

SERFF Tracking Number: FRSS-126847684 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 47000
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2010 US Immigration UW Questionnaire
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: 2010 US Immigration UW Questionnaire SERFF Tr Num: FRSS-126847684 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 47000

Sub-TOI: L08.000 Life - Other

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Kerry Shields, Kerry Shields, Jennifer Daigle, Kerry Shields, Tamara Kozma, Rosemary Ho, Gita Lakhan, Art Vikari, Gale Mcinally, Andrew Palmer Disposition Date: 10/11/2010

Shields, Jennifer Daigle, Kerry Shields, Tamara Kozma, Rosemary

Ho, Gita Lakhan, Art Vikari, Gale

Mcinally, Andrew Palmer

Date Submitted: 10/07/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Approval of these forms is not required by the Insurance Laws of Canada where this Society is domiciled

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/11/2010

Explanation for Other Group Market Type:

State Status Changed: 10/11/2010

Deemer Date:

Created By: Tamara Kozma

Submitted By: Tamara Kozma

Corresponding Filing Tracking Number:

Filing Description:

RE: The Independent Order of Foresters

NAIC #763-58068; FEIN: 980000680

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Form Type: Supplemental Form for Application for Life Insurance

The form listed below is enclosed for your review and approval. It is replacing the existing previously approved state-filed form. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval of this form is not required by the Insurance Laws of Canada where this Society is domiciled.

Forms Submitted for Approval:

Form Number Form Description Form numbers if new form is replacing existing form.

Supplementary Underwriting Questionnaires

101476 US 10/10 US Immigration Questionnaire 101476 US (06/04)

This supplemental immigration questionnaire is used to collect information on immigration status based on the information state on the application for life insurance. This questionnaire will be used with application form 770630 US 02/10, approved June 14, 2010 (SERFF Tracking #: FRSS-126516328). This supplemental underwriting questionnaire may be completed at the time of the sale by the producer. Alternatively, if a need for a questionnaire is determined during our underwriting process, the questionnaire may be mailed to the applicant for completion, or an underwriter may phone the applicant and complete the form over the phone. If completed over the phone, the form is provided to the certificate owner along with the certificate, at the time of issue, to obtain the appropriate agreement/signatures. Once this questionnaire is approved, it may be used along with the application for all current and future products approved in your state during the sales process

This form will be available as a pre-printed, hard copy orderable form, or as electronic PDF. The electronic version of this form may be downloaded, printed off and filled in by hand or may be filled out as a fill-able PDF, electronically. In either method of completion, either in person with the applicant and/or via telephone interview, a hardcopy' of the completed form will be provided to the applicant for review and applicable signatures.

Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved forms. The font size will never be less than the font size required.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4310 or email tkozma@foresters.com

Sincerely,

SERFF Tracking Number: FRSS-126847684 State: Arkansas
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 Product Name: 2010 US Immigration UW Questionnaire
 Project Name/Number: /
 Tamara Kozma
 Compliance Analyst

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst kshields@foresters.com
 789 Don Mills Road 416-429-3000 [Phone] 4066 [Ext]
 Toronto, ON M3C 1T9 416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
 789 Don Mills Road Group Code: -99 Company Type: Fraternal Benefit Society
 Toronto, ON M3C 1T9 Group Name: State ID Number:
 (416) 429-3000 ext. [Phone] FEIN Number: 98-0000680

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	10/07/2010	40398710

SERFF Tracking Number: FRSS-126847684 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/11/2010	10/11/2010

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Disposition

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	US Immigration Questionnaire		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	101476	US Application/US Enrollment Form	Immigration Questionnaire	Revised	Replaced Form #: 101476 US (06/04) Previous Filing #: Paper Filing; Approved 04/05/06	53.000	101476 US 10-10_US Immigration Questionnaire .pdf



The Independent Order of Foresters ("Foresters")

US Immigration Questionnaire

Proposed Insured	
First name _____	Middle name _____ Last name _____
Date of Birth _____ (mmm/dd/yyyy)	Reference number (if available)/certificate number: _____

Note – "You" and "your" mean the proposed insured. "Application" means the Application for Individual Life Insurance on the proposed insured.

- When did you arrive in the USA? _____
Date (mmm/dd/yyyy)
- What is your current immigration status? (Check one)
 - a) Permanent resident alien
 - b) Visitor
 - c) Student
 - d) Refugee claimant
 - e) Other (describe): _____
- a) If you are not a permanent resident alien, have you applied for this status? Yes No
 - b) If "Yes", state date of application: _____
Date (mmm/dd/yyyy)
 - c) If "No", state reason: _____
- What legal documentation do you currently hold?
 - a) Form I-94 (Arrival-Departure Record)
 - b) Form I-551 (Permanent Resident)
 - c) Border Biometric Crossing Card (BCC)
 - d) Re-entry permit
 - e) Refugee travel document
 - f) Other (describe): _____

Submit copies of all documentation where able.

- Do you have family members living in the USA? Yes No
 - If "Yes", state relationship of family member(s): _____

- Do you have dependents? Yes No
 - If "Yes", state number and relationship, where they live and the amount of financial support you provide annually: _____

7. Do you intend to remain in the USA permanently? Yes No

I declare that I have read this US Immigration Questionnaire and represent that the information provided, as shown 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)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR_Readable Score Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Application for Individual Life Insurance, Form#770630 US 02/10 approved on June 14, 2010, SERFF Tracking #: FRSS-126516328		
Attachment: 770630 US 0210 Application.pdf		

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
US Immigration Underwriting Questionnaire	101476 US 10/10	53.0

B. Test Option Selected

1. Test was applied to entire policy form(s).
 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

Steve Lintner
Director, Product Solutions

October 7, 2010

Date

The Independent Order of Foresters ("Foresters")

Application for Individual Life Insurance

Proposed Insured				
First name:	Middle name:	Last name:	<input type="radio"/> Male <input type="radio"/> Female	
Street address (cannot be a P.O. Box.):		City:	State:	Zip:
Home phone #:	Alternate phone # / Cell #:	Best time to call:	Date of birth (mmm/dd/yyyy):	State & Country of birth:
Social Security #:	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____		Primary language: <input type="radio"/> English <input type="radio"/> Spanish	
Type of Photo I.D. (used to verify identity): <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government ID: _____ Photo I.D. # _____				
Occupation & duties:		<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal		
Hours worked per week (past 6 months): _____		<input type="radio"/> Income (past 12 months): \$ _____		
Number of weeks worked in the past 12 months: _____		<input type="radio"/> Net worth: \$ _____		
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		Email address (optional):		

Beneficiary Information (Each beneficiary below is revocable. If, however, a beneficiary is to be irrevocable, insert the word "irrevocable" next to the name of that beneficiary.)

Name of each primary beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%
Name of each contingent beneficiary	Relationship to proposed insured	% Share
		total
		must equal 100%

Owner (Complete only if other than the proposed insured. If a contingent owner is to be named, use Contingent Owner/Other Payer Identification Form.)

Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:		Social Security # / Tax I.D. #:		
Street address (cannot be a P.O. Box.):		City:	State:	Zip:
Relationship to the proposed insured:		Email address (optional):		
Phone #:	If Trust, name of Trustee:	If Trust, date of Trust agreement:		
If Individual				
<input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy):	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If No, immigration status / type of Visa: _____		

Other Insurance

1. Is there another annuity or life insurance application pending for the proposed insured with Foresters or another insurer?					<input type="radio"/> Yes <input type="radio"/> No
2. Does the proposed insured currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force? If "Yes", to either question 1 or 2, complete the chart below. Also include information about Foresters life insurance or annuity certificate(s).					<input type="radio"/> Yes <input type="radio"/> No
Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending
3. Has the proposed insured ever had an application for life, health, disability or critical illness insurance declined, rated or modified? If "Yes", provide date _____ and reason _____					<input type="radio"/> Yes <input type="radio"/> No
4. Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)?					<input type="radio"/> Yes <input type="radio"/> No
Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force. Check the State requirements as these would need to be satisfied before the certificate can be issued. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those completed within the past 13 months.					

For purposes of this Application, "diagnosed," "advised" and "treatment" mean by a licensed physician or medical practitioner.

Children's Questions (Complete only if applying for Children's Term Coverage.)

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force
5. Has a child listed above: a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disorder or disease? b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for Human Immunodeficiency Virus (HIV)) that has not yet been started or completed, or the results of which are not yet known? If "Yes", to either question 5a or 5b, complete the chart below.					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #		

Financial Questions

6. Is there an intention, or an arrangement, that all or part of the insurance applied for will be: a) Paid for by borrowing, financing or receiving money or any other property? b) Transferred, assigned, sold or pledged? If "Yes", to either question 6a or 6b provide details. _____ _____					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
7. Has the proposed insured, owner or a beneficiary arranged, been offered, or received, an inducement, fee or compensation to buy, or pay for, the insurance applied for? If "Yes", provide details. _____ _____					<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" answer in the Lifestyle and Medical Questions sections additional information may be required. Completing the corresponding questionnaire or, if no corresponding questionnaire is available, providing details in the Additional Information section may help speed up the Underwriting process.

Lifestyle Questions (For these questions "You" and "Your" mean the proposed insured.)	
8. Have you ever used tobacco in any form, or another nicotine product? If "Yes", specify: Type used: _____ Date last used: _____ If currently smoking, how many pack(s) per day? _____	<input type="radio"/> Yes <input type="radio"/> No
9. Do you currently drink alcohol? If "Yes", specify: How many times per week? _____ How many drinks per occasion? _____	<input type="radio"/> Yes <input type="radio"/> No
10. Within the past 10 years have you: a) Used marijuana, heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or a controlled substance except as prescribed by a licensed physician or medical practitioner? b) Received or been advised to receive treatment or counseling, by a licensed physician or medical practitioner, to discontinue or reduce the use of alcohol, non-prescribed or prescribed drugs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
11. Do you expect to travel outside of North America or change your country of residence within the next 2 years?	<input type="radio"/> Yes <input type="radio"/> No
12. Have you received notice of deployment or are you currently deployed, on active duty or alert with the Military or the Reserves?	<input type="radio"/> Yes <input type="radio"/> No
13. Have you, within the past 2 years, flown, or do you in the future intend to fly, in an aircraft as a student pilot, licensed pilot or crew member?	<input type="radio"/> Yes <input type="radio"/> No
14. Have you, within the past 2 years, engaged, or do you in the future intend to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?	<input type="radio"/> Yes <input type="radio"/> No
15. Have you ever had your driver's license suspended or revoked or within the past 5 years had more than 3 moving violations? If "Yes", provide date, details and State where each occurred. _____ _____	<input type="radio"/> Yes <input type="radio"/> No
16. Within the past 10 years have you: a) Been convicted of driving while impaired or under the influence of alcohol or a drug? If "Yes", provide date, details and State where each conviction occurred. _____ _____ b) Been convicted of, pled guilty to, or are you currently on probation or incarcerated for, a felony? If "Yes", provide date(s) and reason(s). _____ _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Medical Questions (For these questions "You" and "Your" mean the proposed insured. For each "Yes" answer, provide details in the Additional Information section.)	
17. a) Your: Height: _____ Weight: _____ b) Have you had a weight change of 10 pounds or more, within the past 12 months? If "Yes", specify: <input type="radio"/> Gain <input type="radio"/> Loss How many pounds? _____ Reason: _____	<input type="radio"/> Yes <input type="radio"/> No
18. Date you last consulted a physician: _____ Physician Name: _____ Address: _____ a) Reason(s): _____ b) Were results of that consultation within normal ranges? If "No," provide details. _____	<input type="radio"/> Yes <input type="radio"/> No

19. Your Personal Physician(s), if different than question 18. Name: _____ Address: _____ Phone #: _____ Name: _____ Address: _____ Phone #: _____			
20. Within the past 5 years, have you consulted a physician other than identified in question 18 or 19, or a medical practitioner, or been a clinic, hospital or emergency room patient?			O Yes O No
21. Are you presently taking prescription medication or under treatment?			O Yes O No
22. Have you ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?			O Yes O No
23. Do you have, alive or deceased, a parent or sibling with a history, prior to age 65, of diabetes, heart attack, heart disease, stroke, cancer, polycystic kidney disease, Huntington's Chorea, Alzheimer's, or other hereditary disorder? Details to "Yes" answers to question 23.			O Yes O No
	Age, if living	Age, at death	Details of condition / Cause of death
Father			
Mother			
Siblings			
24. Within the past 5 years, have you: a) Had or been advised to have a diagnostic test (other than for HIV) such as an EKG, CAT scan, MRI scan, echocardiogram, angiogram, biopsy, or endoscopy?			O Yes O No
b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known?			O Yes O No
c) Been unable to work at your regular job for more than 20 consecutive days or are you currently disabled?			O Yes O No
25. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for: a) High blood pressure, coronary artery disease, heart murmur, chest pain, irregular heart beat, aneurysm, stroke, Transient Ischemic Attack, circulatory surgery, a disease or disorder of the arteries or circulatory system or had a heart attack or heart surgery?			O Yes O No
b) Anemia, high cholesterol, swollen glands or a disease or disorder of the blood or lymphatic system?			O Yes O No
c) Cancer, tumor, polyp, cyst, melanoma, unexplained swelling or lump or a malignancy?			O Yes O No
d) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, chronic cough, sleep apnea, or a disease or disorder of the respiratory system?			O Yes O No
e) Seizures, epilepsy, dementia, Alzheimer's disease, paralysis, multiple sclerosis, Parkinson's disease, or a disease or disorder of the brain or nervous system?			O Yes O No
f) Anxiety, depression, bi-polar disorder, schizophrenia, eating disorder, Post Traumatic Stress Disorder (PTSD) or a mental health disorder?			O Yes O No
g) Blood or albumin in the urine or a disease or disorder of the prostate, bladder, kidney or genito-urinary organ?			O Yes O No
h) Diabetes, or a disease or disorder of the thyroid, pituitary, pancreas or endocrine system?			O Yes O No
i) Hepatitis, colitis, ileitis, gastritis, ulcer, Crohn's disease or a disease or disorder of the digestive system?			O Yes O No
j) Arthritis, fibromyalgia, or a disease or disorder of the back, neck or musculoskeletal system?			O Yes O No
k) Lupus or a disease or disorder of the immune system (other than HIV) or connective tissue?			O Yes O No

Additional Information (Explain all "Yes" answers from the Medical Questions section.)

Question #	State diagnosis, date first diagnosed, treatment, medications, medical facilities and physicians' name, addresses, phone numbers (if different than question 19).

Payment Information and Authorization

The planned premium quoted may change following underwriting review.

Payer is:		
<input type="radio"/> Proposed insured	<input type="radio"/> Owner (if other than proposed insured)	<input type="radio"/> Other (complete Contingent Owner/Other Payer Form)

First premium payment to be made by:	
<input type="radio"/> Draft via Pre-Authorized Check (PAC)	<input type="radio"/> Check (payable to Foresters)

Subsequent premium payments made by:	
<input type="radio"/> PAC	<input type="radio"/> Direct Bill

Payment mode:			
<input type="radio"/> Monthly (PAC only)	<input type="radio"/> Quarterly	<input type="radio"/> Semi-annually	<input type="radio"/> Annually

PAC banking information (including drafting first premium) to be taken from:		
<input type="radio"/> Attached void check	<input type="radio"/> Check submitted with this Application	<input type="radio"/> Information completed below (if no check available)

Type of account: Checking Savings

Name of financial institution: _____

Street address: _____

City: _____ State: _____ Zip: _____

Transit #: _____ Account # : _____

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 and agrees that: 1) Foresters is authorized to draft deductions under the PAC plan from that account or another account later identified or substituted by the payer. 2) The financial institution from which payments 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, if any, will be made and the amount of that deduction for the product issued. 4) This PAC plan 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 agreement must be signed by the bank account owner as his/her name appears on bank records for the account provided.

X _____
Signature of payer

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.

Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:	
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No

Temporary Life Insurance Agreement (TIA) Acknowledgement

Will the TIA be left with the owner?

No. The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided or authorized. X _____
(Owner's initials)

Yes. Complete the TIA and leave it with the owner.
 First premium payment, in the amount of \$ _____, is provided or authorized by (select same method chosen in the Payment Information and Authorization section):

Draft via Pre-Authorized Check (PAC) plan
 Check

Although the first payment amount shown above is subject to change following underwriting, this amount must be at least equal to the monthly premium quoted for the insurance applied for in this Application and is payable no later than the date this Application is signed.

Declarations and Agreements

"I/Me" means individually each person identified in this Application as either the proposed insured or the owner, and the parent/legal guardian signing this Application if the proposed insured is a juvenile.

I, as evidenced by my signature in this Application, declare that: 1) I have read this Application. 2) I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. 3) The statements, answers, and representations contained in this Application are full, complete and true.

I understand and agree that: 1) All statements made in this Application shall be representations and not warranties. 2) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the entire contract with Foresters. 3) No person, including a producer, has the authority to waive the disclosure of full, complete and truthful information or write down an answer to a question in this Application other than the answer provided to that person. 4) The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. 5) Failure to disclose all material facts may result in a loss of coverage and cancellation of the insurance contract. A material misrepresentation or untrue declaration may render the insurance contract issued, if any, voidable. All facts should be shown in this Application. 6) The insurance contract issued, if at all, as a result of this Application, is conditional on there being no change in the insurability of the proposed insured, or a child identified in this Application, if any, between the date this Application was signed by the proposed insured and the date that the insurance contract comes into effect, being either the issue date or delivery date of the insurance contract according to its terms. 7) 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.

I further understand and agree that: 1) 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. Such changes or corrections may be made directly on this Application or by an amendment to this Application. 2) 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. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means, including but not limited to, email and facsimile transmission. 4) 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. 5) If I have chosen to provide a current internet 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. 6) Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.



Temporary Life Insurance Agreement (TIA) (Complete and leave with the owner only if all pre-conditions are met.)

Definitions - "Application" means the Application for Individual Life Insurance of which this Agreement forms a part. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in 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, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met: 1) The proposed insured is not age 71 or older on that date. 2) No more than \$1,000,000 insurance coverage on the life of the proposed insured is applied for in the Application, calculated by including the amount of the benefit applied for under each rider (except common carrier accidental death coverage if any) that is payable in the event of death of the proposed insured. 3) Each of the Temporary Life Insurance Agreement questions are answered 'No' and the 'No' answers shown are truthful and 4) No later than the date the Application is signed by the owner, first payment, at least equal to a monthly premium quoted for the insurance applied for in the Application, is provided or authorized. If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

Temporary Life Insurance Agreement Questions

Has the proposed insured:	
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?	<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 insured dies while this Agreement is in effect, Foresters shall pay, to the beneficiary(ies), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured, the lesser of a) \$500,000; or, b) the amount of insurance applied for in the Application on the life of the deceased proposed insured, including the amount payable for the death of the proposed insured under a rider applied for (except common carrier accidental death coverage if any).

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 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 or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 5) The date written notice is sent by Foresters, as shown in Foresters records, to the proposed insured or the owner, terminating this Agreement or declining the Application.

Special Limitations - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. 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. If the proposed 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.

Entire Agreement and Governing Law - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, 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. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

Acknowledgement - I, the proposed insured and owner, if other than the proposed insured, by signing in the Signature Section of the Application, acknowledge and agree that I have reviewed, understand and accept the terms of this Temporary Life Insurance Agreement.

Countersigned,

George Mohacsi, President & Chief Executive Officer

Authorization To Obtain And Disclose Information

This authorization is for the purpose of (a) assessing insurance coverage eligibility and premium amounts, (b) adjudicating claims and c) supporting the operations of our business. In this authorization, "proposed insured" means the proposed insured identified in this Application. "Child" means every child named, if any, and proposed for insurance, in this Application. As evidenced by the signature(s) in the Signature Section of this Application, the proposed insured, and owner, on their behalf and on behalf of each child, authorizes Foresters, its reinsurers and those who perform services for Foresters related to an application for insurance or a claim for benefits, to obtain an investigative consumer report and/or information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; other insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or Medical Information Bureau, Inc ('MIB, Inc.'). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Foresters may make a brief report to MIB, Inc. about the proposed insured and each child. Foresters or its authorized representatives may disclose information to: its reinsurers; appointed producers, agencies and those who perform services for Foresters related to an application for insurance or a claim for benefits; or those companies to which the proposed insured has applied or may apply to for life or health insurance, or benefits. Disclosure may be made when required or permitted by law and the disclosed information may no longer be protected by federal privacy laws. 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 insured, owner and each child. This authorization is valid for two 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. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before written revocation will not be affected. A Notices page has been provided to the proposed insured. It includes the MIB, Inc. and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

Signature Section (For purposes of entire Application.)

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

X _____
Signature of owner (if other than proposed insured)

X _____
Signature of parent/legal guardian (if the proposed insured is a juvenile
and the owner is not a parent/guardian)

Each person signed at: _____
(City, State)

Each person signed on: _____
Date (mmm/dd/yyyy)

Producer Certification

Unless specifically stated otherwise in the Producer Report, I certify each of the following: a) I am not aware of undisclosed information about the health, habits or lifestyle of the proposed insured or a child that might affect insurability; b) I personally met with the proposed insured and each child and asked the proposed insured and/or the owner each question as written in this Application to which an answer is shown, recorded those answers given to me by the proposed insured and owner, reviewed with each this Application before it was signed by that person, reviewed the document(s) used to verify identity and birth date and witnessed each signature in this Application; c) This Application has not been altered in any way after the proposed insured and owner signed it; d) 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; e) If applicable, I have disclosed that this Application may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission; f) I have made no misrepresentation(s) about 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.

Will the certificate applied for be a replacement for or change existing insurance or an annuity?

Yes No

Are you related to the proposed insured?

Yes No

Producer's full name

Producer #

X _____
Signature of producer

Date (mmm/dd/yyyy)