



Protecting what's precious.

*Application for
Individual Life Insurance*





Notice of Information Procedures

This page must be given to the proposed life insured or owner

For purposes of all pages of this document the following words and phrases are defined. The word "Application" means this Application for Individual Life Insurance. "Producer" means the licensed individual who signed this Application as the Producer. "We", "our", and "us" means The Independent Order of Foresters. "You", "your" and "proposed life insured" means the person identified as the proposed life insured in this Application.

Privacy

Personal information We obtain about You is confidential. As permitted by privacy laws, We may disclose information without further authorization. This includes disclosure to consumer reporting agencies hired to prepare investigative reports and insurance companies to which You have applied for coverage or benefits. It also includes those providing services for Us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to Your physician and The Medical Information Bureau ("MIB, Inc."). Upon written request to Us, We will give You more information about these procedures.

You can make a written request to review personal information about You in Our certificate file. However, We will not disclose information to You that was prepared for an anticipated claim or civil or criminal proceeding. You may request a correction, amendment or deletion of the information in Our files which You believe to be inaccurate or irrelevant. Upon written request, We will provide You with further information about these procedures.

Medical and Personal Information

The Underwriting process evaluates information about You to see if You qualify for the insurance You requested. The information We review may vary with the insurance applied for. We consider information about You such as Your age, occupation, and health. We also consider Your mode of living, avocation and other personal information.

The answers in this Application are Our principal source of information. We may contact other people or institutions personally, by phone or by letter, to confirm or add to the information provided in this Application. For example, We may obtain information from a doctor, clinic, hospital, other insurers, or a lending institution. In some cases, a Producer or other Foresters representative may obtain information for Us. A medical examination or laboratory tests may be requested.

In some cases, We may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on Your character and general reputation. It may also include personal characteristics, such as health, finances, job, and mode of living. Information obtained by the agency may be kept in its file and later given to others who have a business need for it.

The Medical Information Bureau (MIB, Inc.)

MIB, Inc. is a non-profit organization of member life insurers which has an information exchange for its members. Information

that is sent to MIB, Inc. by one member may be given to other members who have a business need for it. MIB, Inc. may provide Us or Our reinsurers with a brief report about you.

Upon Your written request, MIB, Inc. will arrange for disclosure of information it may have in its file about You. If You question the accuracy of MIB, Inc.'s information, You may request a correction according to the procedures in the Federal Fair Credit Reporting Act. Send these requests to MIB, Inc.

PO Box 105, Essex Station, Boston, Massachusetts 02112.
Their phone number is 617 426 3660.

If We order an investigative consumer report, it may include information obtained through interviews with Your neighbors, friends or others You know. 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. 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, if one is made. We will provide the name, address, and phone number of any agency We ask to prepare such a report. You may contact the agency directly to learn about the contents of the report. You may also request a copy of the 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.

We hope this notice helps explain Our underwriting process. If You have additional questions, discuss them with Your Producer or contact Us directly. Write to:

Foresters, Chief Underwriter
789 Don Mills Road
Toronto, Canada M3C 1T9

US Mailing Address
PO Box 179
Buffalo, NY 14201-0179

Producer name Office phone number

Application for Individual Life Insurance

General Information

The Independent Order of Foresters, a Fraternal Benefit Society.

Please note order of birth date is (mmm/dd/yyyy).

If proposed life insured has lived at current residence less than 2 years, enter previous address in the Producer Report and check circle.

Foresters members share the common bond, may have voting rights and access to member benefits.

This section is to be filled out if applying for insurance on a juvenile or if the proposed life insured will not be the owner of the certificate.

Address is required only if it is different than the address of the proposed life insured.

In the event of death of the Owner, the surviving Contingent Owner becomes the Owner (but only if the proposed life insured is not the Owner on the date of death).

Information about the Proposed Life Insured.

Name (first, middle, last). Male Female

Birth place. Birth date. (mmm/dd/yyyy)

Marital status. Maiden name. Social security number.

Mailing address.

City, state. Zip code. How long there?

Home phone number. Business phone number. Best time to call.

Occupation. Exact duties.

Employer's name and address.

City, state. Zip code. How long there? Full time Part time Seasonal

Is the proposed life insured working? Yes No

If 'No', state reason. Return date. (mmm/dd/yyyy)

Original document shown to verify identity and birth date.

Driver's license number and state.

Passport. Other government I.D.

Document type and number.

Is the proposed life insured a Foresters Member?

No, applying for membership with Foresters.

Yes, certificate numbers are .

Information about the Owner.

Is the proposed life insured applying as the owner?

Yes. No. If 'No', complete this section

Name (first, middle, last) or full legal name if not a person. Relationship to proposed life insured.

Mailing address.

City, state. Zip code. Contact phone number.

If Owner is a person, also include.

Birth place. Birth date (mmm/dd/yyyy). Social Security Number. Male Female

Original document shown to verify identity.

Driver's license number and state.

Passport. Other government I.D.

Document type and number..

Information about the Contingent Owner.

Name (first, middle, last) or full legal name if not a person. Relationship to proposed life insured.

Mailing address. Birth date (mmm/dd/yyyy) if a person.

City, state. Zip code. Contact phone number.

Beneficiary Information

A person younger than 18 years old cannot be designated as an irrevocable beneficiary.

An irrevocable beneficiary designation means that the following cannot be done without the signed consent of each irrevocable beneficiary (where allowed by law).

1. Change that beneficiary designation.
2. Withdraw or surrender funds.
3. Assign or transfer ownership of the contract.

Rights of a surviving contingent beneficiary only arise if no primary beneficiary is living when the proposed life insured dies.

Name and address of each primary beneficiary of the proposed life insured	Relationship to proposed life insured	Is beneficiary designation irrevocable?		% Share
		Yes	No	

Total must equal 100%.

Name and address of each contingent beneficiary of the proposed life insured.	Relationship to proposed life insured	% Share

Total must equal 100%.

Other Insurance

Is there life insurance currently in force on the proposed life insured? Yes. No.

If 'Yes', please fill in the information below. Also include information about Foresters life insurance certificate(s).

Total life insurance coverage (with all insurers) is: _____.

Total accidental death coverage (with all insurers) is: _____.

Does the proposed life insured have another insurance application pending (other than auto, property and casualty) with Foresters or any other insurer? Yes. No.

Will the proposed life insured stop paying premiums, reduce the face amount of coverage or otherwise discontinue existing life insurance coverage or an annuity if the insurance applied for in this Application is issued? Yes. No.

(If 'Yes', complete state and Foresters replacement / rollover / disclosure & comparison statements. Include existing life insurance or annuities in the process of being lapsed or surrendered, and those completed within the past 13 months.)

If 'Yes' to either of the two questions above, enter the details. _____

Products Available for Sale

Check product availability in your state.

Fill in this section only when applying for a **Foresters Strong Foundation** product.

Fill in this section only when applying for the **Forester Passport** product.

Amount of life insurance applied for on the life of the proposed life insured. \$ _____

Product	Available rider(s)
Foresters Strong Foundation Term of product: _____ years.	<input type="radio"/> Accidental Death Rider. Percentage of face amount: <input type="radio"/> 25% <input type="radio"/> 50% <input type="radio"/> 75% <input type="radio"/> 100%
	<input type="radio"/> Waiver of Premium Rider.
	<input type="radio"/> Living Rewards Rider. (not available on 15 year term plans)
Forester Passport Death Benefit option <input type="radio"/> Level Insured Amount. <input type="radio"/> Insured Amount plus Cash Value.	<input type="radio"/> Guaranteed Purchase Option Rider.
	<input type="radio"/> Secondary Guarantee Rider.
Other <input type="radio"/> _____	_____ _____ _____

Special Instructions

Issue Instructions (if certificate offered will not be issued as applied for.)

The answers will give us direction on certificates not issued as applied for.

For Foresters Strong Foundation products.

Foresters may, at our option, present the owner at delivery with another product for acceptance.

If presenting another product, issue the certificate as follows.

Maintain face amount originally requested. OR Maintain premium amount originally requested.

For Forester Passport product.

If underwriting approval is given on a better than standard basis, issue the certificate as follows.

Maintain premium amount. Maintain face amount of insurance.

If underwriting approval is given on a sub-standard basis, issue the certificate as follows.

Maintain premium amount. Maintain face amount of insurance.

Medical and Personal History

Any question followed by an "*" requires the appropriate questionnaire to be filled out if the answer to that question is 'Yes'. All other questions that have a 'Yes' answer require further details in number 23.

Tobacco products include but are not limited to cigarettes, chewing tobacco, nicotine patch, nicotine gum.

Lifestyle Questions

Has the proposed life insured:

1. Lived in the USA or Canada less than 2 years or intend to travel or reside outside the USA or Canada for more than 1 month at a time within the next year? Yes. No.
2. Ever had their driver's license suspended or revoked, or within the last 3 years had more than 2 moving violations? Yes. No.
3. Within the past 10 years, been convicted of a felony? Yes. No.
4. Been placed, or currently on alert, with the Military or the Reserves?* Yes. No.
5. Within the past 10 years, been refused insurance, offered modified coverage or coverage with an increased premium? (Exclude auto, property and casualty.) Yes. No.
6. In the past 12 months, piloted an aircraft or participated in scuba or skydiving, motorized racing, rock or mountain climbing, or intend to participate in one or more of these activities within the next 12 months?* Yes. No.
7. If applying for the Foresters Strong Foundation product, when was the last time you contracted for a home mortgage or refinanced an existing home mortgage? _____
 List the amount of that mortgage or refinancing. |\$ _____| Date (mmm/dd/yyyy).
 List the name and address of the lending institution. _____

Tobacco/Nicotine Use Question

8. Has the proposed life insured ever used any form of tobacco, marijuana, nicotine product or substitute? Yes. No.
 If 'Yes', what type? _____ Date last used? _____
 Date (mmm/dd/yyyy).

Physician / Medical Practitioner Questions

9. a) Date of last consultation with a physician or other medical practitioner. _____ (Provide details in 23.)
 Date(mmm/dd/yyyy)
9. b) Physician or medical practitioner's name, address.

 Name Address
9. c) Name, address of the primary care physician. Same as 9 b) ; OR

 Name Address

Height and Weight Questions

10. a) Height is _____ feet _____ inches 10. b) Weight is _____ pounds
10. c) Has there been an increase or decrease of more than 10 pounds in the past year? Yes. No.
 If 'Yes' state reason: _____

Substance Use Questions

"Treatment" includes medication, diet, the professional services of a therapist, medical professional, or practitioner of alternative medicine.

In the past 10 years, has the proposed life insured:

11. Received treatment or counseling for the use of any narcotic? Narcotics include cocaine, barbiturate, stimulant, amphetamine, hallucinogenic, street or prescription drug. Yes. No.
 If 'Yes', what type? _____ Amount used? _____ Date last used? _____
 Date (mmm/dd/yyyy).
12. Received treatment for substance abuse?* Yes. No.
13. Consumed alcoholic beverages? Yes. No.
 If the answer to 13 is 'Yes', indicate the average number of servings consumed per week. _____
 Beer Wine Liquor

Medical Questions

14. Presently under treatment for a condition or disease? Yes. No.
15. Has medication, treatment or diagnostic test been advised that has not yet been completed? Yes. No.
16. In the past 10 years, had an exercise ECG, echocardiogram or other ultrasound, angiography, CAT or MRI scan, biopsy, endoscope, or other special screening or diagnostic test? Yes. No.
17. In the past 10 years, been diagnosed as having, or received treatment for:
- a) High blood pressure, stroke, swelling of the ankles, shortness of breath, chest pain, pressure or discomfort, angina, aneurysm, leg pain, disorder of the arteries, heart attack or murmur, irregular heartbeat, or other disorder of the heart or circulatory system?* Yes. No.
 - b) High levels of cholesterol or triglycerides in the blood? Yes. No.
 - c) Anemia, swollen glands or other disorder of the blood or lymphatic system? Yes. No.
 - d) Cancer, tumor, polyp, cyst, abscess, unexplained swelling or lumps?* Yes. No.
 - e) Auto-immune disease or other disorder of the immune system (other than HIV)? Yes. No.
 - f) Asthma, emphysema, chronic cough, sleep apnea, coughing of blood, or other disorder of the nose, throat or lungs?* Yes. No.
 - g) Chronic hepatitis, pancreatitis, diarrhea, indigestion, colitis, ileitis, abdominal pain, bleeding, bowel obstruction or chronic disease of the esophagus, stomach, gall bladder, pancreas, liver, or bowels?* Yes. No.
 - h) Chronic kidney disease, disorder of the bladder, prostate gland, reproductive organs or an incident of blood in the urine?* Yes. No.
 - i) A convulsion, epilepsy, paralysis, multiple sclerosis, or chronic disorder of the nervous system, brain, eyes or ears?* Yes. No.
 - j) Depression, anxiety, schizophrenia or other psychiatric disorder?* Yes. No.
 - k) Arthritis or other chronic disorder of the joints, bones, muscles, skin or connective tissues?* Yes. No.
 - l) Diabetes or other disease of the pancreas, thyroid, pituitary or other endocrine glands?* Yes. No.
18. Consultation with another medical practitioner in the past 5 years? Yes. No.
19. Ever tested positive for HIV (Human Immunodeficiency Virus) as part of a test for obtaining insurance? ... Yes. No.
20. Within the past 5 years, applied for waiver of premiums, disability income, or a critical illness benefit? Yes. No.
21. Had/Has a parent with a history of diabetes, heart attack, angina, stroke, cancer, polycystic kidney disease, Huntington's Chorea, or other hereditary disorder? (If 'Yes', specify parent, condition and age at onset in number 23. For cancer, specify type.) Yes. No.
22. Father's age, if living []. Otherwise, age at death []. Mother's age, if living []. Otherwise, age at death [].
23. Details to all 'Yes' responses. (Attach additional paper if necessary.)

Question Number	Condition or disease, diagnosis as advised by attending physician, treatment, present condition.	Dates of onset / recovery	Physician's name, address and phone number.

Premium and Billing Information

Monthly mode is not available if the direct bill payment method is chosen.

Payment Mode: Monthly. Quarterly. Semi-annually. Annually.

Payment Method: Pre-authorized check plan. Direct bill.

Request for Pre-Authorized Check Plan ('PAC plan')

If payments are to be made directly from an account held at a banking institution, the Payer agrees, as evidenced by his or her signature in the Signature Section of this Application, that the following terms and conditions apply.

1. Foresters is authorized to draw checks under the PAC plan from the account identified in the banking information below or a future account identified or substituted by the payer.
2. The banking institution from which payments are to be withdrawn is authorized to treat each withdrawal by Foresters as though it was made personally by the payer.
3. Such checks will be drawn in or before the month the payment is due.
4. The first payment of the required premium will be made independently of the PAC plan.
5. This PAC plan will continue until terminated, which either the payer or Foresters may do at any time by written notice sent to the other specifying the termination date.
6. The PAC plan may be terminated immediately or at any time by Foresters at its sole option and discretion if a payment is not honored by the banking institution on presentation. Failure to terminate this PAC plan after a payment is not honored does not waive or prohibit Foresters right to terminate the PAC plan as set out in this authorization or prevent Foresters from terminating the PAC plan at any time.

If the payer wishes to combine payments under this PAC plan with a currently active Foresters certificate, enter the certificate number: _____

Banking information is to be taken from: Initial check submitted with this Application.

Attached void check.

Information supplied below.

_____ Checking. Savings.

Payer's name(s)

Banking institution's name

Banking institution's address

City, state

Zip code

Transit number

Account number

Information about the Payer.

Payer is: Proposed life insured. Owner. Other: _____.
Full name.

If there are any unusual banking circumstances, please check box and fill in specifics in Producer report.

If not listed on check or if payments are to be drawn from a savings account, complete this section with full name and exact address of Payer's banking institution.

The Payer Identification Form must be completed if Payer is 'Other'.



First copy of this Agreement is to be left with the owner if the 3 questions are answered 'No' and pre-conditions 2 and 3 are met. Second copy is sent with the Application.

Do not submit a payment if a question has a 'Yes' answer.

When this Agreement is not left with the owner, the following must be done.

1. The Producer must mark "N/A" on page 10.
2. The owner must initial page 10.

Definitions

For purposes of this Temporary Life Insurance Agreement ("Agreement"): "Application" means the Application for Individual Life Insurance from which this Agreement is to be and was physically detached and provided to the owner. "Producer" means the licensed individual who signed this Application as the Producer. "Proposed life insured" means the person identified as the proposed life insured in the Application. "Owner" is identified in the 'Information about the Owner' section of the Application.

Pre-Conditions to Temporary Coverage

Subject to the terms of this Agreement, Foresters agrees to provide the temporary coverage set out in this Agreement if each of the following pre-conditions are met:

1. All questions in this Agreement are answered 'No' and the 'No' answers shown to the questions in this Agreement are truthful.
2. No later than the date of signing this Application, an amount equal to at least a monthly premium for the insurance applied for in the Application was given to the Producer.
3. The proposed life insured, and no one on his or her behalf, has applied in this Application for more than \$500,000 insurance coverage on the life of the proposed life insured, calculated by including the amount of the benefit applied for under a rider payable in the event of death of the proposed life insured.

If either one or more of the above pre-conditions are not met, no temporary coverage takes effect under this Agreement even if the Agreement was left with the owner.

Temporary Life Insurance Agreement Questions

- | | |
|---|--|
| 1. Within the past 12 months, has there been either an investigation or treatment, or both, by a physician or medical practitioner for chest pain, heart-related illness, stroke or cancer? | Proposed Life Insured |
| 2. Within the past 90 days, been admitted for more than 2 consecutive days to a hospital (other than for childbirth)? | <input type="radio"/> Yes. <input type="radio"/> No. |
| 3. Within the past 90 days, been advised to have a medical test, investigation or surgery, or any combination of, which was refused to be undertaken or has not yet been undertaken? | <input type="radio"/> Yes. <input type="radio"/> No. |
| Amount given to Producer is \$ _____ <input type="radio"/> No amount given to Producer. | <input type="radio"/> Yes. <input type="radio"/> No. |

Amount of Temporary Coverage

Subject to the terms of this Agreement, if all of the above pre-conditions are met and the proposed life insured dies while this Agreement is in effect, Foresters shall pay under this and all other Foresters temporary life insurance agreement(s), to the beneficiary(ies), as shown in the Application, for the proposed life insured, the lesser of:

1. The amount of insurance applied for in the Application on the life of the deceased proposed life insured, including the amount payable for the death of the proposed life insured under a rider applied for; or
2. \$500,000.

Termination of Temporary Coverage

Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement, temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following:

1. Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period.
2. The date an approved Foresters certificate on the life of the proposed life insured takes effect as described in that certificate, if a certificate is issued in response to the Application.
3. The date Foresters offers, as shown in Foresters records, the owner a Foresters certificate in response to, but not as applied for in, the Application.
4. The date a written or oral request to withdraw the Application is made by or on behalf of the proposed life insured or owner.
5. The date a written or oral request to terminate this Agreement is made by or on behalf of the proposed life insured or owner.
6. The date written notice is sent by Foresters, as shown in Foresters records, to the proposed life insured or owner, terminating this Agreement.
7. The date written notice is sent by Foresters, as shown in Foresters records, to the proposed life insured or owner, declining the Application.

Special Limitations

1. Fraud, material misrepresentation or non-disclosure in the Application will void this Agreement and limit Foresters liability to a refund of payment(s) made to Foresters.
2. This Agreement shall be void if a check or draft given to Producer is not honored when presented for payment.
3. If the proposed life insured dies by suicide, whether sane or insane, Foresters liability under this Agreement is limited to a refund of the payment(s) made to Foresters.
4. No temporary coverage will be provided under this Agreement when the proposed life insured's nearest age is 70 or older on the date the Application is signed by the owner.

Payment to Foresters

A check given to the Producer must be made payable to Foresters. Do not make check payable to the Producer or leave the payee blank.

Entire Agreement

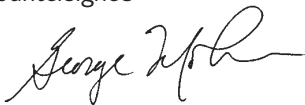
This Agreement contains the entire terms regarding temporary coverage. No one, including the Producer signing in the Signature Section of the Application, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement.

Governing Law

This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

I, the proposed life insured and/or owner, by signing in the Signature Section of this Application, acknowledge and agree that I have read, understand, and accept the terms of this Temporary Life Insurance Agreement, including the pre-conditions and special limitations to temporary coverage and the amount and termination of temporary coverage.

Countersigned



George Mohacsi
President & Chief Executive Officer



First copy of this Agreement is to be left with the owner if the 3 questions are answered 'No' and pre-conditions 2 and 3 are met. Second copy is sent with the Application.

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1. All questions in this Agreement are answered 'No' and the 'No' answers shown to the questions in this Agreement are truthful.
2. No later than the date of signing this Application, an amount equal to at least a monthly premium for the insurance applied for in the Application was given to the Producer.
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Entire Agreement

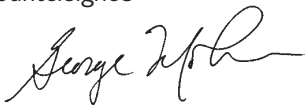
This Agreement contains the entire terms regarding temporary coverage. No one, including the Producer signing in the Signature Section of the Application, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement.

Governing Law

This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

I, the proposed life insured and/or owner, by signing in the Signature Section of this Application, acknowledge and agree that I have read, understand, and accept the terms of this Temporary Life Insurance Agreement, including the pre-conditions and special limitations to temporary coverage and the amount and termination of temporary coverage.

Countersigned



George Mohacsi
President & Chief Executive Officer

Agreements

"I/Me" means each of the proposed life insured, owner and parent, if juvenile coverage is applied for. I, as evidenced by my signature in the Signature Section of this Application, have read, understand, agree, and declare:

1. I have read this Application. I was asked every question that applies to me and provided the answers shown, in the Application, to these questions. The statements, answers, and representations contained in this Application are full, complete, and true. All statements made in this Application shall be representations and not warranties.
2. No person, including a Producer, has the authority to waive the disclosure of full, complete and truthful information in response to each question in this Application. Such person also has no authority to write down an answer given to a question in the Application other than the answer that was provided to the Producer.
3. Medical examination report(s) that may be required by Foresters shall form part of this Application. I will provide full, complete and true answers required in a medical examination report(s). This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted shall form part of the entire contract with Foresters.
4. The certificate that Foresters issues, if at all, as a result of this Application, is conditional on there being no change in insurability of the proposed life insured between the date of this Application and the date the certificate is delivered to the owner. The certificate will not take effect until both (a) and (b) immediately below are met.
 - (a) The certificate has been delivered to the owner.
 - (b) The first premium(s) required for the product issued as a result of this Application is paid no later than the delivery of the product to the owner.A check provided to Foresters is not paid to Foresters unless and until the check is honored for payment by the banking institution of the account from which the payment is to be drawn.
5. The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. Failure to disclose all material facts may result in a loss of coverage and cancellation of the certificate. It is understood and agreed that these declarations are used to establish the premium rate of the insurance provided, if any, and that a material misrepresentation or untrue declaration may render the certificate(s) issued, if any, voidable. All facts should be shown in the Application.
6. No Producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to do either (a) or (b).
 - (a) make, modify, or discharge a certificate of insurance; or
 - (b) bind Foresters by making promise(s) regarding the future performance or benefit(s) of a certificate issued other than as specifically written in the certificate issued, if any, as a result of this Application.
7. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
8. Authorization for the Pre-Authorized Check Plan, as set out on Page 8 of this Application, has been provided by the proposed life insured or owner if either is the payer as evidenced by his or her signature in the Signature Section of this Application or the signature of the payer if not the proposed life insured or owner.
9. The terms of the temporary coverage provided, if any, are set out on pages 9 and 10 of this Application, including the pre-conditions and special limitations to temporary coverage and the amount and duration of that temporary coverage.
10. This application is subject to and governed by the laws of the State where the Application was delivered to the owner, if a certificate is issued in response to this Application.

Authorization to obtain and disclose information

As evidenced by the signature(s) below, the proposed life insured, or owner on behalf of a child, authorizes Foresters and its reinsurers to obtain information about the proposed life insured from any physician, medical practitioner, hospital, clinic, or medical facility; employer; other insurer or institution; consumer reporting agency; or Medical Information Bureau, Inc ("MIB, Inc.").

Foresters may obtain an investigative consumer report and records or other information available as to past, current or future diagnosis, treatment and prognosis of a physical or mental condition.

Foresters may obtain past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. As it pertains to alcohol and drug information covered by federal regulation, this may be revoked at any time by written notice to Foresters. All action taken by Foresters before written revocation will not be affected.

Foresters may make a brief report to MIB, Inc. about the proposed life insured. Foresters may disclose information to its reinsurers; those who perform services for Foresters related to an application for insurance or a claim for benefits; or those companies which the proposed life insured has/have applied or may apply for life or health insurance, or benefits. Disclosure may be made when required or permitted by law. This authorization shall be the consent required, whether implied or express, written or oral, by applicable law(s), including Federal and state legislation and regulations regarding the collection, retention, usage and disclosure of information about or related to the proposed life insured.

This authorization is valid for two and one-half years from the date of this Application. Foresters or its authorized representatives may use an original document or a copy of this authorization to obtain information. A copy of the Notice of Information Procedures has been provided to the owner. It includes the MIB, Inc. and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

Signature Section

Signature of proposed life insured (if the proposed life insured is not a juvenile).

Signature of owner (if different than proposed life insured).

Signature of parent (if juvenile coverage is applied for and the parent is not the owner).

Signature of payer (if have not already signed this page).

Date (mmm/dd/yyyy)

Producer Certification

I certify that:

- I asked all questions as written in the Application. I have recorded all answers as given to me by the proposed life insured and owner.
- I have not made or agreed to make a rebate of the premium for this insurance.
- I am not aware of undisclosed information about the health habits or lifestyle of the proposed life insured which might affect insurability.
- I recommend acceptance of this Application except as qualified in Remarks.
- I have made no misrepresentation(s) about the Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application.
- I have complied with all regulatory requirements applicable to this Application.
- I personally witnessed the signatures of the person(s) whose signature(s) appear in this Application.
- I personally reviewed the original photo identification of the person(s) who signed this Application.

Will the certificate applied for replace or change existing insurance or an annuity? Yes. No.

Foresters Producer:

Jerry W Hill
Print full name

Date (mmm/dd/yyyy)

Signature (must have witnessed the other signature(s))

Producer number

Signed At:
City, state

Producer Report

(Mandatory report for internal use only.)

If 'Yes', state how in Remarks section.
 If 'No' explain in remarks.
 If 'No' arrange a paramedical.

Questions 5, 6, and 7 are optional if copy of needs analysis furnished.

Primary care giver should carry at least two times the amount on the child.

If 'No' explain the differences.

If 'No' need care-giver's signature.

Email address is an optional field.

1. How long have you known the proposed life insured? Years
2. Are you related to the proposed life insured? Yes. No.
3. At the time the application was taken, did you see the proposed life insured? . Yes. No.
4. Did you personally interview & complete the application in their presence? .. Yes. No.
5. How was the face amount determined?
6. Estimate the following.
 - a) Owner's annual earned income from all sources? | \$
 - b) Joint net worth? | \$
7. Purpose of the insurance applied for? Personal. Business.
 (If 'Business' specify type)
8. Complete if Juvenile insurance has been applied for.
 - a) State amount of life insurance on primary care giver? | \$
 - b) Are all brothers and sisters insured for the same amount? Yes. No.
 - c) Does the child live with the owner? Yes. No.
 - d) How long have you known the owner? Years
9. What is the source of a lump sum premium payment?
10. Proposed life insured's e-mail address.
11. 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 this Application: %
 will receive the remaining percentage.
Other Producer's name and number.
12. Certificate date shall be: Date Issued. To save insurance age.

Remarks

Producer Checklist

Application Sections	General information about the proposed life insured, owner, and contingent owner (if applicable).
Pages 1-2	Cover page and Privacy information. Give this to the proposed life insured or owner.
Page 3	General information about the proposed life insured and owner.
Page 4	Beneficiary information and Other Insurance.
Page 5	Products available for sale and Issue Instructions.
Page 6-7	Medical and Personal History. All questions must be answered in order to help underwrite the certificate. The more details that can be given, the quicker the underwriting process will be. Additional information may be given on the Producer Report or on an additional sheet of paper.
Page 8	Premium and Billing Information. Payment mode and payment method are entered here. A PAC section is also included if the proposed life insured wishes to go on new or existing PAC.
Pages 9-10 (two copies)	Temporary Life Insurance Agreement. This is a two sided document and there are two copies. Both are to be filled out, the first copy is to be left with the owner if all questions are answered 'No', required payment is made, and the proposed life insured, or anyone on their behalf, has not applied for more than \$500,000 coverage, including riders, on the life of that proposed life insured.
Page 11	Agreements.
Page 12	Authorization to obtain and disclose information and Signature Section.
Page 13	Producer Report.
Page 14	Producer Checklist.

Helpful Reminders

If applying for the Foresters Strong Foundation product, the contract for the mortgage or refinancing of an existing mortgage must have been in force for less than 13 months if the proposed life insured is over age 45. If the proposed life insured is age 45 or less, the contract must have been in force for less than 18 months.

As with most legal documents, do not use white out (liquid paper) on any part of this Application.

All corrections are to be initialed by the owner and the Producer.

Answers are required to all questions. If a question is answered 'Yes' details are required.

Where warranted, attach the necessary form(s) to this Application, such as:

- An Applicant Replacement Disclosure Form, if replacing or to replace an existing insurance policy or annuity.
- A signed illustration.
- A notice of Consent for Blood and Body Fluid Testing.
- A check for the Temporary Life Insurance Agreement, or a void check.