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

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Document Name	Description	Expiration Date
770719-US-12-19-k	Application for Individual Life Insurance	12/31/2199
102129_US	Producer Certification: Sales Materials used ...	12/31/2199
104978_US	Important Notice: Replacement Of Life Insuran...	12/31/2199
106128-us-0420	COVID-19 Questionnaire. Not for use in CA, DE...	12/31/2199

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

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.
  - Acknowledgement of First Premium signed by the producer.
- ○ Did you leave the following pages from the Application Package?
  - Notices page with the proposed insured.
  - Acknowledgement of First Premium 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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Foresters Financial

Application for Individual Life Insurance

1. Proposed Insured (full legal name)

First name	Middle name	Last name	○ Male ○ 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? ○ Yes ○ No. If "No" then immigration status: ○ Permanent Resident (Green Card) ○ Other (provide visa type): _____

Type of photo I.D. used to verify identity: ○ Driver's license ○ Passport ○ Other government I.D.: _____

Foresters member? ○ Yes ○ 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? ○ Yes ○ 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. Do not complete or submit this application.

1. Are you:
   a) A resident in, or have you been advised to move into, a nursing home or skilled nursing facility? _____ ○ Yes ○ No
   b) Receiving, or have you been advised to receive, skilled nursing care, hospice care, or home healthcare? _____ ○ Yes ○ No
   c) A patient in a hospital or psychiatric facility, or confined to a correctional facility? _____ ○ Yes ○ No
   d) Using a wheelchair or electric scooter due to an ongoing diagnosed illness, medical condition, or disease? _____ ○ Yes ○ No
   e) Requiring help (from anyone) with administering or taking your medications, or with bathing, dressing, eating, or toileting? ○ Yes ○ No
2. Within the past year (12 months), have you been advised to:
   a) Use, or have you used, oxygen equipment to assist with breathing (excluding use for sleep apnea)? _____ ○ Yes ○ No
   b) Have, or have you had, kidney dialysis? _____ ○ Yes ○ No
   c) 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
   d) 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
3. 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
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation that you were advised was due to complications of diabetes? _____ ○ Yes ○ No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Cardiomyopathy, Congestive Heart Failure (CHF), Pulmonary Hypertension, or any other type of heart failure or heart muscle disease? _____ ○ Yes ○ No
   b) Amyotrophic Lateral Sclerosis (ALS), or a terminal illness or end-stage disease? _____ ○ Yes ○ No
   c) Alzheimer's disease, dementia, or memory loss? _____ ○ Yes ○ No
   d) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for HIV? _____ ○ Yes ○ No
6. 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.

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 that you were advised was 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 (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 (Standard).
If all medical questions 1-15 are answered "No", then apply for Foresters PlanRight (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: ○ Basic (graded death benefit)

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

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

Insurance amount: $ _____

Additional coverage: (only available if applying for Foresters PlanRight (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 (Preferred) the owner is instead automatically applying in this application for Foresters PlanRight (Standard); (ii) applying as per (i) above but not qualifying for, based on the information in this application, Foresters PlanRight (Standard), the owner is instead automatically applying in this application for Foresters PlanRight (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. 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.

5. 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

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:

○ Void check (attach here) ○ Information completed below (if no check available) ○ Check submitted with the application

Type of Account: ○ Checking ○ 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.

_____ **X** _____

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

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: ○ Driver's license ○ Passport ○ Other government I.D.: _____				
Relationship to proposed insured		E-mail	Phone #	
If Trust:	Name of Trustee		Date of Trust agreement	
If Individual:	○ Male ○ Female	Date of birth (mmm/dd/yyyy):	U.S. Citizen? ○ Yes ○ No. If "No" then immigration status: ○ Permanent Resident (Green Card) ○ 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)			○ Male ○ Female
Street address	City	State	Zip

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

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

10. Additional Information

Is the proposed insured taking dual use medication? ○ Yes ○ No

If "Yes", list each dual use medication and the reason it was prescribed: _____

_____

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, or untrue declaration, or failure to disclose all material facts, 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. 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, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue 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. 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. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. 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 assessing insurance coverage eligibility, coverage continuation and/or benefit claim, 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, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information 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. This time limit complies with the time limit, if any, permitted by the applicable law in the state where the certificate is delivered or issued for delivery. 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, except that reporting to MIB, Inc. and action(s) taken before receipt of notice will not be affected. 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.)

X _____ **X** _____

Proposed Insured's signature — 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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Acknowledgement of First Premium (this section must be given to the owner)

It is acknowledged that an amount of $_____ was provided or authorized to be collected, to be applied as the first premium payment for the certificate issued, if any, in response to the Application for Individual Life insurance on the life of _____
Proposed insured's name.

This amount will be refunded, if collected by us, if no certificate is issued. The first premium amount may be adjusted based on the certificate type issued. There is no conditional or temporary insurance coverage even though an amount was provided, or collected, as the first premium payment. Insurance will only come into effect on the issue date of the certificate issued, if any, and subject to the terms of that certificate, provided a) that first premium payment is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date the application was signed and the issue date of that insurance contract.

Producer's signature: **X** _____ Date (mmm/dd/yyyy) _____

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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 a non-correctable 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 the maximum acceleration amount being accelerated. 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			**Effect on Certificate Values**	
			Before Acceleration	**After Acceleration**
Acceleration Amount:	$ 33,000.00	Face Amount:	$ 35,000.00	$ 2,000.00
Payment Percentage:	100.00%	Amount of Paid-up Additional Insurance:	$ 0.00	$ 0.00
Gross Payment Amount:	$ 33,000.00	Eligible Death Benefit:	$ 35,000.00	$ 2,000.00
minus **Loan Repayment:**	$ 1,885.00			
minus **Overdue Premium(s):**	$ 0.00	Cash Value:	$ 4,325.00	$ 247.00
Accelerated Death Benefit Payment:	$ 31,115.00	Cash Value of Paid-up Additional Insurance:	$ 0.00	$ 0.00
		Loan Amount:	$ 2,000.00	$ 115.00
		Cash Surrender Value:	$ 2,325.00	$ 132.00
		Annual Premium:	$ 952.00	$ 88.35

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

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 ○ No
   If '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 5 signed, in both sections 13 & 14, as required? _ ○ Yes ○ No
8. Did you review and leave the Acknowledgement of First Premium 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

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Life Insurance and Annuity Replacement Certification of Sales Material Used in Connection with Application

(Insert Serial Number)

In connection with a replacement transaction, certain State life insurance and annuity replacement regulations require that all sales materials be left with the applicant.

List by form number, all product sales materials *(print or electronic)*[1] presented to the applicant in connection with the above-referenced application:

I certify that:

a) Only The Independent Order of Foresters (Foresters™), approved sales materials referenced above were presented in connection with the above referenced application.

b) A copy of all print sales materials presented in connection with the above referenced application were left with the applicant at the time the application was completed.

c) A copy of any electronically presented materials presented in connection with the above referenced application have been or will be provided to the certificate holder in printed form no later than at the time of the certificate delivery.

d) A financial need analysis was/was not (circle one) completed based on the information provided by the applicant as reflected on the copy enclosed with the application.

Independent Producer Signature

Date (mmm/dd/yyyy)

[1] Sales Material includes, but is not limited to, a sales illustration and any other written, printed (for example, brochures) or electronically presented information created, completed or provided by Foresters or Independent Producer that is used in the presentation to the applicant which describes the benefits, features and costs of the specific product applied for.

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APPENDIX A

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

(This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

3. The existing policy or contract is being replaced because _____

_____.

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ _____
Applicant's Signature and Printed Name Date

_____ _____
Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

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IMPORTANT NOTICE:

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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

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COVID-19 (Coronavirus) Questionnaire

Proposed Insured

First name _____ Middle name _____ Last name _____

Date of Birth _____ Reference/certificate number (if available): _____
(mmm/dd/yyyy)

Note – "You" and "your" mean the proposed insured. "Application" means the Application for Individual Life Insurance on the proposed insured. "Advised", "diagnosed", "medical advice", "tested", "treated" and "treatment" mean by a licensed physician or medical practitioner.

1. Within the past 14 days, have you been diagnosed with, or been treated or given medical advice for any of the following?

O Yes: (*check all that apply)*
- O Fever
- O Flu-like fatigue
- O Loss of smell or taste
- O Nausea, vomiting and/or diarrhea
- O Persistent cough that has not subsided
- O Shortness of breath
- O Sore throat

O No

2. Within the past 30 days, have you been diagnosed with, tested positive for, or been advised to take a test for, that has not yet been started or completed or the results of which are not yet known for, COVID-19 (Coronavirus)?

O Yes O No

3. Within the past 30 days, has a parent or sibling living in your household been diagnosed with or been treated for COVID-19 (Coronavirus)? *If "Yes", please provide details.*

O Yes O No

Details: _____

_____

4. Within the past 21 days have you returned from travel outside the United States? *If "Yes", please advise as to the country travelled to and the date of return to the United States.*

O Yes: Country: _____ Date returned to the United States: _____.
(mmm/dd/yyyy)
O No

5. Within the past 30 days, have you been advised to self-isolate or be quarantined, due to symptoms of, or for any other reason related to, COVID-19 (Coronavirus)?

O Yes O No

I declare that I have reviewed this COVID-19 (Coronavirus) Questionnaire and represent that the information provided in this questionnaire, is true and is a complete disclosure of all information requested in this questionnaire, to the best of my knowledge and belief. I understand and agree that this questionnaire is part of and subject to the Application. I also understand and agree that the information provided in this questionnaire will be relied upon as evidence of insurability that will influence the assessment and acceptance of the application by Foresters.

X _____
Signature of proposed insured (if the proposed insured is not a juvenile)

X _____
Signature of parent/legal guardian (if the proposed insured is a juvenile)

Signed at _____
(City, State)

Signed on _____
Date (mmm/dd/yyyy)