

Beneficiary Change Form

Policy number:

Purpose of this form	Use this form to request a change of beneficiary on your policy.
Terms used in this form	<p><i>Foresters Financial™, Insurer or We</i> mean The Independent Order of Foresters or Foresters Life Insurance Company (FLIC). <i>You or your</i> mean the Owner(s) who is/are completing and signing this form, unless otherwise specified. <i>Policy</i> means a Certificate, or Policy issued by an Insurer and includes each rider that is attached. <i>Owner</i> includes Policy Owner, Absolute Assignee, or Annuitant.</p>

1. Policy Owner Information

<p>Information about the current Policy Owner</p> <p>If the Insured was a minor at issue and is now the Owner, we will require a copy of government ID (Driver's Licence, Passport or notarized signature) to accompany this request, unless it has been previously provided. This will ensure that there are no delays in processing.</p>	Owner 1 Name (first, middle initial & last)		Date of Birth (mm/dd/yyyy)	
	<input type="text"/>		<input type="text"/>	
	Address		Primary Phone Number	
	<input type="text"/>		<input type="text"/>	
	Owner 2 Name (first, middle initial & last)		Date of Birth (mm/dd/yyyy)	
	<input type="text"/>		<input type="text"/>	
	Address		Primary Phone Number	
	<input type="text"/>		<input type="text"/>	

2. Beneficiary Designation

<p>Revocable/Irrevocable designations</p> <p>All beneficiaries are revocable unless otherwise stated. Once an irrevocable beneficiary has been named, his or her written consent is required for changes affecting the value of the policy.</p> <p>Primary beneficiaries receive the benefits that are payable when the insured dies. Contingent beneficiaries would only receive those benefits if all of the primary beneficiaries die before the insured does.</p> <p>Please ensure all Primary beneficiary designations total 100%.</p> <p>Please ensure all Contingent beneficiary designations total 100%.</p>	Primary Beneficiary(ies)				
	Name (first, middle initial & last)	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship *	Share %
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
* Relationship of beneficiary to insured person or, in Quebec, to the owner.					
Contingent Beneficiary(ies)					
Name (first, middle initial & last)	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship *	Share %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable
* Relationship of beneficiary to insured person or, in Quebec, to the owner.					
<input type="checkbox"/>	Please check this box if you have attached a letter of direction with additional beneficiary instructions. Please also include all above required beneficiary information.				

Please sign on next page

Beneficiary Change Form (continued)

Policy number:

3. Agreements and Authorizations

Please review this section before signing.

You (being the Owner(s)) agree to the change requested in this form. You agree that:

- You hereby revoke any existing beneficiary designation(s) or direction(s) of payment, including any primary and/or contingent beneficiary designation(s), previously made with respect to proceeds payable upon the death of the insured person or annuitant under the above-described Policy, and designate the beneficiary(ies) listed above.
- Any corrections to this form must be initialed by all signing parties.
- If any beneficiary named in this form is a minor then a trustee must be named to receive any proceeds that become payable to the child while a minor (not applicable in Quebec).
- The current beneficiary must sign to release his or her rights if he or she is a:

Preferred Beneficiary: A preferred beneficiary is a beneficiary who was named prior to July 1, 1962, in a province other than Quebec, and who is spouse, parent, child or grandchild of the insured.

The preferred beneficiary does not have to sign to give consent if you are only changing the beneficiary from one preferred beneficiary to another.

Irrevocable Beneficiary: An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if:

- The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or
- For Quebec only - any beneficiary designation naming a spouse of the owner that wasn't expressly marked as revocable.

4. Signature Section

Printed name and signature are both required.

If the Owner or Preferred/Irrevocable Beneficiary is a company, please submit a letter of direction on company letter head along with this request authorizing this transaction.

A Power of Attorney or Mandatary cannot sign for an owner.

Owner 1 - Print name	<input type="text"/>	Signature of Owner 1	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>
Owner 2 - Print name (If applicable)	<input type="text"/>	Signature of Owner 2	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>
I, the Preferred/Irrevocable Beneficiary, consent to this change (If applicable - see above).					
Beneficiary 1 - Print name	<input type="text"/>	Signature of Beneficiary 1	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>
Beneficiary 2 - Print name (If applicable)	<input type="text"/>	Signature of Beneficiary 2	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>
Beneficiary 3 - Print name (If applicable)	<input type="text"/>	Signature of Beneficiary 3	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>
Beneficiary 4 - Print name (If applicable)	<input type="text"/>	Signature of Beneficiary 4	<input type="text" value="X"/>	Date (mm/dd/yyyy)	<input type="text"/>