


Guide to Completing a Foresters Life Insurance Application

BIG (Universal Life)

SMART (Universal Life) ^{NEW}

Lifefirst (Term)

The Independent Order of Foresters ("Foresters") - A Fraternal Benefit Society.
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The Independent Order of Foresters ("Foresters")

Tips for Submitting a Foresters Paper Application for Individual Life Insurance

Foresters Fraternal Difference

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

How to Avoid Delays and Get PAID Fast

- Make sure you have the right Application and forms for the state where the application is signed. Make sure you verify product rules and state availability for the applicable state
- Available questionnaires are listed in the Producer Report. Complete the applicable questionnaire at the time of application for each "yes" answer in the Lifestyle and Medical Questions sections or advise the proposed insured that Foresters may contact them for further details. Where there's no corresponding questionnaire for a "yes" answer, provide the details in the "Additional Information" section
- To avoid potential shortages we recommend quoting standard rates, as applicable
- Premium payments cannot be made by the producer (unless the proposed insured is the producer or a dependent of the producer)
- For Universal Life applications only, the signed illustration must match exactly to what is issued. Otherwise commissions will be paid when a signed illustration matching the issued certificate, is returned to Foresters
- For explanations, where space is insufficient, 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
- If submitting an application through the Point Of Sale process (POS), refer to the POS Reference Guide on ezbiz for instructions

Checklist (The owner is the proposed insured unless the Owner section of the Application is completed.)

Owner	Payer	Producer
<ul style="list-style-type: none"> Initialed all corrections (do not use white out), if any, & signed the Signature section Initialed the TIA Acknowledgement (if pre-conditions not met) Signed & dated any supplemental sheet of paper, if required 	<ul style="list-style-type: none"> Signed the Payment Information section 	<ul style="list-style-type: none"> Initialed all corrections, if any, & signed the Producer Certification section Signed & dated any supplemental sheet of paper, if required
Send to Foresters	Leave with Owner	Leave with Proposed Insured
<ul style="list-style-type: none"> Completed application, the Product Details page and the Producer Report <p>If applicable:</p> <ul style="list-style-type: none"> First premium Underwriting questionnaire(s) State and Foresters replacement/rollover/surrender/disclosure forms Notice of Consent for Blood and Body Fluid Testing Completed Contingent Owner/Other Payer Identification form Void check Illustration 	<ul style="list-style-type: none"> TIA Agreement (if pre-conditions are met) Disclosure forms (if required) Buyer's Guide 	<ul style="list-style-type: none"> Notices

Questions? Go to ezbiz (www.foresters.com/Agent Login) ICC10 770681 US 08/10

Application Package

- ❑ Cover page checklist with tips to help avoid delays
- ❑ 3 separate product pages – complete and submit only the applicable product page
- ❑ Application for Individual Life Insurance pages
 - One signature for each insured/owner and payer for the entire application
 - For base product and all riders – no more separate application forms for Disability Income, Critical Illness and Children's Term riders
- ❑ Notices page – to be left with the proposed insured
- ❑ Producer Report

Important Notes for New 2010 Application Package



For producers who may still have supplies of our older versions of application package:

- Don't mix and match**
 - Be sure to check the year at the bottom – use forms with the same version year. E.g., ICC10 770681 US 08/10, ICC10 770623 US 02/10, 770244 US 02/10
 - New 2010 forms must be used for the entire application package, including other supplemental forms such as paramed, contingent owner/payer and all underwriting questionnaires
- Due to compliance requirements – applications/forms with “mix and match” version year will be returned (Note: Client will also be notified regarding the application status)
- Submit corresponding supplemental forms and questionnaires, with the same version year, for applicable questions answered “yes”

Product Details Page – Lifefirst

Print legibly in ink. Any corrections must be initialed by the owner, proposed insured and producer. Please do not use white out

Product Details (complete only if applying for term life insurance.)

Proposed Insured
 First name: _____ Middle name: _____ Last name: _____

Lifefirst Term Life

Amount of life insurance applied for on the proposed insured:
 \$ _____ Term: 10 year 20 year 30 year

Riders (Subject to state and product availability.)

Disability income (accident and sickness): \$ _____ OR Disability income (accident only): \$ _____
 If Disability income (accident and sickness) applied for but not approved, applying for Disability income (accident only)?
 Yes No

Accidental death: \$ _____ Children's term: \$ _____ Critical illness (accelerated death benefit): \$ _____
 First rewards Waiver of premium Other rider(s): _____

Remarks:

 There may be additional Disclosure forms required. Check the State requirements as these forms would need to be completed before the certificate can be issued.

This form is part of the Application for Individual Life Insurance.

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Proposed Insured:

- Ensure the name here 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
- 10 year term not available on non-medical basis

Rider Details:

- Select the desired rider(s) – the appropriate circle must be filled in along with an amount (where applicable). Please note that both Disability Income Riders cannot be selected – choose either Accident Only or Accident & Sickness
- Interstate Compact package (form # starting with ICC10) 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 State Availability Map on ezbiz**

Issue Instructions:

- If required, provide details on how to issue certificates that are approved not as applied for in the Remarks section. For example:
- Maintain premium amount
 - Maintain face amount of insurance
 - Contact Producer before issue

Do not submit this page to Foresters if Lifefirst is not applied for

Product Details Page – BIG UL

Print legibly in ink. Any corrections must be initialed by the owner, proposed insured and the producer. Please do not use white out

Product Details (Complete and submit only if applying)

Proposed Insured

First name: _____ Middle name: _____

Enter Proposed Insured's basic information

BIG Universal Life (with lifetime no-lapse guarantee provision.)

Amount of life insurance applied for on the proposed insured: \$ _____	Planned premium: \$ _____ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually
Initial lump sum premium: \$ _____	Source of lump sum premium: _____

Riders (Subject to state and product availability.)

<input type="radio"/> Accidental death: \$ _____	<input type="radio"/> Children's term: \$ _____	<input type="radio"/> Disability income (accident only): \$ _____
<input type="radio"/> Waiver of premium		Other rider(s): _____

Remarks:

There may be additional Disclosure forms required. Check the requirements as these forms would need to be completed before the certificate can be issued.

Enter the planned modal premium

- Submit a signed illustration or acknowledgement form at time of application to avoid delays
- Fill in the amount of life insurance
- If riders are selected, the appropriate circle must be filled in along with an amount (if applicable)
- Interstate Compact package (form # starting with ICC10) 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 State Availability Map on ezbiz**

Issue Instructions:

- Provide details on how to issue certificates that are not approved as applied for in the Remarks Section. For example:
 - Maintain premium amount
 - Maintain face amount of insurance
 - Contact Producer before issue

This form is part of the Application for Individual Life Insurance.

ICC10 770623 US 02/10

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

Product Details Page – SMART UL

Print legibly in ink. Any corrections must be initialed by the owner, proposed insured and the producer. Please do not use white out

The Independent Order of Foresters (Foresters)

Product Details (Complete and submit only if applying for SMART Universal Life Insurance.)

Proposed Insured

First name: _____ Middle _____

Enter Proposed Insured's basic information

SMART Universal Life

Amount of life insurance applied for on the proposed insured: \$ _____	Planned premium: _____ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually
Life insurance qualification test: <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)	Death benefit option: <input type="radio"/> Level <input type="radio"/> Increasing
Initial lump sum premium: \$ _____	Source of lump sum premium: _____

Enter the planned modal premium

Riders (Subject to state and product availability.)

<input type="radio"/> Accidental death: \$ _____	<input type="radio"/> Children's term: \$ _____
<input type="radio"/> Waiver of monthly deductions	<input type="radio"/> Guaranteed purchase option
<input type="radio"/> Other rider(s): _____	

Complete if the proposed insured is a juvenile.

a) State amount of life insurance on primary caregiver. \$ _____

b) Are all brothers and sisters insured for the same amount? "No", state amount and reason in the Remarks section below. Yes No

c) Does the child live with the owner? If "No", provide reason in the Remarks section below. Yes No

Remarks:

There may be additional Disclosure forms required. Check the box if these forms would need to be completed before the certificate can be issued.

Complete this section for juvenile cases, i.e. proposed insured is < age 16

This form

ICC10 770624 US 02/10

- Submit a signed illustration or acknowledgement form at time of application to avoid delays
- Fill in the amount of life insurance
- If riders are selected, the appropriate circle must be filled in along with an amount (if applicable).
- Interstate Compact package (form # starting with ICC10) 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 State Availability Map on ezbiz**
- A Death Benefit Option (Level or Increasing) and a Life Insurance Qualification Test (GPT or CVAT) must be selected (see product guide or product presentation for more information)

Issue Instructions:

- Provide details on how to issue certificates that are not approved as applied for in the Remarks section. For example:
 - Maintain premium amount
 - Maintain face amount of insurance
 - Contact Producer before issue

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

Application for Individual Life Insurance - General Information Page

Print legibly in ink. Any corrections must be initialed by the owner, proposed insured and the producer

The Independent Order of Foresters ("Foresters")

Application for Individual Life Insurance

Proposed Insured

First name:	Middle name:	Last name:	<input type="radio"/> Male <input type="radio"/> Female
Street address (cannot be a P.O. Box.):		City:	State: Zip:
Home phone #:	Alternate phone # / Call #:	Best time to call:	Date of birth (mm/dd/yyyy): State & Country of birth:
Social Security #:	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____	Primary language: <input type="radio"/> English <input type="radio"/> Spanish	
Type of Photo I.D. (used to verify identity): <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government ID: _____			
Photo I.D. # _____			
Occupation & duties:		<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal	
Hours worked per week (past 6 months): _____		<input type="radio"/> Income (past 12 months): \$ _____	
Number of weeks worked in the past 12 months: _____		<input type="radio"/> Net worth: \$ _____	
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.	Email address (optional): _____		

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

Name of each primary beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%
Name of each contingent beneficiary	Relationship to proposed insured	% Share
		total
		must equal 100%

Owner (Complete only if other than the proposed insured. If a contingent owner is to be named, submit Contingent Owner/Other Payer Identification Form.)

Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:			
Street address (cannot be a P.O. Box.):		City:	
Relationship to the proposed insured:		Email address (optional):	
Phone #:	If Trust, name of Trustee:	If Trust, date of Trust agreement:	
If Individual			
<input type="radio"/> Male <input type="radio"/> Female	Date of birth (mm/dd/yyyy):	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____	

Owner Information

Record general information for:

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

Important Notes:

- Record the responses to every question. If a question is blank or incomplete you may have to contact the proposed insured for additional information
- Producer must be present - complete the application in the presence of the proposed insured to verify his/her good health and to witness the signature(s) on the application

Application for Individual Life Insurance - Other Insurance, Children's & Financial Questions

Other Insurance					
1. Is there another annuity or life insurance application pending for the proposed insured with Foresters or another insurer?	<input type="radio"/> Yes <input type="radio"/> No				
2. Does the proposed insured currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force?	<input type="radio"/> Yes <input type="radio"/> No				
If "Yes", to either question 1 or 2, complete the chart below. Also include information about Foresters life insurance or annuity certificate(s).					
Name of Insurer	Annuity/Life Insurance \$				
3. Has the proposed insured ever had an application for annuity modified? If "Yes", provide date _____					
4. Will coverage be discontinued or reduced, or premium annuity, if the insurance applied for in this Application is _____					
Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force. Check the State requirements as these would need to be completed before the certificate can be issued. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those completed within the past 13 months.					
For purposes of this Application, "diagnosed", "advised" and "treatment" mean by a licensed physician or medical practitioner.					
Children's Questions (Complete only if applying for Children's Term Coverage)					
Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force
5. Has a child listed above:					<input type="radio"/> Yes <input type="radio"/> No
a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disorder or disease?					<input type="radio"/> Yes <input type="radio"/> No
b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for Human Immunodeficiency Virus (HIV) that has not yet been started or completed, or the results of which are not yet known)?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 5a or 5b, complete the chart below.					
Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #		
Financial Questions					
6. Is there an intention, or an arrangement, that all or part of the insurance applied for will be:					<input type="radio"/> Yes <input type="radio"/> No
a) Paid for by borrowing, financing or receiving money or any other property?					<input type="radio"/> Yes <input type="radio"/> No
b) Transferred, assigned, sold or pledged?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 6a or 6b provide details: _____					
7. Has the proposed insured, owner or a beneficiary arranged, been offered, or received, an inducement, fee or compensation to buy, or pay for, the insurance applied for? If "Yes", provide details: _____					<input type="radio"/> Yes <input type="radio"/> No

Be sure to complete required State/Foresters replacement, rollover, surrender and/or disclosure forms

Other Insurance:

- ❑ Indicate all annuities or insurance pending and in-force, including group insurance and whether it will be replaced
- ❑ Producers must comply with any replacement laws and regulations and are expected to offer suitable products and services to meet the proposed insured/owner's needs. Please refer to ezbiz (Tools & Resources -> Toolkit) for details

Children's Questions

- ❑ Complete only if applying for Children's Term Rider

Financial Questions

- ❑ Provide details to all 'Yes' answers in the space provided. Attach additional paperwork if necessary

Application for Individual Life Insurance - Lifestyle and Medical Questions

Supplemental questionnaires/forms may be required for questions that are answered "yes". Be sure to check for the corresponding questionnaire on ezbiz

If no corresponding questionnaire is available, provide details in the Additional Information section (on page 4). Attach additional paperwork if necessary

The image shows a portion of a life insurance application form. It includes a table of questions with 'Yes' and 'No' options. A yellow callout box highlights a specific question about driver's license violations. Another yellow callout box points to the 'Additional Information' section, indicating where to provide details for 'yes' answers.

25. Within the past 12 months, have you been given medical attention for: a) High blood pressure b) Anxiety c) Cancer d) Asthma or a chronic respiratory condition e) Seizure f) Anxiety disorder g) Blood sugar h) Diabetes i) Hepatitis j) Arthritis k) Lupus	12. Have you received notice of deployment or are you currently deployed, on active duty or alert with the Military or the Reserves? 13. Have you, within the past 2 years, flown, or do you in the future intend to fly, in an aircraft as a student pilot, licensed pilot or crew member? 14. Have you, within the past 2 years, engaged, or do you in the future intend to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying? 15. Have you ever had your driver's license suspended or revoked or within the past 5 years been convicted of or pled guilty to more than 3 moving violations? If "Yes", provide date, details and State where each occurred. 16. Within the past 10 years have you: a) Been convicted of driving while impaired or under the influence of alcohol or a drug? If "Yes", provide date, details and State where each conviction occurred. b) Been convicted of, pled guilty to, or received a suspended sentence for any other offense? If "Yes", provide date, details and State where each conviction occurred.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
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Additional Information Section:

Question #	Answer

Medical Questions (For these questions, provide details in the Additional Information section):

17. a) Your Height: _____ Weight: _____ b) Have you had a weight change of _____ or more, within the past 12 months? If "Yes", specify: <input type="radio"/> Gain <input type="radio"/> Loss How many pounds?	<input type="radio"/> Yes <input type="radio"/> No
18. Date you last consulted physician: _____ Physician Name: _____ Address: _____ a) Reason(s): _____ b) Were you advised that results of that consultation were within normal ranges? If "No", provide details.	<input type="radio"/> Yes <input type="radio"/> No

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Lifestyle Questions

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

Medical Information

- Provide the name and address for the proposed insured's physician
 - Two addresses will be required if the most recent visit to the doctor was not the primary care physician
- 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 in a cover letter)
- Recording an accurate and complete health history is extremely important for expediting the underwriting process. Partial or vague declarations often raise more questions which may cause delays in processing the application

Application for Individual Life Insurance - Payment Information and Authorization

Payment Information and Authorization

The planned premium quoted may change.

Payer is:
 Proposed insured

First premium payment to be made by:
 Draft via Pre-Authorized Check (PAC) Check (payable to Foresters)

Subsequent premium payments made by:
 PAC Direct Bill

Payment mode:
 Monthly (PAC only) Quarterly

PAC banking information (including drafting first premium)
 Attached void check Other

Type of account: Checking Savings

Name of financial institution: _____
Street address: _____

This agreement is made by the bank account owner as his/her name appears on bank records for the account provided.

X _____
Signature of payer

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


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Select the first premium to be paid by 'Pre-authorized check plan (PAC)' or check

This section must be completed with the banking information or void check attached with the application

Conversion Notification will allow Foresters to scan the check and submit to payer's bank electronically (Foresters is currently developing this capability)

Premium and billing Information:

- For 3rd party payer, i.e. not the proposed insured or owner, complete Contingent Owner/Other Payer form
- Pre-authorized Check Plan (PAC) is available on a monthly, quarterly, semi-annual and annual basis
- Direct billing is only allowed on a quarterly, semi-annual and annual basis
- Payer's signature is required for PAC plans 

Application for Individual Life Insurance - Temporary Life Insurance and Declarations and Agreements

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, including negative tests for HIV? Yes No

2. ... had to be admitted to a hospital or other licensed health care facility? Yes No

3. ... had, had or been medically advised to have a medical test performed, or the results of which are not yet known? Yes No

No. The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided or authorized.

Yes. Complete the TIA and leave it with the owner.

First premium payment, in the amount of \$ _____, is provided or authorized by (select same method chosen in the Payment Information and Authorization section):

Draft via Pre-Authorized Check (PAC) plan

Check

Although the first payment amount shown above is subject to the following underwriting, this amount must be at least equal to the monthly premium quoted for the insurance applied for in _____ and is payable no later than the date this Application is signed.

Declarations and Agreements

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

I, as evidenced by my signature in this Application, have read and understand the terms of this Application and provided the answers shown. I understand and agree that: 1) All state laws, regulations, and court decisions apply to this Application. 2) 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. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means, including but not limited to, email and facsimile transmission. 4) 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. 5) If I have chosen to provide a current internet email address in this Application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. 6) Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

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TIA pre-conditions not met: Check 'No' and obtain the owner's initials

If 'Pre-authorized check plan (PAC)' is selected then the first payment amount must be the planned modal premium

Temporary Life Insurance

- Applicable even if the first premium payment is paid via pre-authorized check (PAC)
- Provides temporary life insurance up to \$500,000 if the following pre-conditions are met:
 - All TIA questions are answered 'No' and these answers are truthful
 - At least one monthly premium (draft via PAC or a check) is given to the producer no later than the application date
 - Total coverage applied for (including all riders payable upon death) is less than or equal to \$1,000,000
 - Proposed insured younger than age 71

Declarations and Agreements

- Proposed insured and owner (if other than then proposed insured) must read and understand the agreements

Application for Individual Life Insurance - Temporary Life Insurance Agreement

The Independent Order of Foresters ("Foresters")
700 Don Mills Road, Toronto, Canada M3C 1T5
U.S. Mailing Address: P.O. Box 170, Buffalo, NY

Temporary Life Insurance Agreement

Definitions: "Application" means the Application for Individual Life Insurance; "Insured" means the person who signed the Application as the insured; "Proposed Insured" and "Owner" mean the persons who signed the Application as the proposed insured and the owner, respectively.

Pre-Conditions to Temporary Coverage: Subject to the terms of this Agreement, Foresters agrees to provide temporary life insurance coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions is met: 1) The proposed insured is not age 71 or older on the date; 2) No more than \$1,000,000 insurance coverage on the life of the proposed insured is applied for in the Application, calculated by including the amount of the benefit applied for under each other exempt coverage category; and 3) Each of the "No" answers shown on this certificate and 4) No later than the date the Application is signed by the owner, the proposed insured must appear to a mortality measure specified for the insurance applied for in the Application, is provided or authorized if one or more of the pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

Temporary Life Insurance Agreement 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, heart problems, stroke, cancer or AIDS ("Investigation") does not include negative tests for HIV? Yes No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health-care facility other than for childbirth? Yes No
3. 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, as the result of which are not yet known? Yes No

Amount of Temporary Coverage: Subject to the terms of this Agreement, if all of the above pre-conditions are met and the proposed insured dies while this Agreement is in effect, Foresters shall pay, to the beneficiary named, as shown in the Application, under this and all other Foresters temporary life insurance agreements covering the life of the proposed insured, the issue of a \$100,000 or to the amount of insurance applied for in the Application on the life of the deceased proposed insured, including the amount payable for the death of the proposed insured under a rate applied for (except excess carrier accidental death coverage if any).

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 the ninety (90) day period; 2) The date an approved Foresters certificate on the life of the proposed insured takes effect as described in that certificate, if a certificate is issued in response to the Application; 3) The date Foresters notifies, as shown in Foresters records, the owner a Foresters certificate is required to, but not as applied for in, the Application; 4) The date a written or oral request to withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner; 5) The date written notice is sent by Foresters, as shown in Foresters records, to the proposed insured or the owner, terminating this Agreement or declining the Application.

Special Limitations: This Agreement shall be void if the first payment, regardless of method, is not received when presented for payment. Fraud, intentional misrepresentation or non-disclosure in the Application will void this Agreement and limit Foresters liability to a refund of payments made to Foresters. If the proposed insured dies by suicide, whether sane or insane, Foresters liability under this Agreement is limited to a refund of the premiums made to Foresters.

Entire Agreement and Governing Law: This Agreement contains the entire terms regarding temporary coverage. No oral, including the verbal, or authorized in writing, 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: I, the proposed insured and owner, I/We (for the proposed insured), by signing in the Signature Section of the Application, acknowledge and agree that I have reviewed, understood and accept the terms of this Temporary Life Insurance Agreement.

Certification:

George Wilson
George Wilson, President & Chief Executive Officer

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TIA pre-conditions met:
Leave TIA with the owner

Temporary Life Insurance Agreement (TIA)

- If Pre-conditions Met:
 - TIA to be left with the owner
- If Pre-conditions Not Met:
 - Do not leave the TIA with the owner
 - Do not collect 'cash with application'
 - On page 6 of the application
 - check 'No' to the first acknowledgement question (below "Will the TIA be left with the owner?")
 - obtain the owner's initials

Application for Life Insurance – Notices page

Notices

- Provide to proposed insured for review
- Leave this page with the proposed insured
- This page:
 - Contains the notices legally required and Foresters contact information
 - States Foresters' privacy policy, 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

The Independent Order of Foresters ("Foresters") - A Fraternal Benefit Society.
789 Don Mills Road, Toronto, Canada M3C 1T9
U.S Mailing Address: P.O. Box 179, Buffalo, NY 14201-0179 T. 800.828.1540 www.foresters.com



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

For purposes of this Notice the following words and phrases are defined. The word "Application" means a Foresters application for insurance. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "You" and "your" mean individually the proposed insured, and each child, if any, identified in the Application. If you have questions, discuss them with the producer who signed your application or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our US Mailing Address at PO 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 consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, insurance companies to which you have applied for coverage or benefits, our reinsurers, those providing services for us including insurance producers and agencies contracted or appointed by us and those conducting bona fide actuarial, marketing or scientific studies or audits and the respective employees, agents, contractors and consultants of each of the aforementioned. We may also disclose information to your physician and The Medical Information Bureau (MIB, Inc.). 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. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The Federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. You may request a personal interview with the agency and they will make a reasonable attempt to talk to you. It will include that information in its report. If we order a report, it may include information obtained through interviews with your neighbors, friends or others you know. 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.

The Medical Information Bureau (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 in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of 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, Suite 400, Braintree, MA 02194-8734 or at www.mib.com. Foresters, or its reinsurers, may also release information in 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.

770627 US 02/10

Producer Report

Producer Report

- ❑ If producer is related to proposed insured, state relationship in the Remarks section

Producer Report

Proposed Insured

First name: _____ Middle name: _____ Last name: _____

Producer's name:	Producer #	% of split
Producer's name:	Producer #	% of split
Producer's name:	Producer #	% of split

1. Listing class applied for:
If underwriting approval is given other than as quoted, Foresters will contact you and, if we do not receive direction otherwise, the certificate will be issued to maintain face amount.

2. Indicate in the chart below if age & amount requirements were satisfied.

Age & Amount Requirements	Met	Date satisfied
Multi, personal or medical with or without life form:	<input type="checkbox"/>	

3. Certificate data shall be: Date issued In some insurance age
Certificate data can be included to show insurance age but is subject to rules and register of each province to be collected.

4. Are you related to the proposed insured? If "Yes" please state the relationship in the Remarks section below. Yes No

5. Have you submitted an additional application to Foresters:
 a) for the proposed insured or owner (if other than the proposed insured)? Yes No
 b) for a family member of the proposed insured or owner (if other than the proposed insured)? If "Yes", list the names in the Remarks section below. Yes No

6. Was a copy of the Report's Guide provided to the owner of the form of sale? Yes No

7. If a personal health interview (PHI) was conducted as part of the application process, provide the PHI inspection reference # if a

Remarks (Can be used to provide additional information relevant to the Application and must be completed if needed to qualify statements in the Producer Certificates section.)

For each "Yes" answer in the Lifestyle and Medical Questions section complete the applicable questionnaire, if one is available, at the time of Application. If no corresponding questionnaire is available or none is submitted, advise the proposed insured that Foresters may contact them to obtain further details. A list of available questionnaires is provided below.

Lifestyle Questions Section - Questionnaire Form			
Active sports	Alcohol usage	Smoking	Drug and substance usage
Passive sports	Military	Alcohol & Drug (Smoking)	Drugs and Non-Drug
Medical Questions Section - Questionnaire Form			
Activities of Daily Living	Arthritis - All Arthritis	Angina/Heartbeat	Stroke
Attention Deficit Hyperactivity Disorder	Back & Neck	Diabetes	Stroke symptoms
Cholesterol	Chest Pain or Issues	Diabetes	Heart murmur
Digestive system disorders	Epilepsy & Seizure Disorders	Diabetes	Upper
High blood pressure	Hypertension & Secondary Disorders	Diabetes	Respiratory Disorders
Mental health	Prostate cancer	Diabetes	
Sleep apnea / Sleep disorder		Diabetes	

The page is for internal use only and is not part of the Application.

376244 US 8/2/10

This is a list of available supplemental questionnaires for the Lifestyle and Medical questions which may be answered "yes". If no corresponding questionnaire is available or none is submitted, advise the proposed insured that Foresters may contact them

Reminder

- ❑ Be sure to provide corresponding supplemental questionnaires, with the same version year, for lifestyle and medical questions answered “yes”
- ❑ Don't mix and match
 - Check the year at the bottom – use forms with the same version year. E.g., ICC10 770681 US 08/10, ICC10 770623 US 02/10, 770244 US 02/10
 - New 2010 forms must be used for the entire application package, including other forms such as paramed, contingent owner/payer and all underwriting questionnaires

Visit ezbiz - Forms and Brochures section for
application package, supplemental forms of
your state

Questions? Contact Foresters Sales Desk