

Documents Package Prepared for: **Foresters ezbiz – NMO**

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Document Name	Description	Expiration Date
770736-NY-12-19-k	Application for Individual Life Insurance	12/31/2199
105273_NY	Compensation Disclosure Statement	12/31/2199
105003_NY	Appendix 10C - Important Notice Regarding Rep...	12/31/2199
105004_NY	Appendix 10A - Disclosure Statement	12/31/2199
105006_NY	Appendix 11 - Definition of Replacement	12/31/2199
105007_NY	Authorization and Direction to Release Life I...	12/31/2199
105922_NY	If there is an intention to replace long-term...	12/31/2199
106074-ny-0320	PlanRight Suitability Form	12/31/2199
106077-ny-0120	Suitability Additional Information and Waiver	12/31/2199

The Independent Order of Foresters ("Foresters")

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

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Tips for Submitting a Foresters Application for Individual Life Insurance - Foresters PlanRight

This Checklist is a quick guide to help avoid processing delays. For more information on completing the Application, please refer to the *PlanRight Product Guide*, available on ezbiz Foresters Financial™ producer website. If you have questions about Foresters, Foresters PlanRight product, Foresters PlanRight Application process, or if you have trouble initiating the required personal health interview (PHI) with Apptical Corp. ("Apptical"), contact Foresters Sales Desk at 1-866-466-7166 option 1, Monday through Friday 8:30 a.m to 7:00 p.m. ET.

Things You Need To Know

- Money orders, cashier's checks, or cash are not acceptable methods for the payment of premiums. A producer cannot make premium payments (unless the proposed insured is the producer or a dependent of the producer).
- Do not use white out (liquid paper/correction fluid) on any part of the Application.
- A personal health interview (PHI) must be completed with the proposed insured at the time the Application is taken in order for the Application to be processed. Conduct the PHI as soon as your client signs the application, and while you are still with the proposed insured.
- Completion of the PHI must take place at the point of sale and during Apptical's hours of operation, 8:30 a.m. to 2:00 a.m. ET, Monday through Friday and 10:00 a.m. to 10:00 p.m. ET, Saturday and Sunday. To call Apptical, dial 1-866-844-9276.
- In ALL cases where a PHI has been initiated, the signed Application must be submitted to Foresters and the Notices page given to the proposed insured, regardless of whether or not the Application is to be processed. Foresters is required to retain the signed Application as it contains the authorization used to complete the PHI. If the Application is not to be processed, write 'Withdrawn' on the Producer Report and send the Application to Foresters; no premium should be accepted and the Acknowledgement of First Premium should not be left with the owner.
- For instructions on conducting a PHI, refer to the *PlanRight Product Guide*, available on ezbiz.
- The certificate's issue date is the date that Foresters approves the Application, unless a preferred draft date is requested.

How To Avoid Delays

- Are you contracted with Foresters? You must provide your producer number to Apptical in order to proceed with the PHI.
- Do you have the right Application and forms for the state where the application is signed? Did you verify the product rules and state availability for the applicable state?
- Did you print legibly in English, using ink (preferably black)?
- If the payer is other than the proposed insured or the owner, did you complete a Contingent Owner/Other Payer Identification form and include it with the Application?
- If Pre-Authorized Checking (PAC) has been requested, did you complete the Payment Information section in full? Did you explain PAC to the payer and are they fully aware that the PAC authorization is effective immediately?
- When choosing a preferred draft date did you select either the day of the month (between the 1st and the 28th) or the day of the week (1st, 2nd, 3rd or 4th Monday to Friday of the month)?
- If replacing existing insurance or an annuity, did you complete the applicable replacement form(s) and include them with the Application?
- If there were changes, did you, the proposed insured and the owner, if other than the proposed insured, initial ALL corrections before signing the Application?
- Is the Application dated the same day as the Apptical interview?
- Are all sections of the Application signed, including:
 - Signature Section signed by the proposed insured and the owner, if other than the proposed insured.
 - Producer Certification signed by the producer.
 - Conditional Receipt signed by the owner and producer (only if first premium is by check).
 - Both copies of the Preliminary Statement of Policy Cost and Benefit Information signed by the owner and producer.
- Did you leave the following pages from the Application Package?
 - Notices page with the proposed insured.
 - Conditional Receipt with the owner (only if first premium is by check).
 - One copy of the Preliminary Statement of Policy Cost and Benefit Information with the owner.
 - Accelerated Death Benefit Rider (for Terminal Illness) Disclosure with the owner.
- Did you record the Inspection Reference ID number provided by Apptical on the Producer Report? We can't proceed without it.
- If you'd like to save insurance age, did you indicate this on the Producer Report?
- If paying the first premium by check, did the payer make the check payable to Foresters? The check must be dated no later than the date the Application was signed by the owner.
- If mailing the Application and a check was provided, did you mail the Application and the check together?
- If submitting the Application by fax, Foresters fax number is 1-866-300-3830. When faxing, did you include a photocopy of the void check?

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For Producer Only. Not For Use With The General Public.

770736 NY 12/19

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Application for Individual Life Insurance

1. Proposed Insured (full legal name)				
First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female	
Street address	City	State	Zip	
Social security #	Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth
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): _____				
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.: _____				
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		E-mail		
Height (ft/in) / Weight (lbs) /	Within the past 12 months, has the Proposed Insured used tobacco or nicotine in any form? <input type="radio"/> Yes <input type="radio"/> No			

2. Medical Questions (For purposes of these questions "you" and "your" mean the proposed insured, "diagnosed", "advised", "tested", "referred", "repaired", "monitored", "observed", "treated" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

If a "Yes" answer to questions 1-6, the proposed insured is not eligible for Foresters PlanRight Whole Life. Do not complete or submit this application.

- Are you:
 - A resident in, or have you been advised to move into, a nursing home or skilled nursing facility? _____ Yes No
 - Receiving, or have you been advised to receive, skilled nursing care, hospice care, or home healthcare? _____ Yes No
 - A patient in a hospital or psychiatric facility, or confined to a correctional facility? _____ Yes No
 - Using a wheelchair or electric scooter due to an ongoing illness, medical condition, or disease? _____ Yes No
 - Requiring help (from anyone) with administering or taking your medications, or with bathing, dressing, eating, or toileting? Yes No
- Within the past year (12 months), have you been advised to:
 - Use, or have you used, oxygen equipment to assist with breathing (excluding use for sleep apnea)? _____ Yes No
 - Have, or have you had, kidney dialysis? _____ Yes No
 - Have surgery, a medical procedure, hospitalization, or have you been referred for a check up or consultation with a doctor or medical specialist, which has not yet been started, completed, or for which results are not known? _____ Yes No
 - Have a diagnostic test, or have you been referred to get a lab test, which has not yet been started, completed, or for which results are not known (excluding tests related to the Human Immunodeficiency Virus (HIV))? _____ Yes No
- Within the past year (12 months), have you consulted a physician for, been diagnosed with, or received or been advised to receive treatment or medication for, unexplained weight loss greater than 10 pounds? _____ Yes No
- Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? _____ Yes No
- Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - Cardiomyopathy, Congestive Heart Failure (CHF), Pulmonary Hypertension, or any other type of heart failure or heart muscle disease? _____ Yes No
 - Amyotrophic Lateral Sclerosis (ALS), or a terminal illness or end-stage disease? _____ Yes No
 - Alzheimer's disease, dementia, or memory loss? _____ Yes No
 - Acquired Immune Deficiency Syndrome (AIDS) or HIV infection? _____ Yes No
- Have you ever been diagnosed with more than one occurrence of the same or different type of cancer, or do you currently have cancer (the term "cancer" excludes basal cell skin cancer)? _____ Yes No

If all "No" answers to questions 1-6, then continue with questions 7-12.

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Complete questions 7-12 and indicate (e.g. circle or underline) the condition(s) to which each "Yes" answer, if any, applies.

7. Have you ever been diagnosed with diabetes and have also been diagnosed with, or advised to receive treatment for:
- a) Retinopathy (problems with your eyesight)? _____ Yes No
 - b) Nephropathy (kidney disease or kidney damage)? _____ Yes No
 - c) Peripheral Neuropathy (nerve damage or numbness)? _____ Yes No
8. Within the past 2 years (24 months), have you been hospitalized for 48 hours or more due to diabetes? _____ Yes No
9. Within the past 2 years (24 months), have you been diagnosed with, or received or been advised to receive treatment for:
- a) Alcohol or drug abuse, or have you used illegal drugs? _____ Yes No
 - b) An aneurysm, or have you ever been diagnosed with an aneurysm that has not yet been repaired? _____ Yes No
 - c) A brain tumor, or have you ever been diagnosed with a brain tumor that has not yet been treated or is being monitored or observed? _____ Yes No
10. Within the past year (12 months), have you been diagnosed with having:
- a) A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)? _____ Yes No
 - b) Angina, or have you taken medication for angina? _____ Yes No
11. Within the past year (12 months), have you been advised to have, or have you had, a pacemaker or defibrillator implant, cardioversion treatment, or any other type of heart or circulatory procedure? _____ Yes No
12. Within the past 3 years (36 months), have you been diagnosed with cancer, or received or been advised to receive chemotherapy, radiation, or any other type of treatment for cancer (the term "cancer" excludes basal cell skin cancer)? _____ Yes No

If a "Yes" answer in questions 7-12, then apply for Foresters PlanRight Whole Life (Basic). If all "No" answers then continue with questions 13-15.

Complete questions 13-15 and indicate (e.g. circle or underline) the condition(s) to which each "Yes" answer, if any, applies.

13. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
- a) Parkinson's disease or Systemic Lupus (SLE)? _____ Yes No
 - b) Hepatitis B or C, cirrhosis of the liver, or any other type of liver disease or condition? _____ Yes No
 - c) Chronic kidney disease, chronic renal insufficiency, or any other type of kidney disease or condition (excluding kidney stones)? _____ Yes No
 - d) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, or any other type of chronic lung disease or ongoing respiratory condition (excluding asthma or sleep apnea)? _____ Yes No
14. Within the past 2 years (24 months), have you been diagnosed with having:
- a) A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)? _____ Yes No
 - b) Angina, or have you taken medication for angina? _____ Yes No
15. Within the past 2 years (24 months), have you been advised to have, or have you had, a pacemaker or defibrillator implant, cardioversion treatment, or any other type of heart or circulatory procedure? _____ Yes No

If a "Yes" answer in questions 13-15, then apply for Foresters PlanRight Whole Life (Standard).

If all medical questions 1-15 are answered "No", then apply for Foresters PlanRight Whole Life (Preferred).

3. Insurance Applied For

Certificate type (based on answers to Section 2 Medical Questions)

If there is a "Yes" answer to questions 1-6, do not complete or submit this application.

If there is a "Yes" answer to questions 7-12, then you are applying for Foresters PlanRight Whole Life: Basic (graded death benefit)

If there is a "Yes" answer to questions 13-15, then you are applying for Foresters PlanRight Whole Life: Standard (level death benefit)

If all medical questions are answered "No" then you are applying for Foresters PlanRight Whole Life: Preferred (level death benefit)

Insurance amount: \$ _____ Additional coverage: (only available if applying for Foresters PlanRight Whole Life (Preferred)

Accidental Death Rider \$ _____ (benefit amount)

Premium amount: \$ _____ (based on payment mode, including premium for Accidental Death Rider, if applied for)

Automatic selection, insurance amount and premium adjustment – Owner agrees that if: (i) applying but not qualifying for, based on the information in this application, Foresters PlanRight Whole Life (Preferred) the owner is instead automatically applying in this application for Foresters PlanRight Whole Life (Standard); (ii) applying as per (i) above but not qualifying for, based on the information in this application, Foresters PlanRight Whole Life (Standard), the owner is instead automatically applying in this application for Foresters PlanRight Whole Life (Basic); (iii) the proposed insured qualifies for the certificate applied for above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

4. Payment Information

Payer is: Proposed insured Owner (if other than proposed insured) Other (Complete Contingent Owner/Other Payer I.D. Form)

First premium payment provided by: Pre-Authorized Check (PAC) Check

If first premium payment is provided by check, then conditional coverage is explained in the Conditional Receipt.

If first premium payment is provided by PAC, then no conditional coverage is in effect.

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 (choose option below)
- Draft on the _____ day (choose between 1st and 28th) of the month.
- Draft on the _____ (choose 1st to 4th) _____ (choose Monday to Friday) of the month

For 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.

PAC Banking information to be taken from:

<input type="radio"/> Void check (attach here) <input type="radio"/> Information completed below (if no check available) <input type="radio"/> Check submitted with the application
Type of Account: <input type="radio"/> Checking <input type="radio"/> Savings
Name of financial institution: _____
Routing Transit # (9 digits): _____
Account # (maximum 17 digits): _____

PAC Authorization

The payer, by signing below, 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 an insurance contract 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. Subsequent deduction amounts may vary. 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.

This authorization must be signed by the account holder as his/her name appears on banking records for the account provided. If the account provided is a joint account that requires two signatures, then both account holders must sign.

Print Name of Payer / Print Name of joint account holder (if required)

X

Signature of Payer / Signature of joint account holder (if required)

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.

5. Automatic Premium Loan

Automatic premium loan provision elected? _____ Yes No
 If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.
 If "No", or if an election is not made, the certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period.

6. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? _____ Yes No
 Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? _____ Yes No
 Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? _____ Yes No

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust		Social security/Tax ID #	
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		E-mail	Phone #
If Trust:	Name of Trustee	Date of Trust agreement	
If Individual:	<input type="radio"/> Male <input type="radio"/> Female	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): _____

8. Secondary Addressee (Optional. To designate another person to receive notification of a possible lapse in coverage.)

Name (First, Middle, Last)		<input type="radio"/> Male <input type="radio"/> Female	
Street address		City	State Zip

9. Additional Information

If additional space is required, an overflow form or an additional piece of paper, if signed and dated, can be attached to this application.

Is the proposed insured taking dual use medication? _____ Yes No
 If "Yes", list each dual use medication and the reason it was prescribed: _____

10. Beneficiary Information (Each beneficiary below is revocable, unless "irrevocable" is written next to the name of that beneficiary.)

Primary	Relationship to proposed insured	% Share
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		The
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		total
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		must
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		equal
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		100%
Contingent	Relationship to proposed insured	% Share
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		The total
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		must equal
Name: _____ Home phone #: _____ Social Security #: _____ Date of birth (mmm/dd/yyyy): _____ Address: _____		100%

11. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me 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 an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation may result in loss of coverage or cancellation of the insurance contract. 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. Except as explained in the Conditional Receipt provided to me, if any, Foresters will have no liability under an insurance contract issued based on this application until the date that insurance contract comes into effect, according to its terms and then only if the first premium due is provided in full on or before the delivery 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. At my revocable option, 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. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. **The certificate that Foresters issues, if any, as a result of this application, may have attached, for no additional premium, a rider providing for an accelerated death benefit for terminal illness. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable.** If I am the owner and if the life insurance applied for has a level death benefit, I have been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.

12. Authorization To Obtain And Disclose Information

“Authorized persons” means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of (a) assessing insurance coverage eligibility, (b) obtaining reinsurance, (c) administering the insurance contract, and (d) administering claims and, to the extent obligated, paying benefits, I, the proposed insured, authorize The Independent Order of Foresters (“Foresters”) and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis (excluding HIV testing), treatment and prognosis of a physical or mental condition, physical and mental health information (excluding psychotherapy notes) that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters. Revocation is not effective to the extent that Foresters, or an authorized person, has acted in reliance on the authorization prior to notice of revocation. A copy of this authorization will be provided upon request. I have been provided the Notices.

13. Signature Section (For purposes of sections 1 to 12. Review entire Application before signing.)

Note: Since the certificate, if any, issued as a result of this application will be issued with minimal or no medical underwriting, the premium rate charged will include an extra mortality risk charge. If the proposed insured is healthy enough to qualify as a “standard” risk, premiums would likely have been lower if you had applied for a fully underwritten certificate.

X _____
Proposed Insured's signature

X _____
Owner's signature (if other than the Proposed Insured)

The owner, or the proposed insured, if the proposed insured is the owner, signed in: _____ on: _____
State Date (mmm/dd/yyyy)

14. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured 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 proposed insured or owner were recorded as shown and this application was reviewed with the proposed insured and owner before it was signed. If the life insurance applied for has a level death benefit, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Disclosure.

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

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

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

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Notices (this section must be given to the proposed insured)

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual 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 proposed insured 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 or MIB, Inc. 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 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. We may also disclose information to your physician and MIB, Inc. ("MIB"). 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 you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. We may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include personal characteristics such as health and prescription history. The federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. You may request a personal interview with the agency and they will make a reasonable attempt to talk to you. It will include that information in its report. 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.

MIB, Inc. - Information regarding your insurability will be treated as confidential. Foresters or authorized persons may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734. Information for consumers about MIB may be obtained on its website at www.mib.com.

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Conditional Receipt. (This section should be given to the owner only if a check for the premium amount was provided.)

This Conditional Receipt provides life insurance coverage on the life of the proposed insured, beginning on the Application Date, provided, and only if, the following three conditions are met: 1. A check for the premium amount required for the certificate type selected, and insurance amount applied for, in the Application, was paid with the Application. 2. That check is honored for payment when presented to the financial institution from which payment is to be made. 3. There was no fraud, material misrepresentation or non-disclosure in the Application. The coverage provided under this conditional receipt is limited to the death benefit payable during the first two certificate years under the Foresters PlanRight Basic (graded death benefit) certificate type, unless the proposed insured is insurable, assessed as of the Application Date, under our underwriting rules and practices, at our standard rates, for the certificate type selected, and insurance amount applied for, in the Application, in which case coverage is limited to the amount payable under that certificate type. This coverage ends on the earlier of (a) the Issue Date (b) the date we receive a request to withdraw the Application and (c) the date written notice, with a refund of unearned premiums, if any, is sent by Foresters to the proposed insured or the owner, as no certificate was issued. If a condition is not met, Foresters only liability under this Conditional Receipt is to return the premium paid. If a certificate is issued, that premium will be applied to that certificate as of the Issue Date. If a certificate is not issued, that premium will be refunded. "Application Date" means the date that the application was signed by the proposed insured. "Issue Date" means the issue date of the certificate issued, if any, in response to the Application. No benefit is payable if death is by suicide, however, premium paid will be returned. There is no coverage under this Conditional Receipt in relation to any rider applied for in the Application. I understand the terms and conditions for coverage under this Conditional Receipt.

Owner's signature: _____

I received, for the certificate type selected, and insurance amount applied for, in the Application for Individual Life Insurance on the life of

_____, a premium of \$ _____.

Proposed insured's name

Producer's signature: _____

Date (mmm/dd/yyyy) _____

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

T. 800 828 1540 foresters.com

Foresters
Financial

Preliminary Statement of Policy Cost and Benefit Information

The purpose of this Preliminary Statement of Policy Cost and Benefit Information and the Buyer's Guide is to provide information which will help you decide how much life insurance you should buy, improve your ability to select the most appropriate product for your needs, improve your understanding of the basic features of the policy ("certificate") which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar products of insurance.

Proposed Insured's Name: _____ Age: _____ Sex: _____

Producer's Name: _____ Producer's Telephone Number: _____

Producer's Address: _____

Insurance Company's Name: Foresters Home Office Address: 789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9

Description of Coverage – Whole Life Insurance

The certificate you have applied for is a Whole Life Insurance certificate. It provides life insurance, subject to its provisions, to the maturity date as long as the required premiums are paid. Cash surrender value is payable at surrender or maturity.

Death Benefit Type: Level Death Benefit Graded Death Benefit

Optional Riders: Accidental Death \$ _____ Other _____

Initial Face Amount	Initial Annual Premium	Cash Value end of 10 th Year	Cash Value end of 20 th Year
\$	\$	\$	\$

The guaranteed cash values shown above are based upon the following assumptions; that the certificate is issued with the death benefit type and face amount shown, that total premium will be paid when due, that no loans will be taken, and that no coverage changes will be made.

	Life Insurance Surrender Cost Index at 5%	Life Insurance Net Payment Cost Index at 5%	Equivalent Level Annual Dividend at 5%
10 Years	\$	\$	\$
20 Years	\$	\$	\$

An explanation of the intended use of these indexes and the Equivalent Annual Dividend is provided in the Life Insurance Buyer's Guide. The Equivalent Annual Dividend shown above is based upon the company's current dividend scale, which is not guaranteed. The description of coverage is general. A complete statement of coverage is found only in the insurance contract.

You may borrow against the certificate's cash value at an annual loan interest charge that will not exceed the higher of:

1. The Monthly Average Corporate Yield shown in Moody's Corporate Bonds Yield Averages published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.
2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

We do not expect to pay any dividends under the certificate.

The figures shown in this Preliminary Statement of Policy Costs and Benefit Information are based on the assumption that the proposed certificate will be issued as applied for. If a certificate is issued, you will be given a complete policy summary, including cost data, which will be based upon the benefits, premiums and dividends of the certificate as issued. Within 10 days of receiving the issued certificate and policy summary you may return the certificate for an unconditional refund of premiums paid.

Prospective Owner's Name

Producer Number

Prospective Owner's Signature

Producer's Signature

Date (mmm/dd/yyyy)

Two copies should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.

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Preliminary Statement of Policy Cost and Benefit Information

The purpose of this Preliminary Statement of Policy Cost and Benefit Information and the Buyer's Guide is to provide information which will help you decide how much life insurance you should buy, improve your ability to select the most appropriate product for your needs, improve your understanding of the basic features of the policy ("certificate") which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar products of insurance.

Proposed Insured's Name: _____ Age: _____ Sex: _____

Producer's Name: _____ Producer's Telephone Number: _____

Producer's Address: _____

Insurance Company's Name: Foresters Home Office Address: 789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9

Description of Coverage – Whole Life Insurance

The certificate you have applied for is a Whole Life Insurance certificate. It provides life insurance, subject to its provisions, to the maturity date as long as the required premiums are paid. Cash surrender value is payable at surrender or maturity.

Death Benefit Type: Level Death Benefit Graded Death Benefit

Optional Riders: Accidental Death \$ _____ Other _____

Initial Face Amount	Initial Annual Premium	Cash Value end of 10 th Year	Cash Value end of 20 th Year
\$	\$	\$	\$

The guaranteed cash values shown above are based upon the following assumptions; that the certificate is issued with the death benefit type and face amount shown, that total premium will be paid when due, that no loans will be taken, and that no coverage changes will be made.

	Life Insurance Surrender Cost Index at 5%	Life Insurance Net Payment Cost Index at 5%	Equivalent Level Annual Dividend at 5%
10 Years	\$	\$	\$
20 Years	\$	\$	\$

An explanation of the intended use of these indexes and the Equivalent Annual Dividend is provided in the Life Insurance Buyer's Guide. The Equivalent Annual Dividend shown above is based upon the company's current dividend scale, which is not guaranteed. The description of coverage is general. A complete statement of coverage is found only in the insurance contract.

You may borrow against the certificate's cash value at an annual loan interest charge that will not exceed the higher of:

1. The Monthly Average Corporate Yield shown in Moody's Corporate Bonds Yield Averages published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.
2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

We do not expect to pay any dividends under the certificate.

The figures shown in this Preliminary Statement of Policy Costs and Benefit Information are based on the assumption that the proposed certificate will be issued as applied for. If a certificate is issued, you will be given a complete policy summary, including cost data, which will be based upon the benefits, premiums and dividends of the certificate as issued. Within 10 days of receiving the issued certificate and policy summary you may return the certificate for an unconditional refund of premiums paid.

Prospective Owner's Name

Producer Number

Prospective Owner's Signature

Producer's Signature

Date (mmm/dd/yyyy)

Two copies should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.

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Accelerated Death Benefit Rider (for Terminal Illness) Disclosure

(This disclosure must be given to the owner, only if the life insurance applied for has a level death benefit.)

The insurance contract you are applying for may include an Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine if it does include that rider. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be 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. The rider is not available on a certificate issued with a graded death benefit.

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 been certified by a physician as having an 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 \$35,000.

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 50, with 50% of the maximum acceleration amount being accelerated when the insured is age 60. 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:	<u>\$ 16,625.00</u>
Payment Percentage:	<u>100.00%</u>
Gross Payment Amount:	<u>\$ 16,625.00</u>
minus Loan Repayment:	<u>\$ 950.00</u>
minus Overdue Premium(s):	<u>\$ 0.00</u>
Accelerated Death Benefit Payment:	<u>\$ 15,675.00</u>

Effect on Certificate Values

	<u>Before Acceleration</u>	<u>After Acceleration</u>
Face Amount:	<u>\$ 35,000.00</u>	<u>\$ 18,375.00</u>
Amount of Paid-up Additional Insurance:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Eligible Death Benefit:	<u>\$ 35,000.00</u>	<u>\$ 18,375.00</u>
Cash Value:	<u>\$ 4,325.00</u>	<u>\$ 2,270.00</u>
Cash Value of Paid-up Additional Insurance:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Loan Amount:	<u>\$ 2,000.00</u>	<u>\$ 1,050.00</u>
Cash Surrender Value:	<u>\$ 2,325.00</u>	<u>\$ 1,220.00</u>
Annual Premium:	<u>\$ 952.00</u>	<u>\$ 516.85</u>

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

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Foresters
Financial

PlanRight Producer Report (Required)

This form is for internal and producer use only and is not part of the application

Producer:

Producer Name: _____ Producer Number: _____

Proposed insured:

First Name: _____ Last Name: _____ Date of birth (mmm/dd/yyyy): _____

1. How long have you known the proposed insured? _____ Years
2. Are you related to the proposed insured? _____ Yes No
If 'Yes', what is the relationship?: _____
3. At the time the application was taken, did you:
 - a) See the proposed insured? _____ Yes No
 - b) Personally interview and complete the application in the presence of the proposed insured? _____ Yes NoIf 'No' to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the application? _____ Yes No
If 'No', identify and provide contact information of the person who obtained and witnessed the signature(s).

5. Did you personally review each document used to verify identity and birth date? _____ Yes No
If 'No', identify and provide contact information of the person who reviewed each document (if different than the person identified in question 4).

6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number. # _____
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? _____ Yes No
If 'No', were changes to the application made and initialed, and a new page 6 signed, in both sections 13 & 14, as required? _____ Yes No
8. a) Did you collect a check for the first premium? _____ Yes No
b) If 'Yes', did you review and leave the Conditional Receipt with the owner? _____ Yes No
9. Proposed insured's primary language is: English Spanish Other _____
10. Number of people under 25 years of age living in the proposed insured's household? _____
11. Was a copy of the Buyer's Guide provided to the owner at the time of sale? _____ Yes No
12. Are the commissions to be split with another producer? _____ Yes No
If 'Yes', state what the percentage should be for the producer who filled out the application: _____ %
Name and producer number of producer who will receive the remaining percentage: _____

Note: If the proposed insured has had life insurance with Foresters that was in force but has lapsed or been surrendered within the last 13 months, then the application will be considered an internal replacement and will affect compensation.

Certificate Issuing Instructions

Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required) _____ Yes No

The certificate should be: Mailed directly to the owner. Sent to producer for delivery.

Remarks

New York Compensation Disclosure

The following disclosure is provided pursuant to Insurance Department Regulation No. 194 (11 NYCRR 30.1 et seq.):

_____ is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

APPENDIX 10C

INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE PRODUCER OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY, PRODUCER OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

IMPORTANT: THIS RIGHT SHOULD **NOT** BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.

Date: Signature of Applicant:

Date: Signature of Applicant:

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APPENDIX 10A

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DISCLOSURE STATEMENT**

IMPORTANT - IT MAY **NOT** BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING PRODUCER, BROKER OR INSURANCE COMPANY **PRIOR** TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant _____ Telephone # _____

Address _____

Name of Producer or Broker _____ Telephone # _____

Company _____ Address _____

The information on existing coverage on this form was obtained from

- The replaced company
- Approximations if replaced company failed to provide information in the prescribed time

DISCLOSURE STATEMENT CONTINUED:

1. DESCRIPTION OF TRANSACTION: AS OF DATE:

Proposed Policy/Contract	Existing Policies/Contracts Affected		
	(1)	(2)	(3)
_____ Company	_____	_____	_____
_____ - _____ Customer Service Telephone Number:	_____ - _____	_____ - _____	_____ - _____
\$ _____ Type of Insurance	\$ _____	\$ _____	\$ _____
\$ _____ Face Amount	\$ _____	\$ _____	\$ _____
\$ _____ Rider _____	\$ _____	\$ _____	\$ _____
\$ _____ Rider _____	\$ _____	\$ _____	\$ _____
\$ _____ Rider _____	\$ _____	\$ _____	\$ _____
\$ _____ Rider _____	\$ _____	\$ _____	\$ _____
\$ _____ Rider _____	\$ _____	\$ _____	\$ _____
\$ _____ Premium	\$ _____	\$ _____	\$ _____
Contract Number # _____	# _____	# _____	# _____
Issue Date _____	_____	_____	_____

Proposed Policy/Contract	Existing Policies/Contracts Affected		
	(1)	(2)	(3)
\$ _____ Surrender Charge	\$ _____	\$ _____	\$ _____
_____ % Guaranteed Interest Rate	_____ %	_____ %	_____ %
_____ % Loan interest Rate	_____ %	_____ %	_____ %
_____ Years Contestable Expiry Date	_____ M/Y	_____ M/Y	_____ M/Y
_____ Years Suicide Expiry Date	_____ M/Y	_____ M/Y	_____ M/Y

DISCLOSURE STATEMENT CONTINUED:

EXISTING COVERAGE TO BE CHANGED BY:

Lapse or Surrender	[]	[]	[]
Amendment of Reissue	[]	[]	[]
Loan or Withdrawal	[]	[]	[]
Reduction To	\$ _____	\$ _____	\$ _____
Reduced Paid-up For	\$ _____	\$ _____	\$ _____
Extended Term For	____Yrs____Mos	____Yrs____Mos	____Yrs____Mos
Cash released by change Year _____	\$ _____	\$ _____	\$ _____
Year _____	\$ _____	\$ _____	\$ _____
Year _____	\$ _____	\$ _____	\$ _____

Use of cash released: _____

2. SUMMARY RESULT COMPARISON:

New With Existing Coverage Changed

Guaranteed	Non-Guaranteed	Annual Premium
\$ _____	\$ _____	At Present
\$ _____	\$ _____	5 Years Hence
\$ _____	\$ _____	10 Years Hence

Guaranteed	Non-Guaranteed	Surrender Value
\$ _____	\$ _____	At Present
\$ _____	\$ _____	5 Years Hence
\$ _____	\$ _____	10 Years Hence

Guaranteed	Non-Guaranteed	Death Benefit
\$ _____	\$ _____	At Present
\$ _____	\$ _____	5 Years Hence
\$ _____	\$ _____	10 Years Hence

Guaranteed	Non-Guaranteed	Dividends
\$ _____	\$ _____	At Present
\$ _____	\$ _____	5 Years Hence
\$ _____	\$ _____	10 Years Hence

Existing Coverage Unchanged

Guaranteed	Non-Guaranteed
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Guaranteed	Non-Guaranteed
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Guaranteed	Non-Guaranteed
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Guaranteed	Non-Guaranteed
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED:

PRODUCER OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

REMARKS:

The attached proposal, including sales material, was used in this sale.

No proposal or sales material was used in this sale.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed for all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts. The proposal, including sales material used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: Signature of Producer or Broker:

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new coverage.

Date: Signature of Applicant:

Date: Signature of Applicant:

APPENDIX 11

INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE PRODUCER OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?..... YES NO
2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES NO
3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES NO
4. REISSUED WITH REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES NO
5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES NO
6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?..... YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR PRODUCER OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date: Signature of Applicant:

Date: Signature of Applicant:

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES NO

Date: Signature of Producer or Broker:

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

T. 800 828 1540 foresters.com



Authorization and Direction to release life insurance policy
or annuity contract information to the Independent Agent of the Independent Order of Foresters

To: _____

For: Policy(ies) or Contract(s) Number(s) _____

I/We hereby authorize and direct you to provide to:

Agent Name _____ Phone # _____ FAX # _____

Agent Mailing Address _____
City _____ State _____ ZIP _____

All information with respect to the policies or contracts identified above which is necessary in order to complete a Disclosure Statement as required by New York State Insurance Department Regulation No. 60,11 NYCRR 51, as amended, from time to time.

This authorization and direction shall be your good and sufficient authority for so doing.
A photocopy of this authorization shall be as valid as the original.

Dated this _____ day of _____, in the year _____.

Witness

Owner's signature

Owner's name (please print)

Witness

Co-Owner's signature, if any

Co-Owner's name (please print)

Agent will submit Disclosure information to Foresters with application and paperwork.

**NOTICE TO APPLICANT
REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE
AND THE PURCHASE OF MULTIPLE ACCIDENT AND HEALTH POLICIES**

According to your application you intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by The Independent Order of Foresters. Your new policy provides 60 days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may be considered preexisting conditions and may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy).
2. You should be aware that the premium rate for the replacement policy may be higher than what you are paying for the existing policy that you plan to replace. If the premium for your existing policy is based on your age when it was issued, you have built up equity in that policy which may be lost if you terminate it.
3. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information requested on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on *(Date)*: _____

Applicant's Name *(Printed)*: _____

Applicant's Signature: **X** _____

I have reviewed the current health insurance coverage of the applicant and find that replacement and/or additional coverage of the type and amount applied for is appropriate for the applicant's needs.

Producer's Signature: **X** _____

Life Insurance Suitability Form ("Form")
PlanRight Whole Life Insurance ("PlanRight")

This Form must be completed, signed and submitted with the PlanRight application for a certificate to be issued or delivered in New York and for reinstatement by redate of a PlanRight certificate. If additional space required, use and submit a separate sheet of paper, signed and dated by the producer and owner.

Part A - Owner Suitability Information Section ('you' and 'your' in Part A mean the Owner)

Name of Owner: _____ Owner Age: _____
(first, middle, last)

Transaction Type ("Transaction"):

- New application to buy PlanRight Reinstatement by Redate of PlanRight

Household Financial Information:

Household Annual Income: Gross \$ _____ Net \$ _____ (Net is after tax but before expenses)

Household Assets: \$ _____ Household Liquid Net Worth: \$ _____

Household Monthly Financial Obligations \$ _____ (indicate total including items such as mortgage, credit cards, loans and other ongoing payments (eg. utility bills)).

Considering the premium to be paid for PlanRight, do you (or your household, if applicable) have sufficient cash or other liquid assets to pay for other expenses and unexpected emergencies?
 Yes No

Do you anticipate material changes in income, assets, net worth or financial obligations that would negatively affect your ability to pay for PlanRight?
 Yes No

Will you be taking a loan, refinancing, or going into debt to pay the premiums for PlanRight?
 Yes No

What will be the source of funds for paying premiums for PlanRight? _____

Insurance Need

Do you require a level premium amount for life insurance (premiums won't increase)? Yes No

For how long do you want this life insurance coverage: For life or A period of _____ years

How much do you feel you can afford to pay monthly for this Product? Up to \$ _____.

What is the purpose for your purchase of PlanRight? (choose all that apply):

- 1/ Death benefit proceeds: final expenses pay towards mortgage leaving a legacy or to charity
 support my family any purpose the beneficiary decides

2/ Build Cash value: for retirement savings to help pay future expenses of any kind

Other purposes not identified above (please explain): _____

Please provide any other information that you think may help us understand your financial situation and ability to pay the PlanRight premiums now and in the future:

Part B - Producer Statement Section (In Part B, 'you' and 'I' mean the Producer and "Transaction" means the transaction type selected in Part A.)

I believe this Transaction is suitable and in the best interest of the Owner based on the suitability information provided by the Owner and considering all other life insurance products that I am authorized to sell in New York for any insurer.

Yes No

Please explain in as much detail as possible why you are recommending this Transaction to the Owner:

I have provided the Owner with the Foresters PlanRight Product Disclosure Summary page and discussed with the Owner each of the items listed on that page as it relates to the Transaction and other product information relevant to the Owners situation and the potential consequences of the Transaction, both favorable and unfavorable.

Yes No

Based on the Owners disclosed household income, assets and obligations I reasonably believe the Owner has the ability to make the premium payments for PlanRight.

Yes No

I have completed the Foresters product training for New York (505063 NY 03/20). Yes No

Print Producer Name: _____ Producer Number: _____

Signature of Producer: _____ Date Signed: _____

Owner/Applicant's Statement and Signature

("Transaction" means the transaction type selected in Part A; Producer is named in Part B)

I, the Owner a) believe the information in Part A (Owner Suitability Information Section) is accurate, b) confirm that the Producer explained to me why this Transaction is recommended as described in Part B (Producer Statement Section) c) confirm that the producer discussed with me the information outlined in, and provided me with, Part C (Foresters PlanRight Product Disclosure Summary), and d) I believe this Transaction is appropriate for my insurance needs based on my financial situation.

Owner Signature: _____ Date Signed: _____

Parts A and B must be completed, signed and submitted with the application for the Transaction. Part C of this form must be left with the Owner.

Foresters Financial, Foresters, and Helping Is Who We Are are trade names and/or trademarks of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Rd, Toronto, Canada M3C 1T9) and its subsidiaries. 106074 NY 03/20

Part C - Foresters PlanRight Product Disclosure Summary

This page must be left with the Owner before the Owner signs the application for the Transaction.

“Certificate” in this Summary means the PlanRight insurance contract, including its riders

- PlanRight coverage is to the insured’s age 121 if not canceled, surrendered, terminated or lapsed. At age 121 the guaranteed cash surrender value will be paid to the Owner.
- First premium payment is a requirement for coverage to come into effect.
- Premiums do not increase with age. Premium must be paid on time. If not paid on time, the certificate may lapse subject to the Automatic Premium Loan (“APL”) provision, if elected, the applicable nonforfeiture option and a grace period.
- If electing APL, the available cash surrender value, if any, will be used to pay the unpaid premium due through a loan. Once the available cash value is zero, the certificate is terminated.
- If APL is not elected, at the end of the grace period the certificate will convert to reduced paid-up life insurance unless the cash surrender option was selected in which case the cash surrender value will be paid to the certificate Owner.
- The guaranteed cash values generally do not begin until the 3rd or 4th certificate year and the cash value grows slowly over time (see the *NY Preliminary Statement of Policy Cost and Benefit Information* form for values at 10 and 20 years based on various factors such as the insured’s age and gender and the face amount).
- A taxable transaction (such as when there is a loan, surrender or the certificate becomes reduced paid up) although possible, would be unlikely under this certificate.
- There is an exclusion, and the benefit is not paid, if death is by suicide during the first two certificate years.
- Changes in coverage, such as increasing the face amount or adding a rider, cannot be done after the certificate issue date.
- The certificate may be surrendered for its cash surrender value, but no partial surrenders may be done.
- If an outstanding certificate loan amount, including interest, exceeds the cash value the certificate will terminate. If not terminated, this amount is deducted from the death benefit payable.
- Certificate may be reinstated within 3 years of lapse but cannot be reinstated if canceled, surrendered or terminated.
- Reinstatement requires evidence of insurability.
- There are three PlanRight plans. PlanRight Preferred has the lowest premium. Both PlanRight Preferred and Standard have a level death benefit. PlanRight Basic has a graded death benefit in the first two certificate years except for accidental death.
- If applying for but not qualifying, after underwriting, for a PlanRight plan with a level death benefit, the automatic selection, insurance amount and premium adjustment process applied for in the application for insurance means that a certificate may be issued, for a higher premium and/or with a graded death benefit in the first 2 certificate years, except for accidental death.
- Accidental death is defined and there are exclusions even for accidental death, including under the Accidental Death Rider (if applied for).
- The Accelerated Death Benefit rider is for terminal illness as defined in the rider. See the *Accelerated Death Benefit Rider (for Terminal Illness) Disclosure* provided to you.
- Your beneficiary can use the death benefit proceeds for any purpose.

Note that this information is an overview of various product features and is not intended to modify the terms and conditions of the product. Refer to the PlanRight certificate and each applicable rider for those terms and conditions.



Suitability Additional Information & Waiver Form (New York Reg 187)

Part A (to be completed)

Name of Certificate Owner: _____ Certificate Number: _____
(first, middle, last) (if known)

Transaction Type ("Transaction"):

- New application to buy the product identified below
- Reinstatement by Redate of the product identified below (not available for SMART Universal Life)

Product: Advantage Plus II Whole Life PlanRight SMART Universal Life Your Term

Part B - Waiver Section (complete if Foresters was unable to determine that the Transaction was suitable but the Owner wishes to proceed with that Transaction anyway)

I, the proposed Owner, have applied for the above Transaction and although I understand that this Transaction has not been determined by Foresters to be suitable for me, and that I can explore other insurance coverage options, I wish to proceed with the Transaction anyway.

Yes No

Owner Signature: _____ Date Signed: _____

Part C - Additional Information Section (complete this section to provide additional information that was not previously provided in the Suitability and Best Interest Form)

I, the producer identified below, confirm that the following additional information was provided to me by the Owner and based on this additional information, and in the Suitability and Best Interest Form I previously signed, I believe this Transaction is suitable and in the best interest of the Owner considering all other life insurance products that I am authorized to sell in New York for any insurer.

Print Producer Name: _____ Producer Signature: _____

Date Signed: _____