

Policy Partial Surrender Request Form

Policy number:

Purpose of this form	Use this form to request a partial surrender of 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.</p> <p><i>Policy</i> means a Certificate, or Policy issued by an Insurer and includes each rider that is attached.</p> <p><i>Owner</i> includes Policy Owner and Absolute Assignee.</p> <p><i>Social Insurance Number</i> will be known as SIN and <i>Tax Identification Number</i> will be known as TIN.</p>

1. Owner Information

<p>Information about the Policy Owner.</p>	<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 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> <p>Owner 1 Name (first, middle initial & last) <input type="text"/> SIN/TIN <input type="text"/></p> <p>Address <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Primary Phone Number <input type="text"/></p> <p>Owner 2 Name (first, middle initial & last) <input type="text"/> SIN/TIN <input type="text"/></p> <p>Address <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Primary Phone Number <input type="text"/></p>
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2. Requested Amount

<p>Partial Surrender Request</p> <p>Indicate the net amount you would like to receive, after applicable charges, fees or taxes are deducted.</p>	<p><input type="radio"/> Maximum available amount</p> <p><input type="radio"/> I request a Partial Surrender for the amount of: \$ <input type="text"/></p> <p>If the partial surrender requested exceeds the maximum available, then only the maximum available amount will be granted.</p> <p>For policies with multiple fund accounts only:</p> <p>If you would like the partial surrender to be taken from a specific fund account(s), please indicate below which account(s) and, if more than one, the amount to be taken from each account. Note that the partial surrender will be taken on a pro-rata basis from all fund accounts unless you indicate otherwise.</p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p>
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3. Payment Instructions

<p>Please choose one of these two options. If no choice is made, Foresters Financial will mail the cheque to the address on file.</p>	<p><input type="radio"/> Cheque mailed to the Owner's current address on file</p> <p><input type="radio"/> Electronic Funds Transfer (Direct Deposit)</p> <p>Please note, the Electronic Funds Transfer (EFT) option is only available if you are the current Owner/Assignee and Payer and currently paying your premium on a Pre-Authorized Chequing Plan (PAC).</p>
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4. 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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Policy? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No</p>
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Please sign on next page

Policy Partial Surrender Request Form (continued)

Policy number:

5. Owner Tax Residency Information

<p>Owner non-US and Canada tax status</p> <p>You have an obligation to notify us of any change in tax residency status.</p>	<p>To comply with part XIX of Canada's Income Tax Act, Canadian financial institutions are required by law to report information to the CRA on certain financial accounts in Canada held by tax residents of jurisdictions other than Canada or the US.</p>	
	<p>Are you a resident for tax purposes of any jurisdiction other than Canada and the US? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If 'yes', provide all of your jurisdictions of tax residence and each respective Taxpayer Identification Number (TIN):</p>	
	Owner 1	Owner 2
	<p>Jurisdiction of tax residence</p> <input type="text"/>	<p>Jurisdiction of tax residence</p> <input type="text"/>
	<p>TIN</p> <p>If you do not have a TIN for any jurisdiction of tax residence then please choose one of the below codes for each such jurisdiction:</p> <p><input type="radio"/> A: You have applied for a TIN but have not yet received it</p> <p><input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents</p> <p><input type="radio"/> C: Other (please specify reason):</p>	<p>TIN</p> <p>If you do not have a TIN for any jurisdiction of tax residence then please choose one of the below codes for each such jurisdiction:</p> <p><input type="radio"/> A: You have applied for a TIN but have not yet received it</p> <p><input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents</p> <p><input type="radio"/> C: Other (please specify reason):</p>

6. Agreements and Authorizations

<p>Please review this section before signing.</p>	<p>I, the Owner, certify that the information provided is true, correct and complete. I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information commits an act of fraud, and is subject to criminal and civil penalties. Additionally I understand that:</p> <ul style="list-style-type: none"> This request is not valid unless all pages have been completed and submitted. Any corrections to this form must be initialed by all signing parties. I hereby authorize Foresters Financial to withhold the required tax amount due to the transaction under this Policy. In addition, there may be other tax implications associated with cash disbursements from this Policy. Tax rules also require non-residents to pay tax on policy gains arising from cash disbursements from a life insurance Policy issued in Canada. It is expressly represented and warranted that no other person, firm or corporation has any interest in the above numbered Policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned. The current beneficiary must sign to release his or her rights if he or she is a Preferred or Irrevocable Beneficiary. The current assignee must sign to acknowledge this transaction. <p>I, the Owner, hereby request a partial surrender as indicated in this form. I understand that: the partial surrender will be subject to the terms of the policy; charges and/or fees may apply to the partial surrender; and that the coverage amount and death benefit may, and policy values will, be reduced as a result of the partial surrender.</p>
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7. Signature Section

<p>Printed name and signature are both required.</p> <p>If the Owner, Preferred/ Irrevocable Beneficiary or Collateral Assignee is a company, please submit a letter of direction on company letterhead along with this request authorizing this transaction.</p>	<p>Owner 1 - Print name</p> <input type="text"/>	<p>Signature of Owner 1</p> <input type="text" value="X"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>Owner 2 - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Owner 2</p> <input type="text" value="X"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>I, the Preferred/Irrevocable Beneficiary, consent to this request.</p> <p>Beneficiary - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Beneficiary</p> <input type="text" value="X"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>I, the Collateral Assignee, consent to this request.</p> <p>Assignee - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Assignee</p> <input type="text" value="X"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>