

Certificate Surrender Request Form

Certificate number:

Purpose of this form	Use this form to surrender your Certificate.
Terms used in this form	<p><i>Foresters Financial</i>[™], <i>Insurer</i> or <i>We</i> mean The Independent Order of Foresters. <i>You</i> or <i>your</i> mean the Owner who is completing and signing this form, unless otherwise specified. <i>Certificate</i> means a Certificate issued by an Insurer. <i>Owner</i> includes Certificate Owner and Absolute Assignee. <i>Social Security Number</i> will be known as SSN and <i>Tax Identification Number</i> will be known as TIN.</p>

1. Owner Information

Information about the Certificate Owner.	<p>If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's License, 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> <p>Owner Name (first, middle initial & last) SSN/TIN</p> <p>Address Date of Birth (mm/dd/yyyy) Primary Phone Number</p>
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Please choose one of these options.	<p><input type="checkbox"/> Original Certificate contract is enclosed.</p> <p><input type="checkbox"/> Original Certificate contract has been misplaced or destroyed.</p>
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2. Digital Disbursement Payment Information (Optional)

<p>FOR ELECTRONIC PAYMENTS ONLY. Do not complete this section if you wish to be paid by check.</p> <p>MyPayChoice is a digital disbursement platform that allows you to accept payments electronically.</p>	<p>If you provide an email address below, and if there are any monies owing to you as a result of this transaction, you will receive 2 emails as follows:</p> <p>(1) An email from Foresters confirming your transaction has been processed and (2) An email from notification@thepaychoice.com to select the payment method for receiving your funds electronically.</p> <p>Email _____</p> <p>Note that you may be contacted by Foresters, before receiving the emails, to confirm your request.</p> <p>Foresters may correct and/or debit your account in the amount of any overpayment, duplicate payment, or otherwise erroneous payment.</p> <p>If you do not provide your email address, Foresters will send you a check if applicable.</p>
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3. Replacement Declaration

<p>Failure to complete this section may delay the processing of your request.</p>	<p>a) Have you purchased a new Foresters Financial product in the last 13 months?</p> <p style="padding-left: 40px;">Yes No</p> <p>b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Certificate?</p> <p style="padding-left: 40px;">Yes No</p> <p>c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company?</p> <p style="padding-left: 40px;">Yes No</p>
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