

# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

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**Foresters**  
Financial

### Contingent Owner/Other Payer Identification Form

For purposes of this form, "Application" means the Foresters application for insurance on the proposed insured, and "I" means individually each person identified in that Application as either the proposed insured or the owner.

#### Proposed Insured

First name	Middle name	Last name
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#### Contingent Owner /Other Payer Information. (Complete this section to designate a Contingent Owner or to identify a payer other than the proposed insured or the owner.)

Intent of this form (select one): <input type="radio"/> Designation of Contingent Owner. <input type="radio"/> Identify a payer other than the proposed insured or the owner.			
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:			If Trust, date of Trust agreement:
Street address (cannot be a P.O. Box.)		City	State    Zip
Phone #	Social Security # / Tax I.D. #	Relationship to the proposed insured	Email address (optional)
If Trust, name and address of trustee:			
If Contingent Owner or Other Payer is an individual, complete the following:			
<input type="radio"/> Male	Date of birth (mmm/dd/yyyy)	U.S. citizen?	
<input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____	

#### Additional Other Payer Information. (Answer the following questions when using this form to identify a payer other than the proposed insured or the owner.)

Is the payer paying the premium as a loan or for financing to, or will it create a debt by, the insured or owner or is there an intent or arrangement that the payer will be paid back the premium? <input type="radio"/> Yes <input type="radio"/> No
If yes, provide details: _____
Is there an agreement or understanding that the insurance applied for will be assigned, pledged or transferred to the payer or that the payer will receive a fee, compensation or benefit for paying the premium? <input type="radio"/> Yes <input type="radio"/> No
If yes, provide details: _____

I understand that this Contingent Owner/Other Payer Form is part of and is subject to the Application.

\_\_\_\_\_  
Signature of proposed insured

\_\_\_\_\_  
Signature of owner (if other than proposed insured)

\_\_\_\_\_  
Producer's name (print full name)

\_\_\_\_\_  
Producer number

\_\_\_\_\_  
Producer's signature

Each person signed at: \_\_\_\_\_

This form is part of the Application.