

Beneficiary Change Form

Policy number:

Purpose of this form	Use this form to request a Change of Beneficiary.
Terms used in this form	<p><i>Foresters Financial™ or Insurer or We</i> means The Independent Order of Foresters or Foresters Life Insurance Company.</p> <p>You or your means the Owner(s) who is/are completing and signing this form, unless otherwise specified. Policy means a certificate, annuity or policy issued by an Insurer and includes each rider that is attached. Owner includes Policy Owner, Absolute Assignee and Annuitant.</p> <p>Social Insurance Number will be known as SIN and Tax Identification Number will be known as TIN.</p>

1. Policy Owner Information

Information about the current Policy Owner	<p>Owner 1 Name <input type="text"/></p> <p>Owner 2 Name (if applicable) <input type="text"/></p>
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2. Beneficiary Designation

<p>Please ensure all Primary beneficiary designations total 100%.</p> <p>Please ensure all Contingent beneficiary designations total 100%.</p> <p>For LifeCare, Health Security Plus and For Woman Only policies purchased in Alberta, British Columbia, Manitoba and Quebec, please complete form number 105567.</p>	<p>Revocable/Irrevocable designations: All beneficiaries are revocable unless otherwise stated. However, in Quebec, the designation of a legally married spouse of the Owner is irrevocable unless stated to be revocable. Once an irrevocable beneficiary has been named, his or her written consent is required for changes affecting the value of the policy. Please avoid naming a minor as an irrevocable beneficiary, as they cannot give consent to any changes. A Power of Attorney or Mandatary cannot sign for an owner.</p> <p>Beneficiary 1</p> <p>Full name (first, middle, last), or corporation/entity <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/></p> <p>Relationship to Insured (or to Owner in Quebec) <input type="text"/> <input type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> Revocable <input type="radio"/> Irrevocable Share % <input type="text"/></p> <p>Mailing address (apartment number, street number and name) <input type="text"/> City <input type="text"/></p> <p>Province/Territory <input type="text"/> Postal Code <input type="text"/> Primary telephone <input type="text"/></p> <p>Work or alternate number <input type="text"/> Email address <input type="text"/></p>
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Beneficiary Change Form (continued)

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2. Beneficiary Designation (continued)

Beneficiary 2

Full name (first, middle, last), or corporation/entity Date of Birth (mm/dd/yyyy)

Relationship to Insured (or to Owner in Quebec) Primary Contingent Revocable Irrevocable Share %

Mailing address (apartment number, street number and name) City

Province/Territory Postal Code Primary telephone

Work or alternate number Email address

Beneficiary 3

Full name (first, middle, last), or corporation/entity Date of Birth (mm/dd/yyyy)

Relationship to Insured (or to Owner in Quebec) Primary Contingent Revocable Irrevocable Share %

Mailing address (apartment number, street number and name) City

Province/Territory Postal Code Primary telephone

Work or alternate number Email address

Please check this box if you have attached a letter of direction with additional beneficiary instructions. Please also include all above required beneficiary information.

Trustee Designation

If you have named a beneficiary who is a minor or a person who is in the care of a Guardian, please name a Trustee to receive any proceeds while under their trust or care.

A Trustee should be named to receive the funds on the minor's behalf. In Quebec, the proceeds (during minority period) will be payable to the parent(s) or legal guardian(s) of the minor child.

Trustee of Beneficiary(ies) (if applicable)

Name of Trustee Relationship to Beneficiary

Trustee to which Beneficiary:

Beneficiary #1 Beneficiary #2 Beneficiary #3

3. Agreements and Authorizations

Please review this section before signing.

You (being the Owner(s)) agree to the change requested in this form. You agree that:

- You hereby revoke any beneficiary or direction of payment that was previously made with respect to proceeds payable upon the death of the insured person or annuitant under the above described policy.
- The change you are requesting is subject to the terms and conditions of the policy, and will become effective on the date this form is signed. If no date is provided, then the effective date will be the date it is received.
- Any corrections to this form must be initialed by all signing parties.

Beneficiary Change Form (continued)

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3. Agreements and Authorizations (continued)

- The current beneficiary must sign to release his or her rights if he or she is a:

Preferred Beneficiary: A preferred beneficiary is a beneficiary who:

- Was named prior to July 1, 1962.
- In all provinces, except Quebec, who is one of the following to the insured person: husband, wife, child, adopted child, grandchild, and child of an adopted child, parent or adoptive parent.

The preferred beneficiary does not have to sign to give consent if you are only changing the beneficiary from one preferred beneficiary to another.

Irrevocable Beneficiary: An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if:

- The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or
- If the owner did not specify on the beneficiary designation form that the designation was to be revocable, then the designation will be considered irrevocable (only applicable for residents in Quebec if the beneficiary is the legally married spouse of the owner).
- You authorize the named trustee to receive payments for a beneficiary under the age of 18 (16 in Nunavut) and to apply the proceeds solely for the support, maintenance, education and the benefit of such beneficiary at the discretion of the trustee.

4. Signature Section

4.1 Owner(s) Signature

If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's Licence, Passport or notarized signature) to accompany this request.

Initial

If the Owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below, and initial the box to the left to confirm.

Owner 1 - Please print name, and title if signing for a company

Signature of Policy Owner 1

Signed at City, Province/Territory

Date (mm/dd/yyyy)

Owner 2 - Please print name, and title if signing for a company (if applicable)

Signature of Policy Owner 2

Signed at City, Province/Territory

Date (mm/dd/yyyy)

4.2 Irrevocable or preferred Beneficiary(ies)

The current Beneficiary(ies) must sign to release his or her rights if he or she is a preferred or irrevocable beneficiary (for definitions, see Section 3).

Initial

If the current irrevocable beneficiary is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below, and initial the box to the left to confirm.

Beneficiary 1 - Please print name, and title if signing for a company

Signature of Beneficiary 1

Signed at City, Province/Territory

Date (mm/dd/yyyy)

Beneficiary 2 - Please print name, and title if signing for a company (if applicable)

Signature of Beneficiary 2

Signed at City, Province/Territory

Date (mm/dd/yyyy)