payer's signature is required for PAC plans
- If PAC is selected, provide PAC banking information
- "Other" is to allow for methods other than PAC and Direct Bill which may become available in the future. Do NOT select at this point
- Preferred draft date: complete only if the client wants a future preferred draft date
- Conversion notification will allow Foresters to scan the check and submit to payer's bank electronically



### TIA, Secondary Addressee & Declarations and Agreements

temporary the monan	ice Agreement (TIA) Questions &	Acknowledgement	-
Has the proposed insured:			
<ol> <li>Within the past 24 mon heart problem, stroke, 6</li> </ol>	ths, had either an investigation or treatm cancer or AIDS ("investigation" does not	rent, by a physician or medical practitioner, for chest pain, include negative tasts for HIV)?	Oves ON
<ol><li>Within the past 4 month care facility (other than</li></ol>	is, been admitted or been medically adv for childbirth?	sed to be admitted to a hospital or other licensed health	O'Yes ON
<ol> <li>Within the past 4 month (other than for HIV) or in</li> </ol>	ns, had surgery performed or recomment rvestigation, that has not yet been starte	ded, had or been medically advised to have a medical test of or completed, or the results of which are not yet known?	O Yes ON
TIA Acknowledgement: We O No (Do not provide a che even if flist premium ps)	re all of the pre-conditions to temporary isk for first premium payment). The own yment is provided, authorized or collecte	coverage met? er acknowladges that there is no temporary insurance on cd. X (Owner's initials)	versigë in effléct,
O Yes. I, the owner unders Agreement. First gremiu in the Payment Informat	tand that temporary coverage is subject m payment, in the amount of \$ on and Authorization section):	to, and I had the opportunity to review, the Temporary Life is authorized, provided or collacted by isolast same	r insurance • method chose
O Pre-Authorized Chec	ck (PAC) O Check O Other (cann	ot be a transfer of funds from existing life insurance or an	uity contract(s)
Although the first prem to the monthly premiun	ium payment amount shown above is su n quoted for the insurance, including ear	bject to change following underwitting, this amount must h In rider, upolled for in this Application.	e at least equal
Secondary Addressee (Go	implete only if designating another perso	in to receive notification regarding a possible tapee in cove	stage.)
First name	Middle name	Last name	O Male O Female
Street address		City State	Zip
Declarations and Agreem	atte		4
Application means this / "Me" means individually evi- signing this Application if the I as evidenced by my signar to me and provided the an in this Application are full, applied for on the life of the Death Benefit Rider Disclos Londerstand and arree the	upplication for Individual LHE insurance auch person kientified in this Application to proposed insured is a juwenila. Lure(s) in this Application, declare that 1 www.stown.in this Application, to the somplete and thus, to the best of my kin or proposed insured is at least \$20,000, ure 1, 10 all statements make in this Appli-	e and includes additional turns, if any, that are part of as effer the proposed insured of the owner, and the pare () have reviewed this Application. 21 was associe every que the questions. 32 The trademosts, arevers, and represent bankeds and ballet. 4) if an the owner and if the amount have been provided, after an poor of electronically, with factors shall be representations and not warrantle 22.	this Application int/legial guardial ations that applies ations contained of life insurance the Accelerated This Application
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#### Temporary Life Insurance

- Answer all questions
- Temporary life insurance is provided up to \$500K if the following pre-conditions are met:
  - All TIA questions are answered 'No'
  - At least one monthly premium (via PAC or check), is given to the producer no later than the application date.
  - Total coverage applied for (excluding all riders) is less than or equal to \$1,000,000
  - Proposed insured older than 15 days old or younger than age 71
  - If PAC is selected, the first premium amount must equal the planned modal premium
- If TIA pre-conditions are not met: Check 'No' and obtain the owner's initials

#### Secondary Addressee

• Complete only if designating another person to receive notification regarding a possible lapse

#### **Declarations and Agreements**

• Proposed insured and owner (if other than the proposed insured) must review the declarations



### Authorization, Signatures & Producer Certification

#### Authorization To Obtain And Disclose Information

This authorization is for the purpose of (a) assessing insurance coverage eligibility and premium amounts, (b) adjudicating claims, (c) supporting The independent Order of Foresters ("Foresters") business analysis and operations and (d) record keeping and future servicing by authorized persons. In this authorization, "proposed insured", owner' and "parent/legal guardian" mean each person identified as such in this Auglication. "Child" means each child named. It any and proposed for insurance, in this Application. "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit term or supporting Ponesters business analysis and operations. As evidenced by the signature(s) in the Signature Section of this Application the proposed insured and owner, on their behalf and on behalf of each child, or the parent/legal quardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons to obtain an investigative consumer report and/or information about him/her from any: physician, medical practitioner, hospital clinic, or medical facility, employer, insurer or institution, consumer reporting agency, pharmacy, pharmacy tenefits manager or other pharmacy related services organization; or NIB, Inc. (MIB'). This includes obtaining records or other information available as to, past, current or future diagnosis, meatment and prognosis of a physical or mental condition past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and egulations. Information may be disclosed, between and among Foresters and authorized persons; to companies to which the proposed insured has or may apply to for insurance coverage or benefits; as required or permitted by law. The proposed insured, and owner, on their behall and on behalf of each child, or the parent/sigal guardian on behalf of the proposed insured if the proposed insured is a juvenile, submitzes Foresters and authorized personal to make a brief report of the proposed insured's and each child's personal and/or protected health information to MIB even If this Application is cancelled or withdrawn. Obtained or disclosed information may no longer be protected by federal plivacy aws. This authorization is valid for two years from the date of this Applicanian. This time limit complies with the time limit if any permitted by the applicable law in the state where the certificate is delivered or issued for delivery. A copy of this authorization shall be as valid as the original. Each person signing this authorization may at any time, by written police to Foresters, revoke their authorization, except that reporting to MIB and action(s) gun before receipt of notice will not be affected. A Natices page has been provided, either in paper or electronically to the proposed insured It includes the MIB and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

Signature Section (For purposes of entire Application.)		
Proposed insured is signature; <b>X</b> (If the proposed insured is not a juvenite.)		
Owner's signature: X (Fethar than proposed insured.)		
The owner or the proposed insured, if the proposed insured is the owner, signed in	(State)	(mmm/ad/yyyy)
Parent/Legal guardian's nome (print full nome):		
Parent/Legarguardian's signature 🗴		
Producer Certification		
Unless specifically stated otherwise in the Producer Report, I certify each of the following		
owher each question as written in this Application to which an answer is shown, and re is This Application was reviewed by each person signing in the Signature Section before at being other in this signation of the conservation in the Signature Section before	corded the answe If was signed by t	I insured is a juvenile, and/or in rs as given to me by each perso hat person, d) This Application ha
orders each question as written in this Application for which an exterior is schema, and re- jo This Applications we enviroed by avail norms paring an into Signatural Sector before not bee altered in any way after the propher function. The spectration of the environment of the standard regulation regulations in the spectration in the members of the United States million fit application. These disclosed that this Application is December by any any and the spectra of the spectra (Expection may to december of the spectra of the United States million fit application. The spectra of the spectra made no misupresentation of a specialized specified for on the Application of these performances of the specialized specified for any the spectra of the function of the specialized specified for on the lefe of the proposed number of the spectra or electronicity, which in Accelerated December 10 methods with the spectra or electronicity, which is Accelerated December 10 methods and the spectra or electronicity with the Accelerated December 10 methods and the spectra or electronicity with the Accelerated December 10 methods and the spectra methods and the spectra of the spect	the solution of the proposed insured approposed insured approposed insured approposed insured approposed insured approposed insured approposed insured approposed insured approposed in the approposed insured in the specific produce (20,000, the owner (20,000, the owner (20,	I mauroi is a juivenile and/or th is sis given to me by earch press hat person, d) This Application is is 5 juivenile, and owner signed, is of the linearization of a soft with in paper form, may be transmitted successful transmission, g) in- coministaji regarding the benefit tible applied for in this Applicatio I hae been provided, either in paper
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#### **Signatures**

- Proposed insured and owner (if the proposed insured is not the owner), must review and sign this page
- For juvenile cases, parent/legal guardian signature is required if other than the owner

#### **Producer Certification**

- Indicates that you certify the points in the Product Certification including that you are not aware of undisclosed information that might affect insurability, and that full and accurate information regarding the proposed insured and owner has been provided
- Ensure that all the questions are answered
- Use Producer Comments section on the Producer Report to provide details if required



### **Temporary Life Insurance Agreement**

Foresters

Page 1 of 1

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#### The Independent Order of Foresters ("Foresters") A Fratemal Benefit Society. 789 Don Mills Road, Toronto, ON, Canada M3C 119. F. 877 379 4631

Financial U.S. Mailing Address: P.O. Box 179 Bullalo, NY 14201-0179 T. 800 828 1540 Toresters.com

#### Temporary Life Insurance Agreement (TIA) (Complete and leave with the owner only if all pre-conditions are met.)

Definitions - "Application" means the Application for Individual Life Insurance to which this Agreement relates. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in the Application.

Pre-Canditions to Temporary Coverage - Subject to the terms of this Agreement, we agree to provide the temporary coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met. 1) The proposed insured is not, on that date, less than 15 days old or age 71 or older. 2) No more than \$1,000,000 of life insurance on the proposed insured is applied for in the Application, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. 3) Each question in the Temporary Life Insurance Agreement (TIA) Questions section is answered "No" and each "No" answer shown is truthful and 4) No later than the date the Application is signed by the owner first payment, at least equal to a monthly premium quoted for the insurance, including each rider, applied for in the Application, is provided or authorized by a method other than a transfer of funds from existing life insurance or annuity contract(s). If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner

#### Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:

- 1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain.
- O Ves O No heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)? 2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health
- Q Ves Q No care facility (other than for childbirth)?

Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known? O Yes O No

Amount of Temporary Coverage - Subject to the terms of this Agreement, if each of the above pre-conditions is met and the proposed insured dies while this Agreement is in effect, Foresters shall pay in total, to the beneficiarytics), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured. the lesser of a) \$500,000; and, b) the amount of life insurance coverage applied for in the Application on the deceased proposed insured, not including coverage or benefits, if any, to be provided by inters), whether applied for or not. No temporary toverage is provided under this Agreement for overage or benefits, whether applied for or not, that are to be provided under a rider. If we pay under this Agreement then we will retain, if collected, or deduct from the amount payable, if not collected, an amount equal to the minimum first payment amount described in the 4th pre-condition. If we do not pay under this Agreement then the first payment amount, if collected, will be (a) applied as first premium to the certificate issued, if any, as a result of the Application, or (b) refunded, without interest, if no such certificate is issued.

Termination of Temporary Coverage - Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following: 1) Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period. 2) The date an approved Foresters certificate comes into effect as described in that certificate, if a certificate is issued in response to the Application. 3) The issue date, as shown in our records, for an approved Foresters certificate issued in response to the Application If that certificate either does not meet the conditions to come into effect, as described in that certificate or is rescaded. 4) The date we offer as shown in our records, the owner a Foresters certificate in response to, but not as applied for in, the Application, 5) The date a written or oral request to cancel or withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 6) The date written notice is sent by us, as shown in our records, to the owner, terminating this Agreement, cancelling or declining the Application.

Special Limitations - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. Fraud material misrepresentation or non-disclosure in the Application will void this Agreement and Imit our liability to a refund of psymentis) made to us. If the proposed insured dies by suicide, whether same or insure, our liability under this Agreement is limited to a refund of the payment(s) made to us

Entire Agreement and Governing Law - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

Acknowledgement - 1, the proposed insured and owner, if other than the proposed insured, by signing in the Signature Section of the Application acknowledge and agree that I have reviewed, understand and accept the terms of this Temperary Life Insurance Agreement. Countersigned.

Anthe

James R. Boyle, President & Chief Executive Officer Forestone<sup>744</sup> is the trademanic and a trademark of The Independent Order of Foresters ("Paratitina").

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#### Temporary Life Insurance Agreement (TIA)

- To be left with the owner if the pre-conditions are met.
- If pre-conditions not met: .
  - Do not leave the TIA with the owner
  - On the TIA section of the application
    - Check "No" to the first acknowledgement question (below "Were all the pre-conditions to temporary coverage met?")
    - Obtain the owner's initials



### Accelerated Death Benefit Rider Disclosure

The Independent Order of Foresters ("Foresters")

 A Fraternal Benefit Society.
 789 Don Mille Road, Transitio NN, Camera M2C 119
 F 877 329 4631

 S. Malling Address 7:0 Box 7 19 Eufralo, NY 14201-07 79
 T 800 828 1540
 foresters.com

Foresters Y

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

The insurance contract you are applying for may include one of the following accelerated death leneff index Accelerated Beeth Reider Reider (inc Dirence, Chick and Termine Illness). Accelerated Death Sender Reider for Oricita and Terminal Intesis: An occurrence Death Beeth Reider (inc Terminal Illness). You should reinwire the Insurance contract based, it may to determine which one of these identifications are includent and only the provised on the accelerated based theorem and the state of the state state of the state and only the provised on the supervised based here that service and only the provised on the supervised based here that service and only the provised on the supervised based here that service and only the provised on the supervised based here that service and only the provised on the supervised based based based based based on the state of the state of the provised based base

#### **Benefit Description**

The rate provises the opportunity for the owner to accelerate a portion of the conflictence adjace death benefit provisions the opportunity for the owner death of the formation of the conflictence adjace adja

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

#### Etronic illness means the insured

- 3) Is unsible to perform, without substantial assistance from another person, at least two of the activities of daily living (barning, continence, dressing, sating, to leting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impositment.
- The chronic illness must be diagnosed by a physician as permanent.

2716-01 Blass means the learned has one or men of the following, as defined in the rules: Advanced Abheimers Disease (befor the insertion 75° brithday), Amyotophic Lateral Sciences (ALS), EoS Slage Renal Failure (Kidney Failure), Lith Threstening (Invasive) Cancer, Major Organ Failure, Mycardial Induction (Heart Attack) or Stroke.

Terminal liness means the insured has a non-correctable liness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

#### Amount of the Accelerated Death Benefit Payment

The accelerated death banefit asymptotic to be the schematic ancest and the acceleration ancest are may deduct from the acceleration anount, an actuarial discount amount, determined by us, an administrative tex, the sum to the unpeld total premium or overdoe monthly deductions, as applicable, and a low neground amount, if there is an extensioning fain.

For terminal illness: The actuarial obscore amount and asministrative (see will both by \$0.00. This means that the poyment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid lotel premums, overfue monthly deductions or an outstanding loss mount.

For densitia and childral likes: The administrative fee will be no more hins \$500.20. The stratenisk discourt annuark will be determined by task durant and wind of durants, such as the inserted sage and like appearing on the defaulties durant the promet, and will have not account the present view of future antibipated premiers or monthly disclutions; as applicable. This means that the payment, and will not he minimized provides the present of the pr

Each acceleration amount must be relised 54.500.00 end must be used into relien acceleration in exclusion frame mount of mixed 51(0,000.00 ismains. The total of all acceleration amounts, cannot excent the seare of \$95% of the aligned death bandit on the effective date of the first generation of \$300,000.10 of enclosions innex the membrane mount that can be accelerated in \$95% of the aligned acceleration of the first second on the effective date of the first payment due to a chronic linkes. For childel and forming linkes, the meximum amount that can be accelerated as \$95% of the eligible death benefit in the effective date of the approximate.

Investors 194 to the fractionance and a statements of The Independent 5	ntur ar Forosilon PFerosient".		e different, if the certificate is univ	arsål life or whole life insurance.
	Page 1 of 2	105867 US 07/19	Page 2 of 2	105867 US 07/19

#### Accelerated Death Benefit Rider (ABR) Disclosure<sup>2</sup>

It's a regulatory requirement that an ABR disclosure must be given to all clients

-demonstrate an accelerated death benefit payment and to show thit initiationalijcolorated caleft benefit. This is assumption are based upon a 30 year term life the maximum acceleration anount delng accelerateg. The amounts including hypothetical accellates values at the term of accelerator, and uparafields to has been in affect for the number of years indicated, actual amounts will vary including the of minimum is, how hypo of contributions, the caleful accelerator is.

however it will reduce the face amount and the amount. If any, of the paid-up

untion a pra-rate basis, based upon the acceleration amount. This payment will

The reduction to the face amount for chronic and critical illness will be more.

ayment. Premiums or monthly deductions due, and dividends credited, after the reduced face amount. The adjusted premiums or monthly deductions, if any, will

rider is intended to qualify for favorable tax treatment under the Internal tances or changes to that code, receipt of an accelerated death benefit

a qualified tax advisor in order to assess the tax impact of receiving an

your, your spouse's or your family's eligibility for public assistance such

benefit payment so that you can assess the impact on eligibility for such

emment benefits or entitlements. You should consult each applicable

Assistance

•

eration	After Acceleration					
-	Chronic Illness	Critical Illness	Terminal Bines			
00.000	\$ 152,000.00	\$10,000,00	3 10.000.00			
984.00	\$ 764.84	\$ 115.70	\$ 115.70			

right of time that the certificate has been in effect.

Acceleration

Amount

\$190,000,000

\$190,000,00

\$190,000,00

Year

15

20

25

Chro	nic Illness	Criti	cal Illness	Termin	al Illness
\$	48,000.00	\$	190,000.00	\$ 19	0.000.00
	15.022 %		15.022 %		00.00.%
S	7,210.56	S	28,541.80	\$ 19	0.000.00
\$	300.86	5	369.00	S	D.00
S	0.00	5	0,00	S	0.00
\$	6,910,56	\$	28,241.80	\$ 19	0,000,00

y be higher for claims approved in the early years of a certificate and lower in the each downiff payments in earlier years than in lean years on the same cartificate amounts for a critical lineso claim, on the same hypothetical term life insurence airorit years.

#### 503319 US (09/19)

Accelerated Death

Benefit Payment

\$ 32,714.44

\$ 34 996 29

\$ 29 112 59



### **Notices**

 The Independent Order of Foresters ("Freesters")

 A Fratemal Benefit Society.

 789 Don Mille Road, Toronto. 01. Canada M3C 119
 F 877 329 4631

 25. Mailing Address FD: Box 179 Bullab, KY 14201-0179
 T 800 828 1540

Foresters Y

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

Department \*\*\* In the limit and it cannot seed to it astronomic of This find or perfect On the 10 Fossial and \*\* Per entities ??

For purposes of this Notice the following works and piresees as defined. "Application" mems: the Application for individual Lte Insurance to which this Notice the following works and piresees as defined. "Application" mems: the Application for individual Lte Insurance individual definition of applicating Entrapism characteristics and these performing pervices in relation to an application for insurance, insurance application, target the produces "The application of the application of the application for insurance, insurance product, identification or applicating Entrapism business analysis and operationary "Produces" means in the instrume Individual who signed the Applications at the produces "Two" and "New" means individually the propose insured, and each child, area, identified in the Application, a you have quastion espatialized produces Character and Willy way or polare on constat and incident (1-260-CBe-1564). They latered particular segniding princey contect Formaters Child Princey Offerior or regarding materializing VIBI, inc. contact Foreiters Definite and whole segniding princey contect Foreiters Child Princey Offerior or torgarding and extensive RD Bus NY 1561468. IN 1420-1717.

Prevage - Personal information we data about jou is confidential. As particle by privacy less, internation may be disclosed, without further autonomation, between and encore. Forestance and autonolated services to bosenume responting agencies thread to prepare consumer responts occursment investigative reports, to consolite to which you have applied for insurance coverage or benefits, and to these consultants exclusion, analyseting or exertificatuaties consolites that is expective employees, agents, contraintes and consolitation of each of the adversarial ways also disclose information to you display applied for the insurance coverage or level were secal information result you on our file, insurance, will not disclose information to you that was popared for an anticipated chim, dvi or criminal recording. You may equal

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#### Notices

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- Provide to proposed insured for review
- Leave this page with the proposed insured
- This page:
  - Contains the notices legally required and Foresters contact information
  - Includes the privacy notice, underwriting process and Medical Information Bureau (MIB) information
  - Gives a description of some of the additional sources of underwriting information. The proposed insured consents to the release of this information to the MIB by signing the authorization to obtain and disclose information page. If the proposed insured requires further information about MIB or their record with them, they should contact MIB directly at the address provided on this page



### **Producer Report**

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	uid me comincate s issue nate de anjus as", additional premium may be requir	ado to save the insurance age? ad.			0.168 01	
3. isth	e proposed insured you, your spouse/r	artner er vour child/stepchild?			O'Yes ON	
4. In 15	e Application, are you the owner usive	or beneficiary?			OYes ON	
5. Have (f pl	The opposed is a set of the set of the operation of the proposed insured of owner (if other than the proposed insured)? O'tes ON					
14.44	es ; list the name(s) in the Produce: O	omments section below.			-	
6. Was	a copy of the Buyer's Guide provided	o the owner at the time of sale?			O Yes O M	
7. indic	cate in the chart below if age & amoun	t requirements were ordered (only	f if applying for a medi	cally underwritten p	xoduct).	
	Age & Amount Requirements	Vendor	and the second se	Date order	red	
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#### **Producer Report**

- Record the responses to each question
  - For #1, please indicate the anticipated rating class for medically underwritten applications
- Use the Producer Comments to provide general details of the application or regarding the Producer Certification statements
- The Vendor and Date Ordered fields are required on medically underwritten applications



### Reminder

- Visit Foresters ezbiz producer website and go to Forms and Brochures section for the application package, and supplemental forms for your state
- Submit the corresponding underwriting questionnaire for applicable "Yes" answers to the lifestyle and medical questions. For other "Yes" answers, include complete details in the "Additional Information" section of the application
- To avoid having to obtain a signature(s) on delivery and a delay in getting paid ensure that all required sections of the application are completed properly
- To avoid selecting riders that are not approved in your state, be sure to check the Product State Availability and Variations list on the producer website for a list of approved optional riders
- Provide all applicable replacement, rollover, surrender and disclosure forms



### Questions?

- Visit ezbiz for product and underwriting guides, and training materials
- Contact Sales Support at 866 466 7166 (option 1)

Foresters Life Insurance products and riders may not be available or approved in all states and are subject to eligibility requirements, underwriting approval, limitations, contract terms and conditions, and state variations. Refer to the applicable Foresters Product Guide and the insurance contract for your state for these terms and conditions. Underwritten by The Independent Order of Foresters.

1 Insurability depends on answers to medical and other application questions and underwriting searches and review.

2 ABR is not available in CA. The payment, due to diagnosis of an eligible illness, may be less than the acceleration amount which may be subject to a fee, an actuarial discount amount and other applicable deductions. Payment will decrease certificate values and benefits. (If applicable) This product is a life insurance policy that accelerates the death benefit on account of chronic illness and is not a health insurance certificate providing long term care insurance subject to the minimum requirements of New York Law, does not qualify for the New York State Long Term Care Partnership Program and is not a Medicare supplement certificate. Receipt of the accelerated death benefits may affect eligibility for public assistance programs and may be taxable.

Foresters Financial, Foresters, and Helping Is Who We Are are trade names and/or trademarks of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Rd, Toronto, Canada M3C 1T9) and its subsidiaries.

For producer use only. Not for use with the public.

# Thank you



Helping is who we are.™

Visit foresters.com to see how we can help you.