

# Charity Benefit Designation Form

Policy number:

**Purpose of this form**  
Use this form to designate a charitable organization to receive the Charity Benefit, if any, payable under the above-numbered policy or to change such prior designation.  
The Charity Benefit is only offered on certain policies. Only use this form on policies which have this benefit.

**Terms used in this form**  
*Foresters Financial™, Insurer or We* mean The Independent Order of Foresters or Foresters Life Insurance Company.  
*You or your* mean the Owner who is completing and signing this form, unless otherwise specified.  
*Owner* includes Policy Owner, Absolute Assignee and Annuitant.  
*Eligible beneficiary* means an organization registered as a charity with the Canada Revenue Agency.

**Information about the Policy Owner**  
Owner Name (first, middle initial & last)  
  
SIN/Tax Identification Number  Date of Birth (mm/dd/yyyy)  Primary Phone Number

**Information about the Insured**  
Only complete if different than Owner.  
Insured Name (first, middle initial & last)

**Charity Benefit Designation**  
Use this section to designate an Eligible beneficiary.  
Charitable Organization Name  Registration Number   
Street Address   
City/Town  Province/Territory  Postal Code

**Agreements and Authorizations**  
By signing below, you:  

- Designate the named charitable organization as the eligible recipient of any benefit payable under the above-numbered policy's Charity Benefit provision;
- Hereby revoke any eligible charity designation that was previously made with respect to the benefit payable under the Charity Benefit provision of the above-numbered policy; and
- Agree that this designation, or change in designation, will be effective as of the date that this request is signed.

**Owner Signature**  
 Initial  If the Owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below, and initial the box to the left to confirm.  
 Owner - Please print name, and title if signing for a company  Signature of Owner   
 Signed at City/Town, Province/Territory  Date (mm/dd/yyyy)