



Children's Whole Life Sample Application

This is a sample application, not a promise to issue coverage.

Important Notes:

You cannot buy this policy directly from Foresters Financial.

This policy is sold only via licensed Foresters Financial agencies such as Choice Mutual.

To apply, call us at  **1-800-644-2926**

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

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

F. 877 329 4631

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

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foresters.com

Foresters
Financial

Application for Individual Whole Life Insurance

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

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

2. Secondary Addressee (Optional. To designate another person to receive notification of a possible lapse in coverage).			
First name	Middle initial	Last name	<input type="radio"/> Male <input type="radio"/> Female
Street address	City	State	Zip

3. Charity Benefit Beneficiary Designation (applies to each certificate issued, if any, as a result of this application)	
The life insurance product(s) applied for will, if issued, include a Charity Benefit. The owner can designate an eligible beneficiary for that benefit for each certificate issued pursuant to this application now or at any time prior to the applicable insured's death. If an eligible beneficiary is not designated prior to the insured's death, no Charity Benefit will be paid. Eligible beneficiary means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.	
Charitable organization name:	Tax I.D. #:
Street address:	City: State: Zip:

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

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

5. Proposed Insured Information

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

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

Proposed Insured #1 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured? <input type="radio"/> Yes (does not qualify and is not applying) <input type="radio"/> No			
First name	Middle initial	Last name	<input type="radio"/> Male <input type="radio"/> Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____	Plan type: <input type="radio"/> 10 Pay <input type="radio"/> Pay to 100	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No" then immigration status: <input type="radio"/> Permanent resident (Green Card) <input type="radio"/> Other (provide visa type): _____			
Primary Beneficiary The owner will be the primary beneficiary, unless the beneficiary information is completed for the proposed insured.			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share 100%
Proposed Insured #2 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured? <input type="radio"/> Yes (does not qualify and is not applying) <input type="radio"/> No			
First name	Middle initial	Last name	<input type="radio"/> Male <input type="radio"/> Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____	Plan type: <input type="radio"/> 10 Pay <input type="radio"/> Pay to 100	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No" then immigration status: <input type="radio"/> Permanent resident (Green Card) <input type="radio"/> Other (provide visa type): _____			
Primary Beneficiary Same as Proposed Insured # __ <input type="radio"/> Yes <input type="radio"/> No (complete information)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share 100%
Proposed Insured #3 (full legal name)			
Is the answer to any of the medical questions "Yes" for this proposed insured? <input type="radio"/> Yes (does not qualify and is not applying) <input type="radio"/> No			
First name	Middle initial	Last name	<input type="radio"/> Male <input type="radio"/> Female
Date of birth (mmm/dd/yyyy)	Insurance amount applied for: \$ _____	Plan type: <input type="radio"/> 10 Pay <input type="radio"/> Pay to 100	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No" then immigration status: <input type="radio"/> Permanent resident (Green Card) <input type="radio"/> Other (provide visa type): _____			
Primary Beneficiary Same as Proposed Insured # __ <input type="radio"/> Yes <input type="radio"/> No (complete information)			
Name		Address	
Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	Beneficiary type <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share 100%

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

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

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

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

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

Payer is the Owner

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

Requesting a specific draft day?

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

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

8. Banking Information

PAC Banking information to be taken from:

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

Type of Account: Checking Savings

Name of financial institution: _____

Routing Transit # (9 digits): _____

Account # (maximum 17 digits): _____

PAC Authorization

The payer, by signing this application, verifies that the payer is the account holder of the account identified in the PAC banking information section (above) and is permitted to provide this authorization, and agrees that: 1) Foresters is authorized to electronically draft deductions, for premiums and/or other payments related to insurance contract(s) issued, if any, as a result of this application, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds. 2) The financial institution from which deductions are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction. 4) If a deduction request is not honored when submitted to the financial institution Foresters may, at its sole discretion, do further resubmits for the deduction. 5) This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

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

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

Automatic premium loan provision elected? _____ Yes No

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

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

10. Agreements

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

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

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

12. Producer Certification and Information

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

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

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

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

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

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

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

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

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

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Notices and Acknowledgement of First Total Premium(s)

(This page must be given to the Owner.)

Notices

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual Whole Life Insurance to which this Notice relates; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and operations; "Producer" means the licensed individual who signed the Application as the producer; "You" and "Your" mean the owner identified in the Application. If you have questions regarding your application, discuss them with your producer or contact us directly at 1-800-828-1540. If you have questions regarding privacy contact Foresters Chief Privacy Officer or regarding underwriting contact Foresters Chief Underwriter. You can write to either at 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 179 Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you and the proposed insured(s) is confidential. As permitted by privacy laws, information may be disclosed, without further authorization, between and among Foresters and authorized persons, to consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, to companies to which you have applied for insurance coverage or benefits, and to those conducting bona fide actuarial, marketing or scientific studies or audits and the respective employees, agents, contractors and consultants of each of the aforementioned. You can make a request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about each of the proposed insured(s) to see if they each respectively qualify for the requested insurance. Answers in the Application are our principal source of information. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

Acknowledgement of First Total Premium(s)

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

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

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

Producer's signature: _____

Date (mmm/dd/yyyy): _____

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Accelerated Death Benefit Rider (for Terminal Illness) Disclosure

(This disclosure must be given to the owner.)

The insurance contract you are applying for includes an Accelerated Death Benefit Rider (for Terminal Illness). This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that is included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

Benefit Description

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a terminal illness. Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis. The payment is paid to the owner and not to the beneficiary(ies). A claim made during the contestable period may result in cancellation of the insurance contract, with no benefit being paid. The rider is not, and is not intended to be, long-term care insurance.

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

Amount of the Accelerated Death Benefit Payment

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount the sum of the unpaid total premium and a loan repayment amount, if there is an outstanding loan.

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

Effect of Payment on the Certificate

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount may be more than the amount of the payment. Premiums due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums, if any, will be as if the certificate had been issued at the reduced face amount.

Effect of Payment on Taxation and Eligibility for Public Assistance

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

Example of an Accelerated Death Benefit Payment

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

Accelerated Death Benefit Payment Calculation

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

Effect on Certificate Values

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

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").