

SERFF Tracking Number: FRSS-127024155 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 49030
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life 2011
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Whole Life 2011

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: FRSS-127024155 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49030

Co Tr Num:

State Status: Approved-Closed

Authors: Jennifer Daigle, Kerry
Shields, Tamara Kozma, Gita
Lakhan, Art Vikari, Gale Mcinally,
Andrew Palmer

Reviewer(s): Linda Bird

Disposition Date: 06/20/2011

Date Submitted: 06/10/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

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: Review & Approval

Domicile Status Comments: The Insurance
Laws of Canada where this Society is domiciled
does not require approval of these forms.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/20/2011

Deemer Date:

State Status Changed: 06/20/2011

Submitted By: Gita Lakhan

Created By: Kerry Shields

Filing Description:

RE: The Independent Order of Foresters

NAIC #763-58068; FEIN: 980000680

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Project Name/Number: /

Product Type: Whole Insurance Life Insurance

Forms Submitted for Approval:

FORM NO.	Description
WL-US01-2011	Whole Life Insurance Certificate
WL20-DATA-US01-2011	Data pages to be used with the above contract for the 20 Pay Life
WL100-DATA-US01-2011	Data pages to be used with the above contract for the Life Paid-up at 100
WL-ADR-US01-2011	Accidental Death Rider
WL-CTR-US01-2011	Children's Term Rider
WL-GIR-US01-2011	Guaranteed Insurability Rider
WL-WPR-US01-2011	Waiver of Premium Rider
WL-CCADR-US01-2011	Common Carrier Accidental Death Rider
WL-FHB-US01-2011	Family Health Benefit Rider
WL-DIR-AR01-2011	Disability Income Rider (Accident Only)
770685 US 04/11	Product Details Page

The above-listed forms are enclosed for your review and approval. The forms are new and will not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval of these forms is not required by the Insurance Laws of Canada where this Society is domiciled.

The enclosed whole life insurance product provides whole life insurance coverage on the life of the insured person. It will initially be available for issue ages 0-85, with face amounts of \$25,000 and up. These ranges may change in the future for new issues only, subject to market conditions. Smaller face amounts may occur if a certificate is issued as a result of a conversion, subject to state regulations in effect at the time.

Certificates will be issued on either a medical or non-medical underwriting basis. Applicants at issue can elect to pay guaranteed level premiums for 20 years or to age 100. Form numbers on the data pages will differ depending on the period selected.

This product is participating. The cash surrender value is payable at surrender or maturity. Cash values are guaranteed, subject to payment of required premiums. Endowment occurs at age 121.

This is an illustrated product. The target market is middle income individuals, age 40-70. It will be offered through licensed independent distributors. This product and related riders will be issued on a sex-distinct basis and will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of

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1964.

Upon approval, the following two riders will be attached to all issued certificates at no additional cost. These riders both expire on the certificate anniversary when the insured is age 100.

- WL-CCADR-US01-2011: The Common Carrier Accidental Death Rider provides an additional death benefit if death results from an accidental injury that occurs while the insured is riding as a fare-paying passenger on a common carrier.
- WL-FHB-US01-2011: The Family Health Benefit Rider provides benefits for the insured and eligible family members, for qualified health situations that result from a catastrophic event. Benefits include a specified amount for qualified ambulance, hospital stay and emergency room costs.

In addition, the following optional riders are submitted for your approval. Each requires a separate premium:

- WL-ADR-US01-2011: The Accidental Death Rider provides a benefit that is payable upon the death of the insured, if death results from an accidental injury.
- WL-CTR-US01-2011: The Children's Term Rider provides a death benefit and a conversion option that terminate on each child's 25th birthday for all eligible, on the rider issue date, children of the insured. It also provides guaranteed insurability for future children born to, legally adopted by, or who become step-children of, the primary insured prior to their 18th birthday. Newborn children will be covered when they are 15 days old.
- WL-GIR-US01-2011: The Guaranteed Insurability Rider provides the option to purchase additional permanent coverage on the life of the insured on scheduled dates with no evidence of insurability required.
- WL-WPR-US01-2011: The Waiver of Premium Rider provides that if the insured becomes totally disabled Foresters will waive the base certificate and eligible rider premiums. The waiver will continue as long as the insured remains totally disabled and the certificate remains in effect, for disability occurring prior to age 60. For disability occurring after age 60, the waiver will continue to a maximum age of 65.
- WL-DIR-AR01-2011: The Disability Income Rider (Accident Only) provides for payment of the disability income benefit for a maximum of 2 separate and distinct injuries resulting only from an accident, for a maximum benefit period of 24 months per claim.

A new 'Product Details Page' is being submitted for your approval and will be used to apply for this product. Upon approval, this product page will be combined with our previously approved Application for Individual Life Insurance (form number 770630 US 02/10 which was approved on April 7, 2010 FRSS-126516328). The entire application package is

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used for various life products offered by Foresters. The previously approved base life application form includes underwriting questions applicable to the certificate, general information regarding the proposed insured and owner, and the appropriate replacement questions and fraud warnings.

Depending on the method of generation and printing for these forms, 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 size required in your state.

Enclosed please find:

- A final copy of all forms submitted for approval, including sample John Doe data pages
- A Statement of Variability
- Guaranteed premium rates
- Actuarial memorandums for the base product and riders.
- Officer certifications for various items
- A sample John Doe Annual Statement, submitted for informational purposes only.
- A sample John Doe Illustration, which is also used to meet Statement of Policy Costs and Benefits requirements, submitted for informational purposes only.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4066 or email kshields@foresters.com

Sincerely,

Kerry Shields
Compliance Analyst

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst
789 Don Mills Road
Toronto, ON M3C 1T9

kshields@foresters.com
416-429-3000 [Phone] 4066 [Ext]
416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters

CoCode: 58068

State of Domicile: Ontario

SERFF Tracking Number: FRSS-127024155 *State:* Arkansas
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TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life 2011
Project Name/Number: /
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: \$550.00
Retaliatory? No
Fee Explanation: 11 forms X \$50.00 = \$550.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$550.00	06/10/2011	48553698

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/20/2011	06/20/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/14/2011	06/14/2011	Kerry Shields	06/15/2011	06/15/2011

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Disposition

Disposition Date: 06/20/2011

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
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Consent to Submit Rates Certification		Yes
Supporting Document	Certification for Reg 19		Yes
Supporting Document	Illustration Sample		Yes
Supporting Document	Annual Statement Sample		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Complaint Notice		Yes
Form (revised)	Whole Life Insurance Certificate		Yes
Form	Whole Life Insurance Certificate	Replaced	Yes
Form (revised)	Certificate Data Pages		Yes
Form	Certificate Data Pages	Replaced	Yes
Form (revised)	Certificate Data Pages		Yes
Form	Certificate Data Pages	Replaced	Yes
Form	Accidental Death Rider		Yes
Form	Common Carrier Accidental Death Rider		Yes
Form	Family Health Benefit Rider		Yes
Form	Children's Term Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Disability Income Rider (Accident Only)		Yes
Form	Product Details Page		Yes
Rate	Rates		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/14/2011
Submitted Date 06/14/2011
Respond By Date 07/14/2011

Dear Kerry Shields,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Please refer to policy Certificate Provisions under the Suicide Provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/15/2011
 Submitted Date 06/15/2011

Dear Linda Bird,

Comments:

Response 1

Comments: We have revised the language of the Suicide provision of the certificate to remove reference to the suicide exclusion restarting upon reinstatement. Please note that this change to the form's language will make it a state specific form and as such we have changed the form number from WL-US01-2011 to WL-AR01-2011. The certificate data page form numbers have also been updated to reflect this change.

Related Objection 1

Comment:

Please refer to policy Certificate Provisions under the Suicide Provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance Certificate	WL-AR01-2011		Certificate	Initial		50.060	WL - AR01 - 2011 .pdf
Previous Version							
Whole Life Insurance Certificate	WL-US01-2011		Certificate	Initial		50.060	WL - US01 - 2011 .pdf

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Certificate Data Pages WL100- Certificate Amendment, Initial WL100-
DATA- Insert Page, Endorsement DATA-
AR01- or Rider AR01-
2011 2011.pdf

Previous Version

Certificate Data Pages WL100- Certificate Amendment, Initial WL100-
DATA- Insert Page, Endorsement DATA-
US01- or Rider US01-
2011 2011.pdf

Certificate Data Pages WL20- Certificate Amendment, Initial WL20-
DATA- Insert Page, Endorsement DATA-
AR01- or Rider AR01-
2011 2011.pdf

Previous Version

Certificate Data Pages WL20- Certificate Amendment, Initial WL20-
DATA- Insert Page, Endorsement DATA-
US01- or Rider US01-
2011 2011.pdf

No Rate/Rule Schedule items changed.

If you have any further questions, please let me know.

Sincerely,

Kerry Shields
Compliance Analyst

Sincerely,

Andrew Palmer, Art Vikari, Gale Mcinally, Gita Lakhan, Jennifer Daigle, Kerry Shields, Tamara Kozma

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WL-AR01-2011	Certificate	Whole Life Insurance Certificate	Initial		50.060	WL - AR01 - 2011 .pdf
	WL100-DATA-AR01-2011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Data	Initial			WL100-DATA-AR01-2011.pdf
	WL20-DATA-AR01-2011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Data	Initial			WL20-DATA-AR01-2011.pdf
	WL-ADR-US01-2011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accidental Death Rider	Initial		50.000	WL-ADR-US01-2011.pdf
	WL-CCADR-US01-2011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Common Carrier Accidental Death Rider	Initial		43.100	WL-CCADR-US01-2011.pdf
	WL-FHB-US01-2011	Certificate Amendmen t, Insert Page,	Family Health Benefit Rider	Initial		50.800	WL-FHB-US01-2011.pdf

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Policy/Endorsement	Initial	Amount	File Name
WL-CTR- Certificate Children's Term US01-2011 Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	54.100	WL-CTR- US01- 2011.pdf
WL-GIR- Certificate Guaranteed US01-2011 Amendmen Insurability Rider t, Insert Page, Endorseme nt or Rider	Initial	45.600	WL-GIR- US01- 2011.pdf
WL-WPR- Certificate Waiver of Premium US01-2011 Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	41.500	WL-WPR- US01- 2011.pdf
WL-DIR- Certificate Disability Income AR01-2011 Amendmen Rider (Accident Only) t, Insert Page, Endorseme nt or Rider	Initial	50.500	WL-DIR- AR01- 2011.pdf
770685 US Application/ Product Details Page 04/11 Enrollment Form	Initial	55.100	770685 US 0411_WL Product Details Page.pdf

The Independent Order Of Foresters ('Foresters')

Head Office: [789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9]

U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]

[1-800-828-1540]

Insured	[John Doe]	Certificate Number	[1234567]
Owner	[Jane Smith]	Issue Date	[Mar 02 2011]
State Governing	Arkansas	Branch Number	[1234]
Arkansas Department of Insurance telephone number	[800-852-5494]		

Foresters [Whole Life Paid-up at 100]

This is a WHOLE LIFE INSURANCE CERTIFICATE.

The Independent Order Of Foresters (referred to as we, our, Foresters or us) will, subject to the provisions of this certificate, pay the death benefit upon our receipt of proof of the insured's death. That death must occur while this certificate is in effect.

CASH SURRENDER VALUE payable at surrender or maturity. Cash values are guaranteed, based upon payment of required total premiums.

PREMIUM AMOUNTS and years payable are shown in the Certificate Data Pages.

PARTICIPATING, eligible to receive dividends.

In this certificate, you and your mean the owner, as shown above. The owner may change after the issue date as described in this certificate.

This certificate is executed at our head office on the issue date.

PLEASE READ THIS CERTIFICATE CAREFULLY.

Right to Examine – If you are not satisfied with this certificate, you may return it to us within [10] days of first receiving it. You can do this by mailing it to our U.S. mailing address, shown above, or by returning it to one of our authorized representatives.

If this certificate is returned to us during this time period, the insurance contract will be deemed to be void from the issue date. Within 10 days after we receive it, we will refund premiums you have paid to us for the insurance contract.



Executive Secretary



International Fraternal President

Foresters [Whole Life Paid-up at 100]

This certificate is part of a legal insurance contract between the owner and Foresters. The insurance contract sets forth, in detail, the rights and obligations for both you and us. Only the actual insurance contract provisions will control. It is important that you read your insurance contract carefully.

The benefit provided under each rider, if any, is described in that rider.

If you have questions about this certificate or a rider, your understanding of them or about information that you have heard, seen or read relating to them, please call us. Our toll free number is [1-800-828-1540].

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Definitions

The following terms have specific meanings for the purposes of your certificate. Where the same term appears in a rider, if any, it also has that same meaning unless there is another definition for that same term in that rider.

Age – The issue age shown in the *Certificate Data Pages* plus the number of completed certificate years.

Application – The application that was completed and signed for this certificate and each attached rider.

Assignee – A person or entity indicated in an assignment as the recipient of the assigned interest.

Attached rider(s) – Each rider, if any, listed in the *Certificate Data Pages*.

Certificate – The cover page and each numbered page that follows it, starting with page number 2 and ending with the page that states, “This is the last page of this certificate”. The cover page contains the signatures of our Executive Secretary and International Fraternal President.

Certificate anniversary – The same month and day as the issue date for each calendar year following the issue date, while this certificate is in effect.

Certificate Data Pages – The pages marked as the *Certificate Data Pages* within this certificate at the time that it was delivered to you.

Certificate month – The first day of the first certificate month is the issue date and the last day is the day before the first monthly anniversary. For every other certificate month, the first day of a certificate month is a monthly anniversary and the last day is the day before the next monthly anniversary.

Certificate year – The first day of the first certificate year is the issue date and the last day is the day before the first certificate anniversary. For every other certificate year, the first day of a certificate year is a certificate anniversary and the last day is the day before the next certificate anniversary.

Contingent owner – The contingent owner named, if at all, in the application, unless changed as shown in our records.

Date we delivered – The effective date of delivery being either:

- the day of delivery, if hand delivered to the owner or the owner's address;
- the fifth day after mailing, if sent by mail to the owner's address;
- the day, as shown in our records, successfully transmitted, if sent electronically to a number or address shown for the owner in our records; or
- the day retrieved, as shown in our records, if retrieved electronically by the owner.

Death benefit – The amount payable as described in the *Death Benefit* provision.

Debt – The amount owed to us under the *Maintenance of Reserves*, *Grace Period* and *Loans* provisions.

Designated office – Our head office or any other office, location or address that we notify you of, or publish, as being a designated office for the identified purpose.

Evidence of insurability - Information we obtain to decide insurability and, if so, on what terms.

Face amount – The amount shown in the *Certificate Data Pages* as the face amount, unless changed as shown in our records.

Grace period – The period of time within which to pay an overdue total premium as described in the *Grace Period* provision.

Insurance contract – This certificate and each rider in effect, if any.

Lapse – The termination of this certificate for non-payment of overdue total premiums during the grace period.

Monthly anniversary – Occurs each month after the issue date, on the same date of each month as the date shown as the issue date.

Our records – The records at our head office and the records stored elsewhere on our behalf, with our consent.

Paid-up additional insurance – The amount of the paid-up additional insurance bought under option 1 of the *Dividends* provision or under a rider.

Rider(s) – Each attached rider, if any, and each rider added as an attachment, if any, to this certificate after the issue date, as shown in our records.

State governing – The state shown as the state governing on the cover page, which will be the state where the application was signed by the owner.

We, our, us and Foresters – The Independent Order of Foresters.

You, your - The owner of this certificate as shown in the *Certificate Data Pages* subject to change as described in this certificate.

When we refer in this certificate to a provision, unless specifically stated to be a provision in a rider, we mean the provision in this certificate with that title. When we refer in a rider to a provision, unless specifically stated to be a provision in the certificate, we mean the provision in that rider with that title.

Certificate Provisions

Consideration

We issue this certificate and attached rider(s) based on the application signed by the owner and the payment of premiums as described in this certificate.

Entire Contract

The entire contract consists of each of the following:

1. The insurance contract, including agreements and endorsements to it.
2. The application for this certificate and each attached rider, if any.
3. Notifications we send to you confirming changes made, after the issue date, to this certificate or a rider.
4. Our Instrument of Incorporation, Constitution, and the respective amendments.

All statements in the application shall be deemed representations and not warranties.

No one, including the producer who provided you with this certificate, can make a promise or representation about the entire contract other than what is described in the entire contract. A change to the insurance contract is not valid unless the change is approved by our executive secretary and it is endorsed on, or attached to, the insurance contract.

When this Certificate is in Effect

This certificate comes into effect on the issue date, if both of the following conditions are met:

- At least the first total premium was provided on or before the date we delivered this certificate to you and is honored by the financial institution from which it is to be drafted.
- The insurability of the insured did not change between the date the application was signed by the insured and the issue date.

Once in effect, this certificate will remain in effect until the earliest of the following dates:

- The date of death of the insured.
- The date we receive, as shown in our records, your signed request to end this certificate.
- The date this certificate lapses, as described in the *Grace Period* provision.
- The date this certificate terminates, as described in the *Loans* provision.
- The maturity date, as shown in the *Certificate Data Pages*.
- The date that option 2 applies, as described in the *Nonforfeiture* provision.

This certificate will not be in effect after the earliest of the above dates. This means our liability, under this certificate, ends and no death benefit would be paid.

Control of Insurance Contract

The owner of the insurance contract may exercise the options or rights provided to them under it, unless limited by statute or by the rights of an assignee or irrevocable beneficiary. If the insured is younger than 16 years old on the issue date, these rights will transfer to the insured upon their 16th birthday. Upon this transfer, the insured will become the owner of the insurance contract, regardless of a prior assignment.

You may request a change of owner, while the insured is alive and this certificate is in effect. A change of owner is not effective if prohibited by law. We are not responsible for the validity or effect of a change of owner. Unless otherwise specified by you, the change of owner will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

If the insured is not the owner and if the owner dies or ceases to exist, while this certificate is in effect, the contingent owner becomes the owner of this certificate and rider(s) as of the date that the owner died or ceased to exist. If there is no surviving contingent owner, the owner's estate (if the owner is a natural person) or the owner's successor in interest (if the owner is a non-natural person) will become the owner.

Assignment

You may assign the insurance contract. An assignment is not effective if prohibited by law. Unless otherwise specified by you, the assignment will be effective as of the date the notice of assignment is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this notice. Under an absolute assignment the assignee becomes the owner of the insurance contract. We are not bound by an assignment unless it is in writing and shown in our records. We are not responsible for the validity or effect of an assignment. Despite the assignment, the insured retains Foresters membership rights and privileges according to our Constitution.

Beneficiaries

There may be designated one or more than one primary or contingent beneficiary. Each primary and contingent beneficiary, if any, is shown in, or in a form accompanying, the application unless changed as shown in our records.

You may request a change of beneficiary, while the insured is alive and this certificate is in effect. If a beneficiary is designated "irrevocable", then that beneficiary must also sign a request that changes that beneficiary's designation or the percentage or amount to be received by that beneficiary. The change of beneficiary will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

Payment to Beneficiary

The death benefit payable will be paid as described in this provision. If no beneficiary survives the insured or if no beneficiary is designated, this payment will be made to you or your estate.

Primary Beneficiary: Each primary beneficiary surviving the insured will be paid their share of the death benefit. That share is shown in the application unless changed, as shown in our records. If a primary beneficiary predeceases the insured, that beneficiary's share will be split among the surviving primary beneficiaries. That split will be based on the ratio of the specified percentages for those surviving beneficiaries to the total percentage for those survivors. If no percentages are specified, then the death benefit will be split equally among the surviving primary beneficiaries.

Contingent Beneficiary: If no primary beneficiary survives the insured, each contingent beneficiary, if designated, surviving the insured, will be paid their share of the death benefit, in the same manner as described above for the primary beneficiary.

Death Benefit

Payment of Death Benefit

Subject to the terms and conditions of the entire contract, we will pay the death benefit if we receive due proof of the insured's death. That death must occur while this certificate is in effect.

Interest will be paid on this amount, calculated from the date of death to the date of payment. The interest rate will be the legal rate required by the insurance laws of the state governing this certificate.

The amount payable under this provision will be paid as described in the *Payment to Beneficiary* provision.

Amount of Death Benefit

The death benefit is equal to:

- the face amount in effect on the date of death of the insured; plus
- the amount of paid-up additional insurance then in effect, if any; plus
- the amount of dividends on deposit on that date, if any; plus
- unearned premiums, if any; minus
- the amount of the debt, if any.

If death occurs during the years payable, for coverage under this certificate or a rider, then the amount of the unearned premium will be that portion of the total premium that was paid to us to provide that coverage for a period of time beyond the end of the certificate month of the insured's death. If death occurs after the years payable, for coverage under this certificate or a rider, then there will be no unearned premiums for that coverage.

The years payable are shown:

- For this certificate or an attached rider, in the *Certificate Data Pages*.
- For a rider, if any, added as an attachment to this certificate after the issue date, in the notification sent to you with that rider.

Incontestability

We will not contest the validity of this certificate after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing this certificate.

Similarly, statements made after the issue date, in an application for the addition of a rider, reinstatement or in a declaration for a change in insurance class, will be incontestable two years after the effective date as shown in our records of such addition, reinstatement or change. Our right to contest based on statements made in an application for an addition, will apply only to the additional coverage provided by that addition.

This provision shall not apply to a rider providing a benefit in the event of:

1. the total disability of the insured, or
2. death of the insured by accident or accidental means.

Suicide

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the issue date, our liability is limited to the sum of the premiums paid minus the amount of the debt and no death benefit will be paid.

Premiums

Premium amounts and the number of years payable for each coverage, on the issue date, are shown in the *Premium Schedule* in the *Certificate Data Pages*.

The amount of the total premium is shown in the *Certificate Data Pages*. This amount will change if a rider ends, is added after the issue date or the premium for a rider changes. We will notify you if the amount of the total premium changes. The first total premium is due on the issue date. You will then need to pay each total premium when due to keep this certificate in effect. Premiums are payable in advance.

Other than the first total premium, each total premium is due, without notice from us, on the premium due date for that total premium. The premium due dates are based on the payment mode in effect. If the payment mode in effect is annual, the premium due dates will be on each certificate anniversary. If the payment mode in effect is more often than annual, these dates will fall on the same day of the month as the issue date, based on that payment mode. For example, if the payment mode in effect is monthly and your issue date is March 4, your premium due dates will be on the 4th of each month.

The payment mode and payment method in effect is the mode and method elected in the application, unless changed as shown in our records.

The sum of the total premiums payable over a certificate year may depend on the payment mode in effect. That sum may be less if you pay based on a payment mode other than the monthly payment mode. Subject to our administrative rules in effect at the time, you may change your payment mode or payment method. Contact our designated office to find out what method is available and the total premium payable if another available mode is elected.

Total premiums may be paid by mail sent to our U.S. mailing address or to our designated office and each is considered paid on the business day we receive it at our designated office. You may also make payment to our Executive Secretary. If requested, we will provide a receipt for the total premium paid, signed by our Executive Secretary.

Grace Period

If a total premium is not paid in full on or before its premium due date, you have 31 days from that premium due date to pay us that total premium. This 31 day period is called the grace period.

Subject to the *Nonforfeiture* and *Automatic Premium Loan* provisions, this certificate will lapse without cash surrender value as of the end of the 31st day of the grace period if you have not paid us that total premium by that day. Payments received after the grace period will be accepted only if sent by U.S. mail and postmarked during the grace period. Upon lapse, this certificate will no longer be in effect. This means our liability ends and no death benefit would be paid.

If the insured dies during the grace period, we will reduce the death benefit payable by the overdue amount.

Reinstatement

If this certificate should lapse, you may be eligible to reinstate it within three years from the effective date of the lapse as shown in our records. To reinstate we will require:

1. Payment of the unpaid premium with interest compounded at a rate determined by us. That rate will not be more than six percent per year.
2. Evidence of insurability, which meets our standards, of the insured.
3. Payment or reinstatement of all debt existing at the date of lapse plus interest. That interest will be calculated on that debt from the date of lapse. The interest rate will be determined by us but will not be more than the maximum loan interest rate as described in the *Loans* provision.

The unpaid premium will be the sum of the following:

- The total premiums due but not paid in full on or before the date of lapse.
- The total premiums from the date of lapse to the date of reinstatement that would have been due if this certificate had not lapsed.

The effective date of a reinstatement is the day that we approve your application for reinstatement, as shown in our records.

Cash Value

This certificate may provide a cash value, calculated as described in the *Basis of Computation of Values* provision. Guaranteed cash values, if any, at the end of certain certificate years are shown in the *Table of Guaranteed Certificate Values* in the *Certificate Data Pages*. The cash values shown assume that total premiums are paid as due and that no changes are made to this certificate. Cash values, if any, at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Cash Surrender Value

The cash surrender value at any time is equal to:

- the cash value at that time; plus
- the present value of paid-up additional insurance then in effect, if any; plus
- the amount of dividends on deposit at that time, if any; minus
- the amount of the debt, if any.

Nonforfeiture

If this certificate has a cash surrender value greater than zero one of the following options may be used. Subject to an assignment shown in our records, you may elect either option 1 or 2, as described in this provision, anytime before a total premium is overdue for more than 60 days.

If a total premium remains unpaid at the end of the grace period, and no election was made, option 1 will automatically apply, unless the *Automatic Premium Loan* provision has been requested.

Option 1 – Reduced Paid-Up Life Insurance

Under this option we will apply the cash surrender value to continue this certificate in effect as reduced paid-up life insurance. This will reduce the face amount under this certificate. The reduced face amount will be the amount that can be purchased by applying the cash surrender value as a net single premium for this insurance. The reduced paid-up insurance will not include benefits provided by a rider.

In the event that the cash surrender value is such that the reduced face amount would be less than \$1,000.00, we reserve the right to surrender this certificate as described in option 2.

If the insured dies during the grace period, subject to the terms of this certificate, the death benefit will be paid and there will be no payment under this reduced paid-up life insurance.

The reduced paid-up insurance may be surrendered for its present value. The present value will equal the net single premium that would be required to provide the insurance that would continue if the reduced paid-up life insurance was not surrendered. If such surrender occurs within 30 days after a certificate anniversary, the present value will not be less than the present value on that anniversary.

We may defer payment of the present value for up to six months after we receive your written request to surrender.

Option 2 – Cash Surrender

Under this option we will surrender this certificate and pay you its cash surrender value. Once surrendered, this certificate is of no further effect, our liability under this certificate ends and no death benefit will be paid. If such surrender occurs within 30 days after a certificate anniversary, the cash surrender value will not be less than the cash surrender value on that anniversary.

We may defer payment of the cash surrender value for up to six months from the date we receive the request for that payment.

Basis of Computation of Values

The calculation of cash values, nonforfeiture benefits and net single premiums will be based on the 2001 CSO age nearest birthday, sex distinct, smoker distinct mortality table for the insured's rating class (composite rates used for issue ages 0-15) and the nonforfeiture interest rate shown in the *Certificate Data Pages*.

These values and benefits will not be less than the minimum values and benefits required by the insurance laws of the state governing this certificate.

Calculations take into account the gender, age and smoking status of the insured. A detailed statement of the method of computation of cash values, nonforfeiture benefits and net single premiums has been filed as required with the department of insurance for the state governing this certificate.

Loans

The loan amount is the amount loaned to you, either through a requested loan or an automatic premium loan, plus accrued interest and minus each repayment. Interest accrues daily on the loan. Interest is due at the end of each certificate year. If the interest is not paid when due, it will bear interest at the same rate as the loan. We will determine the interest rate on an annual basis. The rate of interest will not exceed the higher of:

1. The monthly Average of the Composite Yield on the Seasoned Corporate Bonds as published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.

2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

In the event that the Moody's Monthly Average of the Composite Yield on Seasoned Corporate Bonds is no longer published, we will substitute a substantially similar average, established by regulation issued by the insurance regulator for the state governing this certificate.

All or part of a loan may be repaid at any time that this certificate is in effect. Each repayment will be applied to the loan, effective the date it is processed by us.

If, at any time, the loan amount exceeds the cash value at that time plus the present value of paid-up additional insurance then in force and the amount of dividends on deposit at that time, then this certificate will terminate. We will send you, and any assignee of this certificate, notification of termination. Termination will be effective 31 days after the date, as shown in our records, notification is sent. Upon the termination of this certificate, it will be of no further effect, our liability will end and no death benefit will be paid.

Requested Loan

You may obtain a loan from us, with this certificate as the security for the loan. We will require that you sign our then current loan agreement. The loan is effective when we receive the loan agreement that you have signed. The maximum loan amount available at any time is equal to the projected cash surrender value at the end of the current certificate year, assuming that no further premium payments are made.

We may defer payment of a loan for up to six months from the date we receive the request for that payment, unless it is used to pay premiums due to us.

Automatic Premium Loan

You may request that this provision applies either by electing it in the application or by signed notice any time before the end of the grace period. You may revoke that request at any time by signed notice, however this will not invalidate a loan made under this provision.

Under this provision, total premium unpaid at the end of the grace period will automatically be paid through a loan if, at the end of the certificate month in which that premium was due, the cash surrender value available is not less than zero. If however, at the end of that month the cash surrender value is less than the monthly total premium but more than zero, we will loan the remaining cash surrender value and continue this certificate for only part of the month. While the certificate is in effect, you may resume payment of total premiums.

The premium payment mode will be changed to monthly for the duration of the time period that premiums are being paid through a loan.

Misstatement of Age or Sex

If the age or sex of the insured under this certificate is misstated at issue, the face amount and the rider benefit amount(s), if any, will be adjusted either upward or downward. The revised amounts for the certificate and riders, if any, will be that which the premium paid, for that coverage, would have purchased for the correct age and sex, according to our rates in effect on the issue date.

Limitation of Action

No action shall be taken on this certificate, or a rider, in a court of law unless the action is filed with a court within the period of time, from the date that the cause of action arose, allowed by laws of the state governing this certificate.

Law Applicable

Your rights or obligations and that of anyone, including the insured or anyone rightfully claiming under this certificate or a rider, will be determined by the laws of the state governing.

Limiting Effect of our Constitution

The benefits provided under this certificate and each rider will not be reduced, nor will this certificate or rider end, by a provision in our Constitution not stated or referred to in this certificate or rider.

Suspension or Expulsion

Even if the insured is expelled or suspended from Foresters membership in accordance with our Constitution, this certificate and each rider, subject to its terms, may be kept in effect by continuing to pay the required premiums.

Maintenance of Reserves

If our reserves become impaired, you may be assessed an equitable proportion of the shortage. You may pay cash or accept a reduction in benefits. If you do neither, your equitable proportion will become an amount owed against this certificate. Interest on this amount will be compounded at a rate determined by us but not more than five percent per year.

Basis of Computation of Reserves

The reserves are not less than the minimum reserves required by the insurance laws of the state governing this certificate. A detailed statement of the method of computation of reserves has been filed as required with the insurance department for the state governing this certificate.

Dividends

This certificate is eligible to participate in our divisible surplus. We will determine our divisible surplus each year. You will be entitled to your share, if any, as determined by us, of our divisible surplus. This share is your dividend which you may receive or use according to the dividend option in effect. Your dividend options are as follows:

1. Use the dividend as a net single premium to buy paid-up additional insurance at the insured's age on the date of the purchase. No further premiums are required for this additional insurance purchased.
2. Have the dividend paid in cash.
3. Leave the dividend with us to accumulate with interest. We will determine the interest rate, but it will not be less than three and one half percent per year.
4. Use the dividend to reduce premiums payable under this certificate. In a certificate year where the dividend paid is not sufficient to pay the premiums payable for that certificate year, the difference is payable by you. In a certificate year where the dividend paid exceeds the premiums payable for that certificate year, the excess will be applied under dividend option (1).

Dividend option (1) will be in effect from the issue date unless changed by you as shown in our records. If changed, the new option applies to future dividends only.

If you request this certificate to end and dividends have been credited under dividend option (1) or (3), we will refund to you the total of:

1. the present value of the paid-up additional insurance, plus
2. the amount of the dividends on deposit, minus
3. the amount of the debt.

If no dividends are paid the dividend options described in this provision do not apply.

Notification

Notification(s) we send to you about this certificate or a rider will be sent from our designated office, to your last address shown in our records. You must notify us of a change in address for you or the insured. If premium is being paid under our pre-authorized check plan, you must notify us of a change in banking information.

Notifications about this certificate or a rider may, with your consent, be sent or provided to you by electronic means, if permitted by our administrative practices.

Every notification, designation and request that you make to us must be signed by you and received by us at our designated office for us to act on it. Each will be deemed received by us as of the date shown in our records.

Notifications, designations and requests that you make to us may, if permitted by, and subject to, our administrative practices in effect at that time, be by electronic means.

Our head office address is:

The Independent Order of Foresters, [789 Don Mills Road, Toronto, Ontario, Canada. M3C 1T9.
Attn: Certificate Services].

Our U.S. mailing address is: [P.O. Box 179 Buffalo, New York. 14201-0179.

Attn: Certificate Services].

We will notify you if there is a change in address.

The Independent Order Of Foresters ('Foresters')

A Fraternal Benefit Society Organized 1874

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]

U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]

Foresters [Whole Life Paid-up at 100]

WHOLE LIFE INSURANCE CERTIFICATE.

Cash Surrender Value payable at surrender or maturity.

Premium amounts and years payable are shown in the Certificate Data Pages.

Death benefit payable if the insured's death occurs while
this certificate is in effect.

Participating.

This is the last page of this certificate.

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[35] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2011]	Maturity Date	[March 2, 2097]
Face Amount	[\$50,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$94.07]	Payment Mode	[Monthly]
Currency	United States		

Foresters Whole Life Paid-up at 100 Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2011].

Cash surrender value is payable on the earlier of surrender and the maturity date. This certificate is eligible to participate in our divisible surplus, however dividends are not guaranteed.

Each beneficiary is designated in, or in a form accompanying, the application. A beneficiary designation may change as described in the *Beneficiary* provision.

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$50,000]	[March 2, 2097]
Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]	[\$100,000]	[March 2, 2076]
Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2076]
[Accidental Death Rider]	[\$50,000]	[March 2, 2046]
[Children’s Term Rider]	[\$10,000]	[March 2, 2041]
[Disability Income Rider (Accident Only) †]	[\$750]	[March 2, 2041]
[Guaranteed Insurability Rider]	[\$50,000]	[March 2, 2016]
[Waiver of Premium Rider]		[March 2, 2041]

Each rider listed above, if any, is an attachment to this certificate.

* Latest coverage expiry date, assuming all premiums are paid as due. Coverage may end earlier than the expiry date as described within this certificate or applicable rider, if any.

** This is the maximum family benefit amount.]

†The Disability Income Rider (Accident Only) waiting period is [90] days, the maximum benefit period is [24] months and the applicable percentage is [1.5%.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$733.00]	[65]
[Temporary Extra Rating]	[XXXXXX]	[30]
[Temporary Extra Rating]	[XXXXXX]	[5]
Common Carrier Accidental Death Rider	\$0.00	N/A
Family Health Benefit Rider	\$0.00	N/A
[Accidental Death Rider]	[\$39.50]	[35]
[Children's Term Rider]	[\$57.10]	[30]
[Disability Income Rider (Accident Only)]	[\$67.35 ⁺⁺]	[30]
[Guaranteed Insurability Rider]	[\$144.00]	[5]
[Waiver of Premium Rider]	[\$34.00]	[30]

To calculate the amount of the premium for this certificate or a rider, for a payment mode other than annual, multiply the annual premium shown for this certificate or that rider by [.5100] for [semi-annual], [.2600] for [quarterly] and [.0875] for [monthly].

[⁺⁺ This premium amount is subject to increase(s). Refer to the applicable rider.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$1,074.95]	[\$548.23]	[\$279.49]	[\$94.07]

Each Total premium shown above is as of the issue date, and will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium for a rider changes. After the issue date not all payment modes shown may continue to be available.

Each Total premium shown above includes the applicable certificate fee.

	Annual	Semi-Annual	Quarterly	Monthly
Certificate Fee	[\$72.00]	[\$36.72]	[\$18.72]	[\$6.30]

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
1	[\$0]	[\$0]
2	[\$0]	[\$0]
3	[\$391]	[\$1,722]
4	[\$917]	[\$3,898]
5	[\$1,458]	[\$5,988]
6	[\$2,016]	[\$7,994]
7	[\$2,590]	[\$9,923]
8	[\$3,183]	[\$11,781]
9	[\$3,793]	[\$13,568]
10	[\$4,421]	[\$15,287]
11	[\$5,065]	[\$16,935]
12	[\$5,724]	[\$18,511]
13	[\$6,399]	[\$20,016]
14	[\$ 7,089]	[\$21,452]
15	[\$ 7,797]	[\$22,827]
16	[\$ 8,524]	[\$24,148]
17	[\$ 9,271]	[\$25,416]
18	[\$10,037]	[\$26,637]
19	[\$10,821]	[\$27,808]
20	[\$11,623]	[\$28,935]
Age 60	[\$15,871]	[\$33,490]
Age 65	[\$20,357]	[\$37,289]
Age 100	[\$46,210]	[\$50,000]
Age 121	[\$50,000]	[\$50,000]

Values shown are as of the end of the applicable certificate year. Values shown assume that total premiums are paid as due and that no changes are made to this certificate. Paid-up additional insurance or dividends on deposit, if any, will increase the reduced paid-up insurance amounts shown and debt will decrease those amounts. Paid-up additional insurance, dividends on deposit or debt, if any, will not affect the cash values shown. Values at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Non-Forfeiture Interest Rate: 4.00%

*Subject to the *Reduced Paid-Up Life Insurance* provision

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[35] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2011]	Maturity Date	[March 2, 2097]
Face Amount	[\$50,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$149.42]	Payment Mode	[Monthly]
Currency	United States		

Foresters 20 Pay Whole Life Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2011].

Cash surrender value is payable on the earlier of surrender and the maturity date. This certificate is eligible to participate in our divisible surplus, however dividends are not guaranteed.

Each beneficiary is designated in, or in a form accompanying, the application. A beneficiary designation may change as described in the *Beneficiary* provision.

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$50,000]	[March 2, 2097]
Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]	[\$100,000]	[March 2, 2076]
Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2076]
[Accidental Death Rider]	[\$50,000]	[March 2, 2046]
[Children's Term Rider]	[\$10,000]	[March 2, 2041]
[Disability Income Rider (Accident Only) †]	[\$750]	[March 2, 2041]
[Guaranteed Insurability Rider]	[\$50,000]	[March 2, 2016]
[Waiver of Premium Rider]		[March 2, 2041]

Each rider listed above, if any, is an attachment to this certificate.

* Latest coverage expiry date, assuming all premiums are paid as due. Coverage may end earlier than the expiry date as described within this certificate or applicable rider, if any.

** This is the maximum family benefit amount.]

†The Disability Income Rider (Accident Only) waiting period is [90] days, the maximum benefit period is [24] months and the applicable percentage is [1.5%.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$1,344.00]	[20]
[Temporary Extra Rating]	[XXXXXX]	[20]
[Temporary Extra Rating]	[XXXXXX]	[5]
Common Carrier Accidental Death Rider	\$0.00	N/A
Family Health Benefit Rider	\$0.00	N/A
[Accidental Death Rider]	[\$53.00]	[20]
[Children's Term Rider]	[\$71.70]	[20]
[Disability Income Rider (Accident Only)]	[\$75.00 ⁺⁺]	[20]
[Guaranteed Insurability Rider]	[\$144.00]	[5]
[Waiver of Premium Rider]	[\$20.00]	[20]

To calculate the amount of the premium for this certificate or a rider, for a payment mode other than annual, multiply the annual premium shown for this certificate or that rider by [.5100] for [semi-annual], [.2600] for [quarterly] and [.0875] for [monthly].

[⁺⁺ This premium amount is subject to increase(s). Refer to the applicable rider.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$1,707.70]	[\$870.93]	[\$444.00]	[\$149.42]

Each Total premium shown above is as of the issue date, and will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium for a rider changes. After the issue date not all payment modes shown may continue to be available.

Each Total premium shown above includes the applicable certificate fee.

	Annual	Semi-Annual	Quarterly	Monthly
Certificate Fee	[\$72.00]	[\$36.72]	[\$18.72]	[\$6.30]

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
1	[\$0]	[\$0]
2	[\$163]	[\$743]
3	[\$982]	[\$4,323]
4	[\$1,827]	[\$7,771]
5	[\$2,703]	[\$11,098]
6	[\$3,607]	[\$14,307]
7	[\$4,544]	[\$17,408]
8	[\$5,514]	[\$20,409]
9	[\$6,517]	[\$23,313]
10	[\$7,555]	[\$26,124]
11	[\$8,627]	[\$28,844]
12	[\$9,734]	[\$31,475]
13	[\$10,875]	[\$34,020]
14	[\$12,054]	[\$36,478]
15	[\$13,273]	[\$38,859]
16	[\$14,535]	[\$41,175]
17	[\$15,841]	[\$43,428]
18	[\$17,194]	[\$45,629]
19	[\$18,593]	[\$47,781]
20	[\$20,042]	[\$49,893]
Age 60	[\$26,907]	[\$50,000]
Age 65	[\$30,544]	[\$50,000]
Age 100	[\$46,210]	[\$50,000]
Age 121	[\$50,000]	[\$50,000]

Values shown are as of the end of the applicable certificate year. Values shown assume that total premiums are paid as due and that no changes are made to this certificate. Paid-up additional insurance or dividends on deposit, if any, will increase the reduced paid-up insurance amounts shown and debt will decrease those amounts. Paid-up additional insurance, dividends on deposit or debt, if any, will not affect the cash values shown. Values at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Non-Forfeiture Interest Rate: 4.00%

*Subject to the *Reduced Paid-Up Life Insurance* provision

The Independent Order Of Foresters ('Foresters')

Accidental Death Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the accidental death of the insured, caused by an accidental bodily injury.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Accidental Death Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the amount of the benefit upon the accidental death of the insured, provided we receive due proof of each of the following:

1. The accidental death is caused by an accidental bodily injury, directly and independently from all other causes.
2. This accidental bodily injury occurs while this rider is in effect.
3. Accidental death occurs within 180 days of this accidental bodily injury.

The amount payable will be paid as described in the *Payment to Beneficiary* provision of the certificate.

Excluded Risks

We will not pay the benefit amount if the insured's death results directly or indirectly from any of the following:

- Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Mountaineering, climbing, scuba diving or participation in a motor sport.
- Sky diving, gliding, parachuting, ultra-lighting, parasailing or bungee jumping.
- Infection, other than septic infection occurring through and at the time of an accidental cut or wound.
- Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm, even if the proximate or precipitating cause is an accidental bodily injury.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.

- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of either or both of the following:
 1. A narcotic in the body of the insured, regardless of the measurement or quantity.
 2. A concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - A coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit, or a narcotic.

A narcotic does not include a drug that was consumed by the insured at the frequency and dosage instructed or prescribed by a licensed physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.

Contestability

We may contest the validity of this rider at any time before payment of a benefit under this rider.

If this rider is reinstated, we may contest the reinstatement at any time before payment of a benefit under this rider.

When we contest, we will not pay the benefit.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
 U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
 [1-800-828-1540]



Executive Secretary



International Fraternal President

This is the last page of this Accidental Death Rider.

The Independent Order Of Foresters ('Foresters')

Common Carrier Accidental Death Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the accidental death of the insured caused by an accidental bodily injury that occurs while the insured is riding as a fare-paying passenger on a common carrier.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount, on the day this rider comes into effect, maximum accidental death amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount, on the day this rider comes into effect, maximum accidental death amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Common Carrier Accidental Death Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Common carrier means a motorized vehicle if, at the time of the accidental bodily injury for which the benefit is claimed, that vehicle meets each of the following:

- Is being operated by a business organized and licensed to transport fare-paying passengers.
- Is being piloted, driven or captained by a person who is then licensed to pilot, drive or captain that vehicle, to transport fare-paying passengers.
- Is transporting fare-paying passengers on regularly scheduled routes, from one location to arrive and exit at a different location.

Common carrier will not include:

- A taxi.
- A limousine.
- A cruise ship, if the cruise is more than 12 hours.
- A sightseeing vehicle.
- A vehicle hired or used for a sport, contest or recreational activity, even if the vehicle is licensed and a fare is paid.

Fare-paying means the payment of money, by any mode, by, or on behalf of, a person, specifically for the purpose of that person riding the common carrier from one location to arrive and exit at a different location. Fare-paying does not include courtesy, gratuitous or shuttle transportation.

Riding means:

- Physically aboard the common carrier, or
- Entering or exiting the common carrier, but only while on the ramp or steps attached to, and physically part of, the common carrier and used solely for the purposes of entering and exiting the common carrier.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium, if any, for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium, if any, for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the amount of the benefit upon the accidental death of the insured, provided we receive due proof of each of the following:

1. The accidental death is caused by an accidental bodily injury, directly and independently from all other causes.
2. This accidental bodily injury occurs while: (a) the insured is riding as a fare-paying passenger on a common carrier and (b) this rider is in effect.
3. Accidental death occurs within 180 days of this accidental bodily injury.

This benefit will be paid as described in the *Payment to Beneficiary* provision.

Amount of the Benefit

The amount of the benefit will be the benefit amount on the date of death, unless the total accidental death benefit amount exceeds the maximum accidental death amount. If it does, the amount of the benefit under this rider will be reduced to the amount that is required so that the total accidental death benefit amount equals the maximum accidental death amount.

The total accidental death benefit amount is the sum of the benefit amount under this rider plus the amount(s) payable under other insurance issued by us, if any, that specifically provides for payment due to the accidental death of the insured.

If there is in effect on the insured's date of death other insurance issued by us that specifically provides for payment due to the accidental death of the insured, the amount of the benefit payable under this rider shall be calculated and paid after:

- First, payment of the benefit payable under the other insurance without a common carrier requirement, whether issued before or after the issue date of this rider.
- Second, payment of the benefit payable under the other insurance with a common carrier requirement, issued prior to the issue date of this rider.

The amount of the benefit under this rider will be zero if the total of the amount(s) payable under the first and second above exceeds the maximum accidental death amount.

Excluded Risks

We will not pay the benefit if the insured's death results directly or indirectly from any of the following:

- Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Committing or attempting to commit a felony.
- War or act of war, whether declared or undeclared.
- Disease or infirmity, of mind or body, or medical or surgical treatment therefore.
- Infection, other than septic infection occurring through and at the time of accidental cut or wound.
- Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm, even if the proximate or precipitating cause is an accidental bodily injury.
- An accidental bodily injury that is sustained or contracted in consequence of the insured being under the influence of a drug, narcotic, barbiturate or sedative, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- An accidental bodily injury that is sustained or contracted in consequence of the insured's alcohol intoxication. Intoxication will mean a blood alcohol level that is prescribed, by the law of the state governing this rider, as an offence for the operation of a motor vehicle.

No benefit will be paid if the insured is riding the common carrier for any of the following purposes:

- To perform duties in relation to that common carrier. This includes duties related to:
 - the operation or maintenance of that common carrier, or
 - the care, assistance or entertainment of the passengers of that common carrier.
- To give or receive training about or related to the common carrier.

- Transportation as a member, and on behalf of, the armed forces if the common carrier is being operated by the armed forces.

Contestability

We may contest the validity of this rider at any time before payment of a benefit under this rider.

If this rider is reinstated, we may contest the reinstatement at any time before payment of a benefit under this rider.

When we contest, we will not pay the benefit.

The Independent Order Of Foresters ('Foresters')
has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]

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Executive Secretary

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International Fraternal President

This is the last page of this Common Carrier Accidental Death Rider.

The Independent Order Of Foresters ('Foresters')

Family Health Benefit Rider

Provides, subject to the provisions of the entire contract, benefits that are payable for qualified health situations that result from a catastrophic event.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The specific benefit amounts, maximum family benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The specific benefit amounts, maximum family benefit amount and expiry date for this rider are shown in that notification.

As described in this rider, it provides benefits for qualified health situations that result, directly and independently of all other causes, from a catastrophic event. It is not intended to cover all of the costs associated with these health situations or to provide health insurance.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Family Health Benefit Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Catastrophic event means a typhoon, hurricane, tornado, earthquake, volcanic eruption, tsunami or lightning strike, that is officially recognized and recorded by either the U.S. National Weather Service or the U.S. Geological Survey.

Claimant means the insured and each member of the insured's immediate family.

Hospital is a short-term, acute, general hospital located in the continental United States, Alaska or Hawaii, that both:

- Is duly licensed for, and is primarily engaged in, providing inpatient diagnostic and therapeutic services for the diagnosis, treatment and care of sick persons by, or under the supervision of, physicians.
- Provides 24-hour nursing service by, or under the supervision of, registered graduate nurses and is not, other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort or spa, sanatorium or rehabilitation center; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; or d) a place for the provision of hospice care.

Immediate family means the insured's spouse and each child of the insured (biological or legally adopted) while under the age of 25 years and for whom the insured is legally responsible for maintenance and support.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the claimant or a relative of either you or the claimant, including a brother, sister, parent, spouse or child of either you or the claimant or the spouse of any such person. The physician cannot be a business associate of you or the claimant.

Qualified health situation means a hospital stay, a hospital emergency room examination, or ambulance transportation.

Spouse means the person to whom the insured is married, legally or by common-law, **or is in a civil union with**, according to the law of the state governing this rider.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium, if any, for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The first day following the day the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore no benefit would be paid under this rider.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium, if any, for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the specific benefit amount to you for each claimant who has a qualified health situation that occurs during the lifetime of the insured and while both the certificate and this rider are in effect, provided we receive due proof of each of the following:

1. The qualified health situation is caused, directly and independently from all other causes, by a catastrophic event.
2. The qualified health situation occurs within 10 days of the catastrophic event.

Amount of the Benefit

There is a specific benefit amount for each of the qualified health situations.

Ambulance Transportation –The specific benefit amount for ambulance transportation will be payable only once for each claimant per catastrophic event.

Hospital Emergency Room Examination – The specific benefit amount for a hospital emergency room examination will be payable only once for each claimant per catastrophic event.

Hospital Stay – The specific benefit amount for a hospital stay is payable for each calendar day that the claimant is billed for hospitalization, up to a maximum of 5 days per claimant per catastrophic event.

The benefit payable under this rider is limited by the maximum family benefit amount. If a valid claim is made for a specific benefit amount that would cause the total of the specific benefit amounts paid under this rider to exceed the maximum family benefit amount, the amount paid on that claim will be reduced so that the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount. If the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount, this rider will end.

Notice of Claim and Proof

We must receive a signed request for the benefit within the 12 month period following the occurrence of the qualified health situation. Otherwise, no benefit will be paid.

Within 15 days of receiving this request, we will send you the forms that are to be used to file a claim under this rider. If you do not receive these forms within 15 days you may submit to us a signed statement outlining:

- The name, age and relationship of the claimant to the insured.
- The date, type and location of the catastrophic event.
- The date and specific details surrounding the qualified health situation that you are filing the claim for.

Attach the required proof to the forms or signed statement.

We must receive the properly completed forms or your signed statement, and the required proof, within 90 days of the signed request for the benefit. Otherwise, no benefit will be paid under this rider.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing the certificate.

Similarly, statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



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Executive Secretary



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International Fraternal President

This is the last page of this Family Health Benefit Rider.

The Independent Order Of Foresters ('Foresters')

Children's Term Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the death of an insured child, a conversion option for each insured child and guaranteed insurability for future children.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Children's Term Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Who is an Insured Child

Child, for the purposes of this rider, means a person who is:

- the biological child of the insured,
- legally adopted by the insured,
- a step-child of the insured as a result of and during the insured's legal, as defined by the laws of the state governing, marriage or civil union to the parent of that person, or
- under the legal guardianship of the insured.

A person who is a child under this rider is an insured child if each of the following conditions is met:

- Named in the application for this rider.
- Is 15 days or older and under the age of 18 on the date this rider comes into effect or if younger than 15 days old at that time, reaches age 15 days while this rider is in effect.
- Not specifically excluded by us, as shown in our records.
- There has been no change in the insurability of that person between the date of the application for this rider and the date that we approve, as shown in our records, the addition of this rider to the certificate.

Insured child also includes each person who becomes an insured child as described in the *Guaranteed Insurability* provision.

A child ceases to be an insured child, and is no longer insured under this rider, at the earliest of:

- his or her 25th birthday,
- the date this rider ends as described in the *End of Rider* provision,
- the conversion date for that insured child as described in the *Conversion* provision.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if we have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day that we end this rider as described in the *Suicide* provision.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect, which means that our liability ends and no death benefit would be paid under this rider.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefits

This rider provides three benefits:

- A death benefit as described in the *Death Benefit* provision.
- A conversion option for each insured child as described in the *Conversion* provision.
- Guaranteed insurability as described in the *Guaranteed Insurability* provision.

Death Benefit

Subject to the provisions of the entire contract, we will pay the benefit amount to the owner provided we receive due proof that an insured child's death occurred while this rider is in effect.

Conversion

Subject to the conversion limit, each insured child has the option to convert, during that insured child's conversion period, to a new certificate that insures his or her life for the conversion amount. The new certificate must be a Foresters permanent life insurance plan that is offered on the conversion date with the same risk classification as this rider.

The conversion date means the day we approve, as shown in our records, that insured child's request for conversion. The insured child will not need to submit evidence of insurability unless he or she applies for:

- an amount of insurance greater than the conversion amount for that insured child,
- conversion to a new certificate that offers an increasing amount of insurance, or
- a rider.

An insured child who converts to a new certificate under this conversion option would no longer be an insured child under this rider, as of the conversion date shown in our records.

Conversion Period

The conversion period for an insured child begins on the date that child becomes an insured child under this rider, and continues until two months after the earliest of the following:

- The expiry date for this rider.
- The date of death of the insured.
- For that insured child, his or her 25th birthday.

If, however, this rider ends prior to the expiry date for this rider for reasons other than the death of the insured, the conversion period ends on the date this rider ends.

Conversion Amount

Subject to the conversion limit, for an insured child who exercises his or her conversion option, the conversion amount is:

- if the conversion date is on or before that child's 21st birthday, an amount equal to the benefit amount, or
- if after that child's 21st birthday, an amount between the benefit amount and five times the benefit amount, inclusive.

Conversion Limit

The conversion limit for each insured child is \$100,000.

The conversion option and the conversion amount under this rider will be further limited for an insured child who has already converted to one or more Foresters certificates from other Foresters products or riders. If the amount of insurance from those conversions is:

- \$100,000 or more, there will be no conversion option for that insured child under this rider, or
- less than \$100,000, the conversion amount cannot exceed \$100,000 minus the total amount of insurance from those conversions.

Guaranteed Insurability

A person who becomes a child after the date this rider comes into effect, but while it is in effect, will automatically be an insured child, unless:

- that person is older than 17 years old when he or she becomes a child, or
- that person is younger than 15 days old when he or she becomes a child, but that person will become an insured child if he or she reaches 15 days old while this rider is in effect.

This means that evidence of insurability is not required for that person to be an insured child.

A person who automatically becomes an insured child under this provision will cease to be an insured child as described under the *Who is an Insured Child* provision.

Suicide

We will not pay the benefit amount if the death of an insured child is by suicide or self-inflicted injury, while sane or insane, and occurs within two years of the date of becoming an insured child under this rider. If there was never another insured child under this rider prior to the date of this death, we will return to you the sum of the premiums paid for this rider. We will then end this rider unless you request to keep this rider in effect.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing the certificate.

Similarly, statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



[
] **Executive Secretary**



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] **International Fraternal President**

This is the last page of this Children's Term Rider.

The Independent Order Of Foresters ('Foresters')

Guaranteed Insurability Rider

Provides, subject to the provisions of the entire contract, the opportunity for the owner to purchase additional life insurance, on the life of the insured, with no further evidence of insurability required.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Guaranteed Insurability Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day this rider terminates as described in the *Termination* provision.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore no additional insurance can be purchased under this rider.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefit

Subject to the provisions of the entire contract, you may, on each option date that occurs while this rider is in effect, purchase additional life insurance on the life of the insured without further evidence of insurability, subject to each of the following conditions:

1. The request to purchase the additional life insurance must be on a form approved by us and must be received by us during the 90-day period before the applicable option date.
2. That completed form must be signed by you and the insured, if you are not the insured.
3. The additional life insurance is for an amount no greater than the benefit amount.
4. The additional life insurance must be a Foresters permanent life insurance plan that is offered on the applicable option date.

The additional life insurance on an option date will:

1. Be issued at the age, as determined by us for that additional life insurance, of the insured on that option date.
2. Be issued at premium rates in use, for that additional life insurance, on that option date.
3. Be issued at the same risk classification as the certificate, or at a risk classification that we determine is the closest to that risk classification if the same risk classification is not available on the additional life insurance on that option date.
4. Be subject to the restrictions, if any, contained in the certificate.
5. Not invoke new suicide or contestability periods.

The insurance contract for that additional life insurance will go into effect as described in, and subject to the terms of, that insurance contract. If the insured dies after a form has been submitted for the additional life insurance but before the additional life insurance goes into effect, our liability is limited to a refund of the premiums, if any, collected for that additional insurance.

If the amount of additional insurance purchased on an option date is less than the benefit amount, then the remaining amount, for that option date, is forfeited. Once an option date has passed, you retain the right to purchase additional life insurance on each remaining option date, if any.

Termination

Effective the date of the assignment or transfer of ownership of, or an interest in, the certificate, this rider terminates if the assignee or owner has an interest which arises only by, or would be enhanced in value by, the death of the insured.

Option Dates

Regular option dates are the certificate anniversaries at which the age of the insured is 25, 28, 31, 34, 37 and 40. You may advance the next available regular option date, if any, to be exercised within 90 days after one of the following:

1. The legal, as defined by the laws of the state governing, marriage or civil union of the insured.
2. The birth of a living child of the insured.
3. The legal adoption by the insured of a child who is younger than 18 years old.

In the situations described above, we will require due proof of this legal marriage, civil union, birth or adoption. If the last available regular option date is advanced and exercised an additional option date will be available to be exercised, within 90 days after each situation described above that occurs between the date that the last regular option date is exercised and the date that this rider ends.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing the certificate.

Similarly, statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



[**Executive Secretary**]



[**International Fraternal President**]

This is the last page of this Guaranteed Insurability Rider.

The Independent Order Of Foresters ('Foresters')

Waiver of Premium Rider

Provides, subject to the provisions of the entire contract, a benefit while the insured is totally disabled.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The expiry date for this rider is shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The expiry date for this rider is shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Waiver of Premium Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Actively employed means legally employed or self-employed in an occupation for an income directly from that occupation.

Income means the salary, wages, bonuses, commissions, fees and other monetary payments regularly earned by the insured from an occupation. Income does not include monies from another source, including from or as investments, dividends, interest, rent, royalties, annuities, distribution of deferred compensation or pension plans, sick pay, benefits received under a wage or salary continuation plan, or other benefit programs.

Injury means an injury that is the direct result of an accident, independent of an illness, disease, condition or bodily infirmity.

Occupation means a business, trade, profession, vocation or calling but shall not include avocations, hobbies, seasonal or temporary work or a business operating from the insured's home unless 50% of the insured's job related to that business is performed away from the insured's home.

Own occupation means the occupation in which the insured is actively employed on the date that the total disability, for which a claim is being made, started. If the insured was actively employed in more than one occupation on that date, own occupation shall be that occupation in which the insured was actively employed for the most hours during the week immediately preceding that date.

Total Disability and Totally Disabled mean:

- During the first 24 months of total disability, the inability of the insured, solely due to injury or sickness independently of any other cause or contributing factor, to substantially perform the essential and material duties of the insured's own occupation and the insured is not in fact working or earning remuneration from that occupation.
- After the first 24 months of total disability, the inability of the insured, solely due to injury or sickness independently of any other cause or contributing factor, to substantially perform the essential and material duties of any occupation for which the insured may be qualified by reason of education, training or experience and the insured is not in fact working or earning remuneration in any occupation.

Such injury must occur, or such sickness must first manifest itself, after the day this rider comes into effect.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect. This means that our liability ends and therefore no benefit would be provided under this rider.

If total disability begins prior to the certificate anniversary on which the insured is age 60 and the insured continues to be totally disabled after the expiry date for this rider and the benefit was provided on the last premium due date before the expiry date, this benefit will continue to be provided until the earlier of the following:

- The date that the insured ceases to be continuously totally disabled.
- The day the certificate is no longer in effect as described in the certificate.

If total disability begins on or after the certificate anniversary on which the insured is age 60, then this benefit will continue to be provided until the earlier of the following:

- The date that the insured ceases to be continuously totally disabled.
- The expiry date for this rider.
- The day the certificate is no longer in effect as described in the certificate.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefit

Subject to the provisions of the entire contract, we will waive the total premium due on a premium due date that the insured is totally disabled, provided we receive due proof of each of the following:

1. That the insured is totally disabled on that premium due date.
2. That total disability begins while this rider is in effect.
3. That total disability has been continuous for at least 6 months.

To keep your certificate and this rider in effect during this six month period, you should pay the total premium on each premium due date within that period. If a claim for the benefit is approved, the total premium paid during this six month period will be refunded to you.

Once a claim for the benefit is approved, the premium payment mode will be changed to monthly for the duration of the time period that the benefit is provided. During the time period that total premium is being waived the certificate will not lapse.

Notice of Claim

The notice of claim for this benefit must be received by us during each of the following:

1. The lifetime of the insured.
2. The period of total disability.
3. While this rider is in effect.

If the above three notice of claim requirements are not met, we will not waive the total premium due on a premium due date for that total disability. Failure to give this notice during the period of total disability, however, will not invalidate the claim for this benefit if the following two conditions are met:

- The other two notice requirements are met.
- It was not reasonably possible to give us this notice and this notice was received by us as soon as was reasonably possible.

We will not waive the total premium due on a premium due date that occurred more than 12 months prior to our receipt of this notice.

Excluded Risks

We will not waive the total premium if total disability results directly or indirectly from any of the following:

- Attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of either or both of the following:
 1. A narcotic in the body of the insured, regardless of the measurement or quantity.
 2. A concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - A coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit, or a narcotic.

A narcotic does not include a drug that was consumed by the insured at the frequency and dosage instructed or prescribed by a licensed physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.

Recurrence of Total Disability

We will not provide the benefit after the insured ceases to be totally disabled. If the insured again becomes totally disabled, the entitlement to the benefit will be subject to the same requirements set out in this rider as if the insured was not previously totally disabled.

Proof of Continuance of Total Disability

We may request, but not more often than once a month, proof of the continuance of total disability. If this proof is not given, the insured will be considered to have ceased to be totally disabled immediately as of the date we requested this proof. We also have the right, at our expense and as reasonably necessary, to have the insured medically examined by a physician we appoint.

After the insured has been totally disabled continuously for two years, we may not request proof of total disability more often than once each certificate year.

Lapse While Totally Disabled

A claim for the benefit provided under this rider will not be invalid because the certificate has lapsed during the total disability of the insured. If the claim for this benefit is otherwise valid, it will be allowed on reinstatement of the certificate provided the requirements in this provision are met. Those requirements are:

1. We receive proof that total disability has been continuous since the date of lapse of the certificate.
2. Payment of the premium required to keep the certificate in effect that would not have been paid by the application of this benefit if the certificate had not lapsed.

Both of these requirements must be met during each of the following:

1. While the insured is alive.
2. During the period of total disability.
3. Within twelve months after the date of lapse of the certificate.

Contestability

We may contest the validity of this rider at any time before the waiver of a total premium.

If this rider is reinstated, we may contest the reinstatement at any time before the waiver of a total premium.

When we contest, we will not provide the benefit.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



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Executive Secretary



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International Fraternal President

This is the last page of this Waiver of Premium Rider.

The Independent Order Of Foresters ('Foresters')

Disability Income Rider (Accident Only)

Provides, subject to the terms of the entire contract, a benefit that is payable while the insured is totally disabled as a result of an injury. It does not provide benefits for loss due to sickness.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount on the day this rider comes into effect, waiting period, maximum benefit period, applicable percentage to be used for calculating the maximum benefit amount, and the expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount on the day this rider comes into effect, waiting period, maximum benefit period, applicable percentage to be used for calculating the maximum benefit amount and the expiry date for this rider, are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Disability Income Rider (Accident Only)".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Actively employed means legally employed or self-employed in an occupation for an income directly from that occupation.

Income means the salary, wages, bonuses, commissions, fees and other monetary payments regularly earned by the insured from an occupation. Income does not include monies from another source, including from or as investments, dividends, interest, rent, royalties, annuities, distribution of deferred compensation or pension plans, sick pay, benefits received under a wage or salary continuation plan, or other benefit programs.

Injury means an accidental bodily injury that is the direct result of an accident, independent of an illness, disease, condition or bodily infirmity.

Occupation means a business, trade, profession, vocation or calling but shall not include avocations, hobbies, seasonal or temporary work or a business operating from the insured's home unless 50% of the insured's job related to that business is performed away from the insured's home.

Own occupation means the occupation in which the insured is actively employed on the date that the total disability, for which a claim is being made, started. If the insured was actively employed in more than one occupation on that date, own occupation shall be that occupation in which the insured was actively employed for the most hours during the week immediately preceding that date.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the insured or a relative of either you or the insured, including a brother, sister, parent, spouse or child of either you or the insured or the spouse of such person. The physician cannot be a business associate of you or the insured.

Recurrent disability means total disability that occurs within four months of the end of the last total disability and is due to the same, or a related, injury as the last total disability.

Seasonal or temporary work mean employment that would be, but for the injury, for a duration of less than 26 weeks during a period of 52 consecutive weeks.

Total Disability and Totally Disabled mean:

- For purposes of the first injury, the inability of the insured, solely due to injury independently of any other cause or contributing factor, to substantially perform the essential and material duties of the insured's own occupation and the insured is not in fact working or earning income from that occupation.
- For purposes of the second injury, the inability of the insured, solely due to injury independently of any other cause or contributing factor, to substantially perform the essential and material duties of any occupation for which the insured may be qualified by reason of education, training or experience and the insured is not in fact working or earning income in any occupation.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

- The first day following the last day of the maximum benefit period for which benefits have been paid due to a second injury.

When this rider ends, it is no longer in effect. This means that our liability ends and therefore no benefit would be paid under this rider.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

The premium for this rider shown in the *Certificate Data Pages* or in the notification sent with this rider is not guaranteed. We can increase the premium for this rider but not more than once in every 12 month period. Each increase will be subject to the approval of the insurance regulator for the state governing this rider, if required. We will send you 45 days notice of the premium increase.

There will be no premium increase because the insured's health worsens or the insured's occupation changes. Each premium increase will be made on a uniform basis that does not discriminate unfairly within a class of lives insured.

Benefit

Subject to the provisions of the entire contract, we will pay you the benefit amount for each completed month of the insured's total disability, that follows after the completion of the waiting period, provided we receive due proof of the insured's total disability and each of the following:

1. That total disability is due to an injury that occurred while this rider is in effect.
2. That total disability begins while this rider is in effect and within 180 days of that injury.
3. That total disability is continuous throughout the entire waiting period.
4. The insured is actively employed for at least 30 hours, including paid vacation time, during the week immediately preceding the date of that total disability.
5. The insured is under the care of a physician due to that total disability. This requirement is waived if the insured has reached the maximum point of recovery yet is still totally disabled under the terms of this rider.

Amount of the Benefit

The amount of the benefit is the benefit amount in effect on the date that total disability begins.

The benefit amount is equal to the benefit amount shown in the *Certificate Data Pages* or in the notification sent with this rider, unless changed as shown in our records. The benefit amount cannot exceed the maximum benefit amount calculated by multiplying the face amount of the certificate by the applicable percentage. If a change to the face amount causes the benefit amount to exceed the maximum benefit amount, the benefit amount will be reduced. We will notify you of a change in the benefit amount.

The insured is not entitled to duplicate benefits for total disability contributed to or caused by multiple injuries. The benefit will be paid as if the total disability was the result of only one injury.

First and Second Injury

This rider provides for payment of the benefit for a maximum benefit period and subject to the waiting period, as described in this rider, for a maximum of two separate and independent injuries.

If the insured is actively employed in any occupation for a period of four consecutive months after benefits payable for the first injury have ceased, this rider provides for payment of the benefit due to total disability of the insured from a second injury that occurs while this rider is in effect. An aggravation of the first injury due to a second injury will be considered as a second injury and not as a recurrence of the first injury.

The definition of total disability is different for the first injury and the second injury. See the *Definitions* provision.

Waiting Period

A waiting period separately applies to the first injury and to the second injury. No benefit will be paid for total disability, whether due to a first or second injury, during the waiting period. The first day of the waiting period begins on the first day of total disability and not on the date of the injury.

A recurrent disability will be considered a continuation of the last total disability. We will not apply a new waiting period to a recurrent disability. If however, the insured's total disability did not exceed the waiting period, the balance of the waiting period will apply to that recurrent disability.

Maximum Benefit Period

A maximum benefit period applies separately to the first injury and to the second injury. The maximum benefit period is the total period of time for which the benefit will be paid regardless of how long the insured is totally disabled or the number of times recurrent disability occurs. This rider will end once the benefit has been paid for the maximum benefit period due to a second injury.

Death of Insured

If the insured dies while this rider is in effect, we will add to the death benefit payable under the certificate 100% of the premiums paid for this rider, minus the sum of the benefit amount(s) paid, if any, under this rider. The premiums returned will be calculated without interest and after all pending claims under this rider have been settled. If the sum of the benefit amount(s) paid under this rider is equal to or greater than the sum of the premiums paid for this rider, there will be no return of premiums.

Notice of Claim

Signed notice of claim, for the benefit provided by this rider, must be received by us within the 30 day period following the end of the waiting period, or as soon thereafter as reasonably possible. The notice should contain enough information to identify the insured. This requirement can also be met by giving signed notice to one of our authorized representatives within the time period mentioned above.

Claim Forms

After we receive notice of claim, we will send you the forms that are to be used to file a claim under this rider. If you have not received these forms within 15 days after sending us notice of claim, you shall be deemed to have complied with the requirements as to submission of proof of loss upon submitting, within the timeframes described in the Proof of Loss provision, signed proof as follows:

- The date and nature of the total disability of the insured.
- The date and nature of the injury.
- The name(s) and address(es) of the physician(s) under whose care the insured is being treated.

Proof of Loss

You must provide us with signed proof of the total disability of the insured within the 180 day period following the end of the waiting period. Failure to provide the required proof within this 180 day period shall not invalidate or reduce the claim if it was not reasonably possible to provide the proof within that period, as long as the proof is provided as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the end of this 180 day period.

If requested by us, proof must include but is not limited to:

- Statements from the insured's primary care and attending physician(s) to be completed, in full, on forms provided or approved by us.
- The complete reports, notes and records of the primary care physician and the attending physician(s).
- Copies of all test results related to the injury and the total disability.
- The complete reports, notes and records of a medical facility, including a hospital, that provided services related to the injury and the total disability.
- Complete reports, notes and records of the insured's medical history, diagnosis and treatments.

Attending physician(s) means the physician(s) who provided care or medical advice to the insured in relation to the injury or the total disability.

Upon our request, you must also provide us with the signed consent of the insured that would permit us to obtain information and records that would verify the following:

- The insured's occupation, education, training and experience.
- Whether the insured was actively employed on the first day of the total disability.

- The insured's employment history including for how long and on what dates the insured was, and would have been, actively employed.

Proof of Continuance of Total Disability

We may request, but not more often than once a month, proof of the continuance of total disability.

If requested, proof of continuance of total disability must be given to us within the 180 day period following the date of that request. We reserve the right to suspend payment of the benefit until such time as this proof is given. If this proof is not given, the insured will be considered to have ceased to be totally disabled immediately as of the date we requested this proof. Failure to provide the required proof within this 180 day period shall not invalidate or reduce the claim if it was not reasonably possible to provide the proof within that period, as long as the proof is provided as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the end of this 180 day period.

Excluded Risks

We will not pay the benefit if total disability results directly or indirectly from any of the following:

- Attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Mountaineering, climbing, scuba diving or participation in a motor sport.
- Sky diving, gliding, parachuting, ultra-lighting, parasailing or bungee jumping.
- Infection, other than septic infection occurring through and at the time of an accidental cut or wound.
- Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm, even if the proximate or precipitating cause is an injury.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of either or both of the following:
 1. A narcotic in the body of the insured, regardless of the measurement or quantity.

2. A concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - o A coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit, or a narcotic.

A narcotic does not include a drug that was consumed by the insured at the frequency and dosage instructed or prescribed by a licensed physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.

Benefit Termination

If we are paying the benefit, no further benefit will be due or payable after the earliest of the following days, even if the insured is totally disabled after that day:

- The day the certificate ends, as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the insured refuses to provide the proof or submit to an examination as described in the certificate.
- The last day of the maximum benefit period that applies to the injury for which these benefits were paid.

Contact Us if this Rider is no Longer Required

Consider whether you still require this rider if the insured ceases to be actively employed for any reason, including becoming employed in seasonal or temporary work, and does not plan to ever be actively employed. You must provide us with your signed request to end this rider if you decide that this rider is no longer required. We will not return premiums paid for this rider prior to our receipt of this signed request.

Contestability

We may contest the validity of this rider at any time before payment of a benefit under this rider.

If this rider is reinstated, we may contest the reinstatement at any time before payment of a benefit under this rider.

When we contest, we will not pay the benefit.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



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Executive Secretary

International Fraternal President

This is the last page of this Disability Income Rider (Accident Only).

SERFF Tracking Number: FRSS-127024155 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 49030
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life 2011
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rates		New		Rates.pdf

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Female SI		Male SI	
	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
0		5.41		7.57
1		6.03		7.73
2		6.30		8.15
3		6.65		8.50
4		6.87		8.85
5		7.30		8.94
6		7.67		9.29
7		8.04		9.64
8		8.41		9.99
9		8.77		10.34
10		9.14		10.69
11		9.68		11.18
12		10.22		11.66
13		10.76		12.14
14		11.30		12.63
15		11.84		13.11
16	12.11	16.42	14.86	19.56
17	12.69	17.14	15.36	20.06
18	13.29	17.49	16.04	20.26
19	13.73	18.32	16.73	20.47
20	14.66	18.79	17.34	20.67
21	15.30	19.22	17.95	21.14
22	15.97	19.65	18.48	21.61
23	16.81	20.08	18.82	22.08
24	17.16	20.51	19.17	22.55
25	17.50	20.95	19.51	23.02
26	17.99	21.60	20.00	23.65
27	18.47	22.24	20.50	24.29
28	18.95	22.89	20.99	24.92
29	19.43	23.54	21.48	25.56
30	19.91	24.19	21.97	26.20
31	20.50	25.03	22.66	27.42
32	21.10	25.88	23.36	28.64
33	21.70	26.72	24.05	29.86
34	22.30	27.57	24.74	31.09
35	22.90	28.41	25.44	32.31
36	23.56	29.35	26.23	33.74
37	24.21	30.29	27.02	35.16
38	24.87	31.24	27.81	36.59
39	25.53	32.18	28.61	38.02
40	26.19	33.12	29.40	39.44
41	27.05	34.41	30.72	42.11
42	27.92	35.69	32.04	44.78
43	28.79	36.98	33.36	47.45

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Female		Male	
	SI		SI	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
44	29.65	38.26	34.68	50.13
45	30.52	39.54	36.00	52.80
46	31.70	41.20	37.67	55.30
47	32.88	42.86	39.34	57.81
48	34.06	44.53	41.00	60.31
49	35.24	46.19	42.67	62.82
50	36.41	47.85	44.34	65.32
51	38.46	50.16	46.62	68.08
52	40.50	52.46	48.89	70.34
53	42.54	54.77	51.17	72.61
54	44.59	57.08	53.45	74.90
55	46.63	59.39	55.73	77.26
56	49.02	62.12	58.61	79.70
57	51.42	64.85	61.48	82.18
58	53.81	67.57	64.35	84.77
59	56.20	70.30	67.23	87.46
60	58.60	73.03	70.10	90.25
61	61.92	78.46	74.21	93.09
62	65.25	83.89	78.32	96.00
63	68.58	89.33	82.43	98.89
64	71.91	92.87	86.53	99.97
65	75.23	95.18	90.64	102.90
66	78.45	97.54	93.53	105.84
67	81.66	99.93	96.42	110.32
68	84.88	102.34	99.31	113.45
69	88.09	105.84	102.20	116.53
70	91.30	107.26	105.09	119.93

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Female		Male	
	SI		SI	
	Non-	Tobacco	Non-	Tobacco
	Tobacco		Tobacco	
0		4.31		6.58
1		5.34		6.79
2		5.62		7.14
3		5.92		7.37
4		6.23		7.59
5		6.58		7.83
6		6.87		8.06
7		7.15		8.29
8		7.44		8.52
9		7.73		8.75
10		8.01		8.98
11		8.31		9.29
12		8.61		9.61
13		8.91		9.93
14		9.21		10.25
15		9.51		10.57
16	7.69	9.84	8.19	10.94
17	7.90	10.18	8.38	11.30
18	8.11	10.51	8.57	11.67
19	8.32	10.85	8.76	12.03
20	8.53	11.18	8.95	12.40
21	8.74	11.46	9.14	12.70
22	8.95	11.74	9.33	13.01
23	9.16	12.02	9.52	13.31
24	9.36	12.30	9.71	13.62
25	9.57	12.58	9.90	13.92
26	9.87	13.01	10.18	14.34
27	10.16	13.43	10.45	14.76
28	10.45	13.86	10.73	15.17
29	10.74	14.28	11.00	15.59
30	11.04	14.71	11.28	16.01
31	11.40	15.26	11.67	16.81
32	11.76	15.82	12.05	17.61
33	12.13	16.37	12.44	18.41
34	12.49	16.93	12.83	19.21
35	12.86	17.48	13.22	20.01
36	13.26	18.10	13.66	20.95
37	13.66	18.72	14.10	21.88
38	14.06	19.34	14.55	22.82
39	14.46	19.96	14.99	23.75
40	14.86	20.58	15.44	24.69
41	15.39	21.42	16.17	26.44
42	15.92	22.27	16.91	28.19
43	16.45	23.11	17.65	29.93
44	16.98	23.96	18.39	31.68

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Female		Male	
	SI		SI	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
45	17.51	24.80	19.13	33.43
46	18.23	25.89	20.06	35.08
47	18.95	26.99	21.00	36.72
48	19.67	28.08	21.93	38.37
49	20.40	29.18	22.87	40.01
50	21.12	30.27	23.80	41.66
51	22.37	31.79	25.08	43.72
52	23.62	33.31	26.36	45.77
53	24.86	34.83	27.64	47.83
54	26.11	36.35	28.91	49.88
55	27.36	37.87	30.19	51.94
56	28.83	39.66	31.80	55.25
57	30.29	41.45	33.42	58.56
58	31.76	43.25	35.03	61.86
59	33.22	45.04	36.64	65.17
60	34.69	46.83	38.25	68.48
61	36.72	50.39	40.55	72.96
62	38.76	53.94	42.84	77.44
63	40.79	57.50	45.14	81.92
64	42.83	61.06	47.43	86.40
65	44.86	64.61	49.73	90.87
66	48.29	68.79	53.47	94.34
67	51.71	72.97	57.21	97.80
68	55.13	77.15	60.95	101.27
69	58.55	81.33	64.69	104.73
70	61.98	85.51	68.43	108.20

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Female UW											
	Band 1							Band 2				
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
0						5.37						5.32
1						5.98						5.92
2						6.24						6.18
3						6.59						6.52
4						6.72						6.65
5						7.15						7.08
6						7.38						7.31
7						7.61						7.53
8						7.84						7.76
9						8.08						8.00
10						8.31						8.23
11						8.62						8.53
12						8.93						8.84
13						9.24						9.15
14						9.55						9.45
15						9.86						9.76
16	8.58	9.02	9.26	9.50	11.95	12.00	8.49	8.93	9.17	9.41	11.83	11.88
17	8.66	9.11	9.35	9.59	12.07	12.12	8.57	9.02	9.26	9.49	11.95	12.00
18	8.75	9.21	9.45	9.69	12.20	12.24	8.66	9.12	9.36	9.59	12.08	12.12
19	8.84	9.30	9.54	9.79	12.32	12.36	8.75	9.21	9.44	9.69	12.20	12.24
20	8.93	9.39	9.64	9.89	12.44	12.49	8.84	9.30	9.54	9.79	12.32	12.37
21	9.27	9.75	10.01	10.27	12.95	13.07	9.18	9.65	9.91	10.17	12.82	12.94
22	9.62	10.12	10.39	10.65	13.45	13.65	9.52	10.02	10.29	10.54	13.32	13.51
23	9.96	10.48	10.76	11.04	13.95	14.23	9.86	10.38	10.65	10.93	13.81	14.09
24	10.31	10.84	11.14	11.42	14.45	14.81	10.21	10.73	11.03	11.31	14.31	14.66
25	10.66	11.21	11.51	11.80	14.95	15.39	10.55	11.10	11.39	11.68	14.80	15.24
26	11.10	11.68	11.99	12.30	15.63	16.00	10.99	11.56	11.87	12.18	15.47	15.84
27	11.55	12.15	12.48	12.79	16.31	16.60	11.43	12.03	12.36	12.66	16.15	16.43
28	12.00	12.62	12.96	13.29	16.99	17.21	11.88	12.49	12.83	13.16	16.82	17.04
29	12.45	13.09	13.44	13.78	17.67	17.82	12.33	12.96	13.31	13.64	17.49	17.64
30	12.90	13.56	13.93	14.28	18.35	18.43	12.77	13.42	13.79	14.14	18.17	18.25
31	13.48	14.17	14.55	14.92	19.15	19.27	13.35	14.03	14.40	14.77	18.96	19.08
32	14.05	14.78	15.18	15.56	19.94	20.11	13.91	14.63	15.03	15.40	19.74	19.91
33	14.63	15.39	15.81	16.21	20.74	20.94	14.48	15.24	15.65	16.05	20.53	20.73
34	15.21	16.00	16.44	16.85	21.53	21.78	15.06	15.84	16.28	16.68	21.31	21.56
35	15.79	16.61	17.06	17.50	22.33	22.62	15.63	16.44	16.89	17.33	22.11	22.39
36	16.45	17.31	17.77	18.22	23.36	23.75	16.29	17.14	17.59	18.04	23.13	23.51
37	17.11	18.00	18.48	18.95	24.40	24.87	16.94	17.82	18.30	18.76	24.16	24.62
38	17.76	18.69	19.19	19.68	25.43	25.99	17.58	18.50	19.00	19.48	25.18	25.73

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Female UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
39	18.42	19.38	19.89	20.40	26.46	27.12	18.24	19.19	19.69	20.20	26.20	26.85
40	19.08	20.08	20.60	21.13	27.49	28.24	18.89	19.88	20.39	20.92	27.22	27.96
41	20.07	20.96	21.51	22.14	28.98	29.80	19.87	20.75	21.29	21.92	28.69	29.50
42	21.06	21.85	22.42	23.16	30.46	31.36	20.85	21.63	22.20	22.93	30.16	31.05
43	22.05	22.73	23.34	24.18	31.95	32.92	21.83	22.50	23.11	23.94	31.63	32.59
44	23.04	23.62	24.25	25.19	33.43	34.48	22.81	23.38	24.01	24.94	33.10	34.14
45	24.04	24.50	25.16	26.21	34.92	36.04	23.80	24.26	24.91	25.95	34.57	35.68
46	25.15	25.83	26.52	27.53	36.51	37.57	24.90	25.57	26.25	27.25	36.14	37.19
47	26.26	27.15	27.88	28.85	38.11	39.10	26.00	26.88	27.60	28.56	37.73	38.71
48	27.37	28.48	29.24	30.16	39.70	40.62	27.10	28.20	28.95	29.86	39.30	40.21
49	28.48	29.80	30.60	31.48	41.30	42.15	28.20	29.50	30.29	31.17	40.89	41.73
50	29.59	31.12	31.96	32.80	42.89	43.67	29.29	30.81	31.64	32.47	42.46	43.23
51	31.27	32.89	33.77	34.66	44.99	45.70	30.96	32.56	33.43	34.31	44.54	45.24
52	32.95	34.65	35.58	36.52	47.08	47.73	32.62	34.30	35.22	36.15	46.61	47.25
53	34.63	36.41	37.39	38.38	49.18	49.76	34.28	36.05	37.02	38.00	48.69	49.26
54	36.30	38.18	39.20	40.24	51.28	51.79	35.94	37.80	38.81	39.84	50.77	51.27
55	37.98	39.94	41.01	42.10	53.38	53.82	37.60	39.54	40.60	41.68	52.85	53.28
56	40.10	42.16	43.29	44.45	56.22	56.70	39.70	41.74	42.86	44.01	55.66	56.13
57	42.21	44.37	45.56	46.79	59.07	59.59	41.79	43.93	45.10	46.32	58.48	58.99
58	44.33	46.59	47.84	49.14	61.91	62.47	43.89	46.12	47.36	48.65	61.29	61.85
59	46.45	48.81	50.12	51.48	64.76	65.35	45.99	48.32	49.62	50.97	64.11	64.70
60	48.56	51.03	52.40	53.82	67.60	68.24	48.07	50.52	51.88	53.28	66.92	67.56
61	51.51	54.11	55.57	57.10	71.31	72.74	50.99	53.57	55.01	56.53	70.60	72.01
62	54.45	57.20	58.75	60.38	75.01	77.25	53.91	56.63	58.16	59.78	74.26	76.48
63	57.40	60.28	61.92	63.65	78.72	81.76	56.83	59.68	61.30	63.01	77.93	80.94
64	60.35	63.37	65.09	66.93	82.42	86.26	59.75	62.74	64.44	66.26	81.60	85.40
65	63.29	66.45	68.27	70.20	86.13	90.77	62.66	65.79	67.59	69.50	85.27	89.86
66	66.08	69.38	71.27	73.29	87.89	92.62	65.42	68.69	70.56	72.56	87.01	91.69
67	68.87	72.30	74.27	76.37	89.65	94.48	68.18	71.58	73.53	75.61	88.75	93.54
68	71.66	75.23	77.27	79.45	91.41	96.34	70.94	74.48	76.50	78.66	90.50	95.38
69	74.45	78.15	80.28	82.53	93.17	98.19	73.71	77.37	79.48	81.70	92.24	97.21
70	77.23	81.07	83.28	85.62	94.93	100.05	76.46	80.26	82.45	84.76	93.98	99.05
71	83.16	87.29	89.66	91.85	101.58	105.72	82.33	86.42	88.76	90.93	100.56	104.66
72	89.09	93.50	96.04	98.08	108.23	111.40	88.20	92.57	95.08	97.10	107.15	110.29
73	95.02	99.72	102.42	104.31	114.88	117.07	94.07	98.72	101.40	103.27	113.73	115.90
74	100.95	105.93	108.80	110.54	121.52	122.74	99.94	104.87	107.71	109.43	120.30	121.51
75	106.87	112.15	115.18	116.01	128.17	128.42	105.80	111.03	114.03	114.85	126.89	127.14

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Female UW											
	Band 1							Band 2				
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
0						4.16						4.12
1						4.33						4.28
2						4.49						4.45
3						4.66						4.61
4						4.83						4.78
5						4.99						4.94
6						5.16						5.11
7						5.33						5.27
8						5.49						5.44
9						5.66						5.60
10						5.83						5.77
11						6.05						5.99
12						6.27						6.21
13						6.50						6.43
14						6.72						6.65
15						6.95						6.88
16	4.84	5.10	5.23	5.37	7.07	7.25	4.79	5.05	5.18	5.32	7.00	7.18
17	5.07	5.34	5.48	5.62	7.41	7.56	5.02	5.29	5.42	5.57	7.34	7.48
18	5.30	5.58	5.72	5.87	7.76	7.87	5.24	5.52	5.67	5.81	7.68	7.79
19	5.52	5.81	5.97	6.12	8.10	8.17	5.47	5.76	5.91	6.06	8.02	8.09
20	5.75	6.05	6.21	6.37	8.45	8.48	5.69	5.99	6.15	6.31	8.36	8.39
21	5.97	6.29	6.46	6.63	8.79	8.88	5.91	6.23	6.39	6.56	8.71	8.79
22	6.20	6.53	6.70	6.88	9.14	9.28	6.14	6.46	6.64	6.81	9.05	9.18
23	6.43	6.76	6.95	7.13	9.48	9.68	6.36	6.70	6.88	7.06	9.39	9.58
24	6.65	7.00	7.19	7.38	9.83	10.07	6.59	6.93	7.12	7.30	9.73	9.97
25	6.88	7.24	7.44	7.63	10.17	10.47	6.81	7.17	7.36	7.55	10.07	10.37
26	7.17	7.55	7.76	7.95	10.64	10.89	7.10	7.47	7.68	7.87	10.54	10.78
27	7.47	7.86	8.07	8.28	11.11	11.31	7.39	7.78	7.99	8.20	11.00	11.20
28	7.76	8.17	8.39	8.60	11.58	11.73	7.68	8.09	8.31	8.52	11.47	11.61
29	8.06	8.48	8.71	8.93	12.05	12.15	7.98	8.39	8.62	8.84	11.93	12.03
30	8.35	8.79	9.03	9.25	12.52	12.57	8.27	8.70	8.93	9.16	12.39	12.44
31	8.73	9.19	9.44	9.68	13.07	13.15	8.64	9.10	9.34	9.58	12.94	13.02
32	9.11	9.59	9.85	10.10	13.62	13.73	9.02	9.49	9.75	10.00	13.48	13.59
33	9.49	9.99	10.26	10.52	14.16	14.30	9.40	9.89	10.16	10.42	14.02	14.16
34	9.87	10.39	10.67	10.95	14.71	14.88	9.77	10.29	10.57	10.84	14.57	14.73
35	10.25	10.79	11.09	11.37	15.26	15.46	10.15	10.68	10.98	11.26	15.11	15.31

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Female UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
36	10.68	11.25	11.55	11.85	15.97	16.24	10.58	11.14	11.44	11.73	15.81	16.07
37	11.12	11.70	12.02	12.33	16.69	17.01	11.01	11.59	11.90	12.20	16.52	16.84
38	11.55	12.16	12.48	12.80	17.40	17.78	11.43	12.04	12.36	12.67	17.22	17.61
39	11.98	12.62	12.95	13.28	18.11	18.56	11.86	12.49	12.82	13.15	17.93	18.37
40	12.42	13.07	13.41	13.76	18.82	19.33	12.29	12.94	13.28	13.62	18.63	19.14
41	13.07	13.66	14.01	14.42	19.85	20.41	12.94	13.52	13.87	14.28	19.65	20.20
42	13.72	14.24	14.61	15.09	20.87	21.48	13.58	14.10	14.47	14.94	20.66	21.27
43	14.37	14.82	15.22	15.76	21.89	22.56	14.23	14.67	15.06	15.60	21.67	22.33
44	15.02	15.41	15.82	16.43	22.92	23.63	14.87	15.25	15.66	16.27	22.69	23.39
45	15.68	15.99	16.42	17.10	23.94	24.71	15.52	15.83	16.25	16.93	23.70	24.46
46	16.41	16.86	17.31	17.97	25.04	25.75	16.24	16.69	17.14	17.79	24.79	25.50
47	17.14	17.73	18.21	18.83	26.13	26.80	16.97	17.56	18.02	18.64	25.87	26.54
48	17.87	18.60	19.10	19.31	27.23	27.85	17.69	18.42	18.91	19.11	26.96	27.57
49	18.60	19.48	20.00	20.15	28.33	28.90	18.41	19.28	19.80	19.95	28.05	28.61
50	19.33	20.35	20.89	21.00	29.43	29.95	19.14	20.15	20.68	20.79	29.13	29.65
51	20.44	21.51	22.08	22.20	30.87	31.34	20.23	21.30	21.86	21.98	30.56	31.03
52	21.54	22.67	23.28	23.40	32.31	32.73	21.32	22.45	23.04	23.17	31.98	32.41
53	22.64	23.84	24.47	24.60	33.75	34.12	22.42	23.60	24.23	24.35	33.41	33.78
54	23.75	25.00	25.66	25.80	35.19	35.52	23.51	24.75	25.41	25.54	34.84	35.16
55	24.85	26.16	26.86	27.00	36.63	36.91	24.60	25.90	26.59	26.73	36.26	36.54
56	26.23	27.61	28.35	28.50	38.56	38.86	25.97	27.34	28.06	28.21	38.18	38.47
57	27.61	29.07	29.84	29.99	40.49	40.82	27.33	28.78	29.54	29.69	40.09	40.41
58	28.99	30.52	31.33	31.49	42.43	42.77	28.70	30.21	31.01	31.18	42.00	42.35
59	30.37	31.97	32.81	32.99	44.36	44.73	30.07	31.65	32.49	32.66	43.92	44.28
60	31.75	33.42	34.30	34.48	46.29	46.68	31.43	33.09	33.96	34.14	45.83	46.22
61	33.69	35.46	36.40	36.59	48.81	49.74	33.35	35.11	36.03	36.22	48.33	49.25
62	35.62	37.50	38.49	38.70	51.33	52.81	35.26	37.12	38.11	38.31	50.82	52.28
63	37.56	39.54	40.18	40.39	53.85	55.87	37.18	39.14	39.78	39.98	53.31	55.31
64	39.49	41.58	42.25	42.47	56.37	58.93	39.10	41.16	41.83	42.05	55.81	58.34
65	41.43	43.61	44.33	44.55	58.89	61.99	41.02	43.18	43.88	44.11	58.30	61.37
66	44.56	46.91	47.68	47.92	61.78	65.03	44.12	46.44	47.20	47.44	61.16	64.38
67	47.70	50.21	51.03	51.28	64.66	68.07	47.22	49.71	50.52	50.77	64.02	67.39
68	50.83	53.51	54.38	54.64	67.55	71.11	50.33	52.97	53.83	54.10	66.87	70.39
69	53.97	56.81	57.73	58.01	70.43	74.14	53.43	56.24	57.15	57.43	69.73	73.40
70	57.10	60.11	61.08	61.37	73.32	77.18	56.53	59.51	60.47	60.76	72.59	76.41
71	61.97	65.23	66.95	68.67	79.61	83.38	61.35	64.58	66.28	67.98	78.82	82.55

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Female UW											
	Band 1					Band 2						
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Tobacco
72	66.84	70.36	72.22	74.06	85.91	89.59	66.18	69.66	71.49	73.32	85.05	88.69
73	71.71	75.49	77.48	79.46	92.20	95.79	71.00	74.73	76.70	78.66	91.28	94.83
74	76.58	80.61	82.74	84.85	98.49	102.00	75.82	79.81	81.91	84.01	97.51	100.98
75	81.45	85.74	88.00	90.25	104.79	108.20	80.64	84.88	87.12	89.35	103.74	107.12
76	87.77	92.34	94.72	97.28	108.98	112.53	86.89	91.42	93.77	96.31	107.89	111.40
77	94.09	98.94	101.44	104.31	113.17	116.86	93.15	97.95	100.42	103.27	112.04	115.69
78	100.41	105.55	108.16	108.27	117.36	121.18	99.41	104.49	107.08	107.18	116.19	119.97
79	106.73	109.47	112.14	112.18	121.55	125.51	105.66	108.37	111.01	111.06	120.34	124.26
80	110.71	116.30	116.33	116.38	125.74	129.84	109.61	115.13	115.17	115.21	124.49	128.54
81	115.10	120.81	120.84	120.89	130.77	135.03	113.95	119.60	119.64	119.68	129.47	133.68
82	119.70	125.54	125.58	125.62	135.80	140.23	118.50	124.29	124.32	124.36	134.45	138.82
83	124.50	130.50	130.53	130.57	140.83	145.42	123.26	129.19	129.23	129.26	139.43	143.97
84	129.65	135.82	135.85	135.88	145.86	150.61	128.36	134.46	134.49	134.53	144.41	149.11
85	135.19	141.54	141.57	141.60	150.89	154.18	133.84	140.12	140.15	140.19	149.38	152.64

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Male UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
0						7.55						7.47
1						7.71						7.63
2						8.12						8.04
3						8.37						8.29
4						8.45						8.37
5						8.54						8.45
6						8.87						8.78
7						9.20						9.11
8						9.53						9.43
9						9.86						9.76
10						10.19						10.09
11						10.62						10.51
12						11.06						10.95
13						11.50						11.39
14						11.93						11.81
15						12.37						12.25
16	9.86	10.38	10.66	10.92	13.59	14.30	9.76	10.28	10.55	10.81	13.45	14.16
17	9.96	10.48	10.76	11.03	13.72	14.44	9.86	10.38	10.65	10.92	13.58	14.30
18	10.06	10.59	10.87	11.14	13.86	14.59	9.96	10.48	10.76	11.03	13.72	14.44
19	10.17	10.70	10.98	11.26	14.00	14.74	10.07	10.59	10.87	11.15	13.86	14.59
20	10.27	10.80	11.09	11.37	14.14	14.88	10.17	10.69	10.98	11.26	14.00	14.73
21	10.65	11.21	11.51	11.80	14.70	15.46	10.54	11.10	11.39	11.68	14.55	15.31
22	11.04	11.61	11.92	12.22	15.25	16.05	10.93	11.49	11.80	12.10	15.10	15.89
23	11.42	12.02	12.34	12.65	15.80	16.63	11.31	11.90	12.22	12.52	15.64	16.46
24	11.81	12.42	12.75	13.07	16.36	17.21	11.69	12.30	12.62	12.94	16.20	17.04
25	12.19	12.82	13.17	13.50	16.91	17.79	12.07	12.69	13.04	13.37	16.74	17.61
26	12.72	13.38	13.74	14.08	17.62	18.53	12.59	13.25	13.60	13.94	17.44	18.34
27	13.25	13.93	14.30	14.66	18.32	19.28	13.12	13.79	14.16	14.51	18.14	19.09
28	13.77	14.48	14.87	15.24	19.03	20.02	13.63	14.34	14.72	15.09	18.84	19.82
29	14.30	15.04	15.44	15.82	19.73	20.77	14.16	14.89	15.29	15.66	19.53	20.56
30	14.82	15.59	16.00	16.40	20.44	21.51	14.67	15.43	15.84	16.24	20.24	21.29
31	15.52	16.33	16.76	17.19	21.43	22.55	15.36	16.17	16.59	17.02	21.22	22.32
32	16.23	17.07	17.52	17.97	22.42	23.59	16.07	16.90	17.34	17.79	22.20	23.35
33	16.93	17.81	18.28	18.75	23.41	24.63	16.76	17.63	18.10	18.56	23.18	24.38
34	17.63	18.55	19.04	19.53	24.40	25.67	17.45	18.36	18.85	19.33	24.16	25.41
35	18.33	19.29	19.80	20.31	25.39	26.71	18.15	19.10	19.60	20.11	25.14	26.44
36	19.15	20.15	20.68	21.22	26.67	28.06	18.96	19.95	20.47	21.01	26.40	27.78
37	19.98	21.02	21.57	22.13	27.95	29.41	19.78	20.81	21.35	21.91	27.67	29.12
38	20.80	21.88	22.46	23.04	29.24	30.76	20.59	21.66	22.24	22.81	28.95	30.45

Foresters 20 Pay Whole Life Insurance - Premium Rate per 1000

	Male UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
39	21.63	22.74	23.34	23.95	30.52	32.11	21.41	22.51	23.11	23.71	30.21	31.79
40	22.45	23.61	24.23	24.85	31.80	33.46	22.23	23.37	23.99	24.60	31.48	33.13
41	23.50	24.71	25.36	26.02	34.15	35.93	23.27	24.46	25.11	25.76	33.81	35.57
42	24.55	25.82	26.50	27.19	36.49	38.39	24.30	25.56	26.24	26.92	36.13	38.01
43	25.59	26.92	27.63	28.35	38.84	40.86	25.33	26.65	27.35	28.07	38.45	40.45
44	26.64	28.02	28.77	29.52	41.19	43.33	26.37	27.74	28.48	29.22	40.78	42.90
45	27.69	29.13	29.90	30.69	43.53	45.80	27.41	28.84	29.60	30.38	43.09	45.34
46	29.05	30.56	31.37	32.20	45.62	47.99	28.76	30.25	31.06	31.88	45.16	47.51
47	30.41	31.98	32.84	33.70	47.70	50.18	30.11	31.66	32.51	33.36	47.22	49.68
48	31.77	33.41	34.31	35.21	49.78	52.38	31.45	33.08	33.97	34.86	49.28	51.86
49	33.13	34.84	35.77	36.72	51.86	54.57	32.80	34.49	35.41	36.35	51.34	54.02
50	34.49	36.27	37.24	38.23	53.95	56.76	34.15	35.91	36.87	37.85	53.41	56.19
51	36.29	38.16	39.18	40.23	56.71	59.66	35.93	37.78	38.79	39.83	56.14	59.06
52	38.10	40.05	41.13	42.23	59.46	62.56	37.72	39.65	40.72	41.81	58.87	61.93
53	39.90	41.94	43.07	44.23	62.22	65.45	39.50	41.52	42.64	43.79	61.60	64.80
54	41.70	43.83	45.01	46.23	64.98	68.35	41.28	43.39	44.56	45.77	64.33	67.67
55	43.50	45.73	46.96	48.23	67.74	71.25	43.07	45.27	46.49	47.75	67.06	70.54
56	45.93	48.26	49.56	50.92	72.03	75.45	45.47	47.78	49.06	50.41	71.31	74.70
57	48.36	50.80	52.17	53.61	76.32	79.64	47.88	50.29	51.65	53.07	75.56	78.84
58	50.78	53.34	54.78	56.30	80.60	83.84	50.27	52.81	54.23	55.74	79.79	83.00
59	53.21	55.88	57.39	58.99	84.89	86.28	52.68	55.32	56.82	58.40	84.04	85.42
60	55.64	58.41	60.00	61.68	89.18	89.47	55.08	57.83	59.40	61.06	88.29	88.58
61	59.00	61.92	63.61	65.42	92.81	92.81	58.41	61.30	62.97	64.77	91.88	91.88
62	62.36	65.43	67.22	69.16	93.56	93.67	61.74	64.78	66.55	68.47	92.62	92.73
63	65.72	68.94	70.83	72.89	97.25	98.34	65.06	68.25	70.12	72.16	96.28	97.36
64	69.09	72.45	74.44	76.63	99.23	99.33	68.40	71.73	73.70	75.86	98.24	98.34
65	72.45	75.96	78.05	80.37	102.04	102.30	71.73	75.20	77.27	79.57	101.02	101.28
66	75.63	79.30	81.48	83.90	104.65	105.24	74.87	78.51	80.67	83.06	103.60	104.19
67	78.82	82.64	84.91	87.43	108.51	109.46	78.03	81.81	84.06	86.56	107.42	108.37
68	82.00	85.97	88.34	90.96	111.20	112.45	81.18	85.11	87.46	90.05	110.09	111.33
69	85.18	89.31	91.76	94.49	113.92	115.46	84.33	88.42	90.84	93.55	112.78	114.31
70	88.37	92.65	95.19	98.02	116.67	119.77	87.49	91.72	94.24	97.04	115.50	118.57
71	94.66	99.24	101.96	104.36	125.58	127.60	93.71	98.25	100.94	103.32	124.32	126.32
72	100.96	105.83	108.73	110.71	132.39	132.40	99.95	104.77	107.64	109.60	131.07	131.08
73	107.26	112.42	115.50	117.05	137.47	137.47	106.19	111.30	114.35	115.88	136.10	136.10
74	113.55	119.01	122.27	123.40	142.61	142.61	112.41	117.82	121.05	122.17	141.18	141.18
75	119.85	125.61	129.04	129.74	146.78	148.05	118.65	124.35	127.75	128.44	145.31	146.57

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Male UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
0						4.78						4.73
1						5.02						4.97
2						5.26						5.20
3						5.49						5.44
4						5.73						5.67
5						5.97						5.91
6						6.21						6.14
7						6.44						6.38
8						6.68						6.61
9						6.92						6.85
10						7.15						7.08
11						7.47						7.39
12						7.78						7.70
13						8.10						8.01
14						8.41						8.33
15						8.72						8.64
16	5.62	5.92	6.08	6.23	8.48	9.10	5.56	5.86	6.02	6.17	8.39	9.01
17	5.87	6.18	6.35	6.51	8.88	9.48	5.81	6.12	6.29	6.44	8.79	9.38
18	6.12	6.45	6.62	6.79	9.28	9.85	6.06	6.38	6.55	6.72	9.18	9.75
19	6.37	6.71	6.89	7.06	9.67	10.23	6.31	6.64	6.82	6.99	9.58	10.13
20	6.62	6.98	7.16	7.34	10.07	10.61	6.56	6.91	7.09	7.27	9.97	10.50
21	6.88	7.24	7.44	7.62	10.47	11.03	6.81	7.17	7.36	7.55	10.37	10.91
22	7.13	7.50	7.71	7.90	10.87	11.44	7.06	7.43	7.63	7.82	10.76	11.33
23	7.38	7.77	7.98	8.18	11.27	11.86	7.31	7.69	7.90	8.10	11.16	11.74
24	7.63	8.03	8.25	8.46	11.67	12.28	7.56	7.95	8.17	8.38	11.55	12.16
25	7.88	8.30	8.52	8.74	12.07	12.70	7.81	8.22	8.44	8.65	11.95	12.57
26	8.23	8.66	8.90	9.12	12.58	13.24	8.15	8.57	8.81	9.03	12.45	13.10
27	8.58	9.03	9.27	9.50	13.09	13.77	8.49	8.93	9.18	9.41	12.95	13.64
28	8.92	9.39	9.64	9.88	13.60	14.31	8.83	9.29	9.54	9.78	13.46	14.17
29	9.27	9.75	10.01	10.27	14.10	14.85	9.17	9.65	9.91	10.16	13.96	14.70
30	9.61	10.12	10.39	10.65	14.61	15.39	9.52	10.01	10.28	10.54	14.47	15.23
31	10.07	10.60	10.88	11.16	15.33	16.14	9.97	10.50	10.78	11.05	15.18	15.98
32	10.53	11.09	11.38	11.67	16.04	16.89	10.43	10.98	11.27	11.56	15.88	16.72
33	10.99	11.57	11.88	12.19	16.76	17.64	10.88	11.46	11.76	12.06	16.59	17.47
34	11.46	12.06	12.38	12.70	17.47	18.39	11.34	11.94	12.26	12.57	17.30	18.21
35	11.92	12.55	12.88	13.21	18.19	19.14	11.80	12.42	12.75	13.08	18.00	18.95

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Male UW											
	Band 1						Band 2					
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco
36	12.46	13.11	13.32	13.52	19.11	20.12	12.33	12.98	13.19	13.39	18.92	19.92
37	13.00	13.68	13.82	13.96	20.04	21.09	12.87	13.55	13.69	13.82	19.84	20.88
38	13.54	14.25	14.33	14.40	20.96	22.07	13.41	14.11	14.18	14.26	20.75	21.84
39	14.08	14.82	14.83	14.84	21.89	23.04	13.94	14.67	14.68	14.69	21.67	22.81
40	14.63	15.08	15.18	15.28	22.81	24.01	14.48	14.93	15.03	15.13	22.59	23.77
41	15.31	15.79	15.90	16.01	24.51	25.79	15.16	15.64	15.74	15.85	24.26	25.53
42	16.00	16.51	16.62	16.74	26.20	27.57	15.84	16.34	16.46	16.58	25.93	27.29
43	16.69	17.22	17.35	17.47	27.89	29.35	16.53	17.05	17.17	17.30	27.61	29.06
44	17.38	17.93	18.07	18.20	29.58	31.13	17.21	17.75	17.89	18.02	29.28	30.82
45	18.07	18.65	18.79	18.93	31.27	32.91	17.89	18.46	18.60	18.74	30.96	32.58
46	18.97	19.57	19.71	19.86	32.77	34.49	18.78	19.37	19.52	19.66	32.44	34.14
47	19.86	20.49	20.64	20.79	34.26	36.06	19.66	20.29	20.43	20.58	33.92	35.70
48	20.76	21.41	21.56	21.71	35.76	37.64	20.55	21.20	21.35	21.49	35.40	37.26
49	21.65	22.34	22.49	22.64	37.26	39.22	21.43	22.11	22.26	22.41	36.88	38.83
50	22.54	23.26	23.41	23.56	38.75	40.80	22.32	23.03	23.18	23.33	38.37	40.39
51	23.73	24.48	24.66	24.83	40.73	42.87	23.49	24.24	24.41	24.58	40.32	42.44
52	24.92	25.71	25.90	26.09	42.70	44.95	24.67	25.45	25.64	25.83	42.27	44.50
53	26.10	26.93	27.14	27.36	44.68	47.03	25.84	26.66	26.87	27.09	44.23	46.56
54	27.29	28.16	28.39	28.62	46.65	49.10	27.02	27.87	28.11	28.34	46.18	48.61
55	28.48	29.38	29.63	29.89	48.62	51.18	28.19	29.09	29.34	29.59	48.14	50.67
56	30.06	31.01	31.25	31.49	51.67	54.16	29.76	30.70	30.94	31.17	51.15	53.62
57	31.64	32.64	32.86	33.08	54.71	57.14	31.32	32.32	32.53	32.75	54.16	56.57
58	33.22	34.27	34.48	34.68	57.75	60.12	32.89	33.93	34.13	34.33	57.17	59.51
59	34.80	35.91	36.09	36.27	60.79	63.09	34.46	35.55	35.73	35.91	60.18	62.46
60	36.39	37.54	37.70	37.87	63.83	66.07	36.02	37.16	37.33	37.49	63.19	65.41
61	38.59	39.81	39.98	40.14	68.00	70.68	38.21	39.42	39.58	39.74	67.32	69.98
62	40.80	42.09	42.25	42.41	72.17	75.29	40.39	41.67	41.83	41.99	71.44	74.54
63	43.01	44.36	44.52	44.68	76.33	79.90	42.58	43.92	44.08	44.24	75.57	79.10
64	45.21	46.64	46.80	46.96	80.50	84.51	44.76	46.17	46.33	46.49	79.70	83.67
65	47.42	48.92	49.07	49.23	84.67	89.12	46.95	48.43	48.58	48.74	83.82	88.23
66	51.00	52.61	52.77	52.93	88.53	93.19	50.49	52.08	52.24	52.40	87.65	92.26
67	54.58	56.30	56.47	56.63	92.40	95.49	54.04	55.74	55.90	56.07	91.47	94.54
68	58.16	60.00	60.17	60.34	93.64	95.80	57.58	59.40	59.56	59.73	92.70	94.84
69	61.74	63.69	63.86	64.04	95.57	95.82	61.12	63.05	63.23	63.40	94.62	94.86
70	65.32	67.38	67.56	67.74	99.26	99.51	64.67	66.71	66.89	67.06	98.27	98.52
71	70.53	74.25	76.20	78.15	104.75	105.01	69.83	73.50	75.44	77.37	103.70	103.96

Foresters Whole Life Paid-Up At 100 - Premium Rate per 1000

	Male UW											
	Band 1					Band 2						
	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Preferred Plus Tobacco	Preferred Non-Tobacco	Non-Tobacco Plus	Non-Tobacco	Tobacco Plus	Tobacco	Tobacco
72	75.75	79.73	81.83	83.93	104.98	110.51	74.99	78.94	81.01	83.09	103.93	109.40
73	80.96	85.22	87.46	89.70	110.20	116.00	80.15	84.37	86.59	88.80	109.10	114.84
74	86.17	90.71	93.09	95.48	115.43	121.50	85.31	89.80	92.16	94.52	114.27	120.29
75	91.39	96.19	98.72	101.25	120.65	127.00	90.47	95.23	97.73	100.24	119.44	125.73
76	98.67	103.77	106.52	109.26	121.86	128.27	97.68	102.74	105.45	108.17	120.64	126.98
77	105.95	111.36	114.31	117.27	123.06	129.54	104.89	110.24	113.17	116.10	121.83	128.24
78	113.23	118.94	122.11	125.28	136.70	141.27	112.10	117.75	120.89	124.03	135.33	139.86
79	120.52	126.52	129.90	133.29	138.02	145.28	119.31	125.25	128.61	131.96	136.64	143.83
80	127.80	134.10	134.95	137.60	143.15	146.68	126.52	132.76	133.60	136.23	141.72	145.21
81	135.36	142.20	143.53	143.56	144.93	147.00	134.01	140.78	142.09	142.12	143.48	145.53
82	142.92	146.01	149.86	149.89	150.50	151.21	141.49	144.55	148.36	148.39	148.99	149.70
83	150.48	156.66	156.69	156.72	158.91	159.80	148.98	155.10	155.13	155.15	157.32	158.20
84	158.04	164.10	164.12	164.15	164.59	165.51	156.46	162.46	162.48	162.51	162.94	163.85
85	165.60	172.18	172.20	172.22	173.30	174.42	163.94	170.45	170.48	170.50	171.57	172.67

Rates are per 1,000 except for the DIR which is per 100

Age	Life Pay						20 Pay					
	70	65	65	65	40	65	70	65	65	65	40	65
	ADR	WPR	DIR (Male)	DIR (Fem)	GIR	CTR	ADR	WPR	DIR (Male)	DIR (Fem)	GIR	CTR
0					0.53						0.77	
1					0.53						0.76	
2					0.53						0.75	
3					0.53						0.74	
4					0.53						0.73	
5					0.53						0.72	
6					0.53						0.72	
7					0.53						0.71	
8					0.53						0.69	
9					0.53						0.68	
10					0.78						0.99	
11					0.78						0.97	
12					0.78						0.95	
13					0.78						0.93	
14					0.78						0.92	
15					1.11						1.27	
16	1.02	0.34	8.15	8.09	1.11	5.71	1.62	0.21	10.20	12.20	1.24	8.85
17	1.02	0.34	8.15	8.09	1.11	5.71	1.61	0.21	10.20	12.20	1.21	8.78
18	1.02	0.34	8.15	8.09	1.11	5.71	1.60	0.21	10.20	12.20	1.18	8.72
19	1.02	0.34	8.15	8.09	1.11	5.71	1.59	0.21	10.20	12.20	1.15	8.65
20	0.90	0.34	8.15	8.09	1.11	5.71	1.39	0.21	10.20	12.20	1.11	8.58
21	0.90	0.34	8.15	8.09	1.11	5.71	1.38	0.22	10.20	12.20	1.11	8.51
22	0.90	0.34	8.15	8.09	1.11	5.71	1.37	0.23	10.20	12.20	1.11	8.44
23	0.79	0.45	8.15	8.09	1.17	5.71	1.20	0.24	10.20	12.20	1.17	8.36
24	0.79	0.45	8.15	8.09	1.17	5.71	1.19	0.25	10.20	12.20	1.17	8.28
25	0.79	0.45	8.15	8.09	1.17	5.71	1.18	0.26	10.20	12.20	1.17	8.20
26	0.79	0.45	8.15	8.09	1.17	5.71	1.17	0.27	10.20	12.18	1.17	8.11
27	0.79	0.45	8.15	8.09	1.17	5.71	1.16	0.28	10.20	12.16	1.17	8.02
28	0.79	0.45	8.98	9.59	1.17	5.71	1.15	0.29	10.20	12.14	1.17	7.93
29	0.79	0.56	8.98	9.59	1.26	5.71	1.14	0.30	10.20	12.12	1.26	7.83
30	0.79	0.56	8.98	9.59	1.44	5.71	1.12	0.31	10.20	12.10	1.44	7.73
31	0.79	0.56	8.98	9.59	1.44	5.71	1.11	0.32	10.16	12.10	1.44	7.63
32	0.79	0.56	8.98	9.59	1.63	5.71	1.10	0.34	10.12	12.10	1.63	7.52

Rates are per 1,000 except for the DIR which is per 100

Age	Life Pay						20 Pay					
	70	65	65	65	40	65	70	65	65	65	40	65
	ADR	WPR	DIR (Male)	DIR (Fem)	GIR	CTR	ADR	WPR	DIR (Male)	DIR (Fem)	GIR	CTR
33	0.79	0.68	8.98	9.59	1.98	5.71	1.09	0.36	10.08	12.10	1.98	7.41
34	0.79	0.68	8.98	9.59	2.35	5.71	1.07	0.38	10.04	12.10	2.35	7.29
35	0.79	0.68	8.98	9.59	2.88	5.71	1.06	0.40	10.00	12.10	2.88	7.17
36	0.79	0.79	8.98	9.59	3.62	5.71	1.05	0.46	10.00	12.10	3.62	7.05
37	0.79	0.79	8.98	9.59	4.88	5.71	1.03	0.52	10.00	12.10	4.88	6.92
38	0.79	0.90	9.40	10.72		5.71	1.02	0.58	10.00	12.10		6.79
39	0.79	1.02	9.40	10.72		5.71	1.00	0.64	10.00	12.10		6.65
40	0.79	1.02	9.40	10.72		5.71	0.98	0.71	10.00	12.10		6.51
41	0.79	1.13	9.40	10.72		5.71	0.97	0.86	9.98	12.07		6.36
42	0.79	1.24	9.40	10.72		5.71	0.95	1.02	9.96	12.04		6.21
43	0.90	1.35	9.40	10.72		5.71	1.06	1.17	9.94	12.01		6.05
44	0.90	1.47	9.40	10.72		5.71	1.04	1.33	9.92	11.98		5.88
45	0.90	1.58	9.40	10.72		5.71	1.02	1.48	9.40	10.72		5.71
46	0.90	1.80	9.40	10.72		5.71	1.00	1.95	9.40	10.72		5.71
47	0.90	2.03	9.40	10.72		5.71	0.97	2.41	9.40	10.72		5.71
48	0.90	2.26	9.82	11.96		5.71	0.95	2.88	9.82	11.96		5.71
49	0.90	2.59	9.82	11.96		5.71	0.93	3.34	9.82	11.96		5.71
50	1.02	3.20	9.82	11.96		5.71	1.02	3.80	9.82	11.96		5.71
51	1.02	4.07	9.82	11.96		5.71	1.02	4.90	9.82	11.96		5.71
52	1.02	4.94	9.82	11.96		5.71	1.02	5.99	9.82	11.96		5.71
53	1.02	5.82	9.82	11.96		5.71	1.02	7.09	9.82	11.96		5.71
54	1.13	6.69	9.82	11.96		5.71	1.13	8.18	9.82	11.96		5.71
55	1.13	7.56	9.82	11.96		5.71	1.13	9.27	9.82	11.96		5.71
56	1.24		9.82	11.96			1.24		9.82	11.96		
57	1.24		9.82	11.96			1.24		9.82	11.96		
58	1.35		9.82	11.96			1.35		9.82	11.96		
59	1.35		9.82	11.96			1.35		9.82	11.96		
60	1.47		9.82	11.96			1.47		9.82	11.96		

SERFF Tracking Number: FRSS-127024155 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 49030
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life 2011
 Project Name/Number: /

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Attached is a copy of the application, previously approved, that will be used with this new product.		
Attachment: 770630 US 0210 App.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachments: WL Base LFP_US General.pdf WL Base 20P_US General.pdf WL ADR_US General.pdf WL CCADR_US General.pdf WL CTR_US General.pdf WL FHB_US General.pdf WL GIR_US General.pdf WL WP_US General.pdf WL-DIR-AR01-2011 Act'l Memo.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: FRSS-127024155 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 49030
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life 2011
Project Name/Number: /
Satisfied - Item: Consent to Submit Rates Certification

Comments:

Attachment:

Consent to Submit Rates.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification for Reg 19

Comments:

Attachment:

WL Reg 19 Certification of Compliance.pdf

Item Status: **Status Date:**

Satisfied - Item: Illustration Sample

Comments:

Attachment:

Whole Life Illustration.pdf

Item Status: **Status Date:**

Satisfied - Item: Annual Statement Sample

Comments:

Attachment:

Foresters WL Annual Statement Sample.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachments:

WL2011 Riders SOV - FNL.pdf

Statement of Variability WL-US01-2011.pdf

SERFF Tracking Number: FRSS-127024155 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 49030
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life 2011
Project Name/Number: /

Item Status:

**Status
Date:**

Satisfied - Item: Complaint Notice

Comments:

Attachment:

Complaint Notice.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:

Form

Form Number

Flesch Score

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.

 Digitally signed by Kerry Shields
 DN: cn=Kerry Shields,
 o=Foresters, ou=Compliance,
 email=kshields@foresters.com,
 c=CA
 Date: 2011.06.07 09:40:04 -04'00'

June 7, 2011

Albert Tiw, F.S.A., F.C.I.A
Vice President, Product Solutions & US Finance

Date

FORMS AND FORM NUMBER TO WHICH CERTIFICATION IS APPLICABLE

FORM NAME	FORM NUMBERS	FLESCH SCORE
Whole Life Insurance Certificate	WL-US01-2011	50.6
Accidental Death Rider	WL-ADR-US01-2011	50.0
Children's Term Rider	WL-CTR-US01-2011	54.1
Common Carrier Accidental Death Rider	WL-CCADR-US01-2011	43.1
Waiver of Premium Rider	WL-WPR-US01-2011	41.5
Family Health Benefit Rider	WL-FHB-US01-2011	50.8
Guaranteed Insurability Rider	WL-GIR-US01-2011	45.6
Disability Income Rider (Accident Only)	WL-DIR-AR01-2011	50.5
Product Details Page	770685 US 04/11	55.1

As allowed under Section 23.80.206 A.C. Flesch Methodology, the following words were removed from some of the rider forms prior to scoring:

- Medical terminology such as, but not limited to, cerebralvascular, cardiovascular, etc
- Some defined words were removed from certain forms - certificate, catastrophic event, hospital, common carrier, fare-paying, application, total disability, totally disabled, occupation, physician, injury.

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?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 1 or 2, complete the chart below. Also include information about Foresters life insurance or annuity certificate(s).					
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:					<input type="radio"/> Yes <input type="radio"/> No
a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disorder or disease?					<input type="radio"/> Yes <input type="radio"/> No
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?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 5a or 5b, complete the chart below.					
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:					<input type="radio"/> Yes <input type="radio"/> No
a) Paid for by borrowing, financing or receiving money or any other property?					<input type="radio"/> Yes <input type="radio"/> No
b) Transferred, assigned, sold or pledged?					<input type="radio"/> Yes <input type="radio"/> No
If "Yes", to either question 6a or 6b provide details. _____					

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: <input type="radio"/> Checking <input type="radio"/> 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)

EXHIBIT A (REVISED)

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

NAME OF COMPANY: The Independent Order of Foresters

FORM NUMBER(S): WL-US01-2011, WL-ADR-US01-2011, WL-CTR-US01-2011,
WL-CCADR-US01-2011, WL-WPR-US01-2011, WL-FHB-US01-2011, WL-GIR-US01-2011,
WL-DIR-AR01-2011, 770685 US 04/11

The Independent Order of Foresters does hereby consent and agree that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to the policy form number(s) indicated above must be filed with the Insurance Commissioner for the State of Arkansas ("commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior the expiration of sixty (60) days.



Digitally signed by Kerry Shields
DN: cn=Kerry Shields,
o=Foresters, ou=Compliance,
email=kshields@foresters.com,
c=CA
Date: 2011.06.07 09:54:23 -04'00'

Albert Tiw, F.S.A., F.C.I.A.
Vice President, Product Solutions & US Finance

June 7, 2011

Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: The Independent Order of Foresters

Form Title(s): Foresters Whole Life Insurance with Data Pages, Application Insert Page, Accidental Death Rider, Children's Term Rider, Common Carrier Accidental Death Rider, Waiver of Premium Rider, Family Health Benefit Rider, Guaranteed Insurability Rider, Disability Income Rider (Accident Only)

Form Number(s): WL-US01-2011, WL-ADR-US01-2011, WL-CTR-US01-2011, WL-CCADR-US01-2011, WL-WPR-US01-2011, WL-FHB-US01-2011, WL-GIR-US01-2011, WL-DIR-AR01-2011, 770685 US 04/11

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Digitally signed by Kerry Shields
DN: cn=Kerry Shields, o=Foresters,
ou=Compliance,
email=kshields@foresters.com,
c=CA
Date: 2011.06.07 09:53:36 -04'00'

Albert Tiw, F.S.A., F.C.I.A.
Vice President, Product Solutions & US Finance

June 7, 2011

Date

Foresters Whole Life Paid-Up at 100
Whole Life Insurance
Statement of Policy Costs and Benefits
Life Insurance Illustration

Proposal on: John Smith
Certificate: 1234567

Prepared by: Donna Sample-Agent

Business Name
789 Don Mills Rd, Suite 12345
Little Rock, AR 12345-6789
T. 416 429 3000
dsample-agent@foresters.com

The Independent Order of Foresters US Mailing Address www.foresters.com
789 Don Mills Rd PO Box 179 T. 800 828 1540
Toronto, Ontario, Canada M3C 1T9 Buffalo, NY 14201-0179

Foresters™ is a trademark of The Independent Order of Foresters, a fraternal benefit society.

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters™. The actual results may be more or less favorable and are expected to vary from those illustrated.

Life Insured: John Smith Prepared on: May 26, 2011 at 09:41 AM
Producer: Donna Sample-Agent Filed Certificate #: WL100-DATA-US01-2011
Version: 4.0.20.1 Revised Illustration State: Arkansas 406462 US (06/11) Page 1 of 10

BASIC INFORMATION
Plan Details

Life Insured	John Smith	Issue Age	35	Insurance Class	Non-Tobacco
Sex	Male				
Rating Class	Standard				
Face Amount	\$50,000	Dividend Option:	Cash		

Coverages	Benefit Amount	Premiums		Premium Duration
		Monthly	Annualized	
Base Insurance Coverage Including Standard Features				
Guaranteed Basic Life Insurance (Certificate)	\$50,000	\$ 64.14	\$769.68	65 Years
Common Carrier Accidental Death Rider	\$100,000			
Family Health Benefit Rider				
Optional Coverages Selected				
Disability Income Rider (Accident Only)	\$750 / mth	\$5.89 *	\$70.68 *	30 Years
Guaranteed Insurability Rider	\$50,000	\$12.60	\$151.20	5 Years
Waiver of Premium Rider		\$2.98	\$35.76	30 Years
Children's Term Rider	\$10,000	\$5.00	\$60.00	30 Years
Accidental Death Rider	\$50,000	\$3.46	\$41.52	35 Years
Total Initial Premium		\$94.07	\$1,128.84	

* Premiums for this rider may be increased, subject to State approval, where required.

Premiums are due at issue and at the beginning of each certificate month.

Benefits and values are shown as of the end of each certificate year.

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John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

NARRATIVE SUMMARY

The Narrative Summary provides a brief description of the certificate and each rider and is not intended to amend, alter, or change any of the terms and conditions of the certificate or the rider(s). Refer to the certificate and the applicable rider for variations, exclusions, terms and conditions.

Plan Description

Foresters Whole Life certificate provide permanent individual life insurance protection with guaranteed premiums, cash values and death benefits. Life Paid-up at 100 is a Whole Life Insurance certificate with guaranteed premiums payable to age 100. Issue of this certificate at the rates illustrated is subject to Underwriting approval.

Definitions

Age - The Issue Age of the Life Insured plus the number of certificate years elapsed since issue. Issue Ages are based upon age nearest birthday.

Annual Dividend – Annual Dividends are not guaranteed. The dividends are a portion of the Foresters' earnings available for distribution annually to the certificate owners.

Contract Premium – The total annualized premium required for the coverage(s) selected. The Contract premium is the required premium to keep the certificate in force each year, except where the Disability Income Rider (Accident Only) premium may be increased, subject to State approval, where required.

Current Values – Certificate values and benefits based on Foresters' current dividend scale, and the current credited interest rate. This scale and rate are not guaranteed.

End of Year – The end of the applicable certificate year.

Guar. Cash Value – The guaranteed cash value amount upon surrender.

Guar. Death Benefit – The guaranteed death benefit amount upon death.

Insurance Class and Rating Class - The underwriting classification assigned to the Life Insured.

Midpoint Values – Certificate values and benefits based on 50% of Foresters' current dividend scale and applicable interest, which are not guaranteed.

Total Cash Value – The sum of Guaranteed Cash Value, Paid-up Add. Cash Value and Accumulated Dividends on Deposit.

Total Death Benefit – Total Death Benefit is the sum of Guaranteed Death Benefit, Accum. Paid-up Add. and Accumulated Dividends on Deposit, minus debt, if any.

You – The owner of the life insurance contract.

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters. The actual results may be more or less favorable and are expected to vary from those illustrated.

John Smith	Initial Premium: \$94.07 payable monthly
Male Age 35 Non-Tobacco	Initial Face Amount: \$50,000
Dividend Option: Cash	

NARRATIVE SUMMARY

Riders

Common Carrier Accidental Death Rider

This standard protection feature (included at no additional premium) provides a benefit if the insured's death is caused by an accidental bodily injury, directly and independently from all other causes, that occurs while riding as a fare-paying passenger on a common carrier (examples are: passenger airplanes, commuter trains, etc.). Death must occur within a specified number of days of the accidental bodily injury. Payment of the benefit is limited by the maximum accidental death amount. If payment of this benefit, when added to the benefit(s) paid for the death of the insured under other Foresters accidental death coverage, if any, causes the maximum accidental death amount to be exceeded, this benefit will be reduced.

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 100.

Family Health Benefit Rider

This standard protection feature (included at no additional premium) provides specific benefits for qualified health situations that result, directly and independently of all other causes, from a catastrophic event. It is not intended to cover all of the costs associated with these health situations or to provide health insurance. Catastrophic events are: typhoons, hurricanes, earthquakes, volcanic eruptions, tsunamis, tornadoes or lightning strikes. Qualified health situations are: hospital stays, hospital emergency room examinations and ambulance transportation.

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 100.

Disability Income Rider (Accident Only)

This rider will provide a monthly income benefit for each completed month the insured is totally disabled solely due to an accidental bodily injury, independent of any other cause or factor. The benefit amount is payable for up to 24 months.

100% of premiums paid for this rider (minus the sum of Disability Income benefits paid) are returned if the insured dies while this rider is in effect

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 65.

Waiver of Premium Rider

This rider provides the benefit that premiums will be paid by Foresters should the insured become totally disabled, while this rider is in effect. There is a 6-month waiting period before benefits begin, during which time the required premiums must be paid. However, once the waiver of premium benefit has been approved, the premiums paid during the 6-month waiting period will be refunded.

If the insured becomes totally disabled before age 60, the benefit will continue to be provided for as long as the total disability is continuous while the certificate is in effect or until age 100, whichever is earlier.

If the insured becomes totally disabled on or after age 60, the benefit will continue to be provided for as long as the total disability is continuous while the certificate is in effect or until age 65, whichever is earlier.

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 65.

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters. The actual results may be more or less favorable and are expected to vary from those illustrated.

John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

NARRATIVE SUMMARY

Accidental Death Rider

This rider provides an additional death benefit equal to the Accidental Death Rider benefit amount if the insured's death is caused by an accidental bodily injury, directly and independently from all other causes, and death occurs within a specified number of days of the injury.

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 70.

Children's Term Rider

This rider provides convertible level term life insurance for each insured child, up to that child's 25th birthday. A child at least 15 days old, who has not reached their 18th birthday, is listed on the application and is not excluded by us if the rider is issued, is considered an insured child. This rider also automatically insures future children, being each child born to the insured (upon reaching 15 days old) and each child who is at least 15 days old, and has not reached their 18th birthday, when either adopted by the insured, becomes the insured's stepchild or comes under the insured's legal guardianship.

Each insured child's coverage under this rider may be converted to a permanent plan then offered by Foresters, without evidence of insurability, up to the benefit amount of this rider if converted before that child's 21st birthday or up to five times the benefit amount of this rider, up to \$100,000, if converted between that child's 21st and 25th birthdays. Conversion ends coverage under this rider for that child.

This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 65.

Guaranteed Insurability Rider

This rider provides you with an opportunity, at each available option date, to purchase additional life insurance as a new certificate, on the Life Insured, up to the option amount, without further evidence of insurability. The scheduled option dates are the certificate anniversary on which the Life Insured's age is 25, 28, 31, 34, 37 and 40, after which the rider expires. After the Life Insured's marriage, or the birth or adoption of a child, the next scheduled option date may be moved forward to be exercised within 90 days of that event. The marriage, birth or adoption must occur after the issue date of this rider and before the certificate anniversary on which the Life Insured is age 40.

Premiums for the new certificate will be at our rates in use on the option date, and be based on the age of the Life Insured on the option date and the same risk classification, if available, as the certificate to which this rider is attached. This rider cannot be in effect after the certificate anniversary on which the Life Insured is age 40.

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters. The actual results may be more or less favorable and are expected to vary from those illustrated.

John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

NUMERIC SUMMARY

The following table summarizes certificate values from the Guaranteed and Current Assumptions, as well as a Midpoint Assumption, based on the information displayed in the Basic Information section of this illustration.

End of Year	Guaranteed		Non-Guaranteed			
	Cash Value	Total Death Benefit	Midpoint		Current	
			Cash Value	Total Death Benefit	Cash Value	Total Death Benefit
Year 5	1,458	50,000	1,458	50,000	1,458	50,000
Year 10	4,421	50,000	4,421	50,000	4,421	50,000
Year 20	11,623	50,000	11,623	50,000	11,623	50,000
Age 70 (Year 35)	24,984	50,000	24,984	50,000	24,984	50,000

	Net Payment Cost Index		Surrender Cost Index		Equivalent Level Annual Dividend	
	Guaranteed	Current	Guaranteed	Current	Guaranteed	Current
Year 10	14.66	12.54	7.96	5.85	0.00	105.78
Year 20	14.66	11.59	7.96	1.59	0.00	153.57

Indices assume the time value of money to be 5.0%. The Net Payment Cost Index and Surrender Cost Index are measures of the relative cost of similar plans of insurance. A lower index number represents a lower cost than a higher index number.

Statement of Owner

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The Producer has told me they are not guaranteed.

 Owner (Signature)

 Date (mmm/dd/yyyy)

Statement of Producer

I certify that this illustration has been presented to the owner and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

 Producer (Signature)
 Producer # 3333333

 Date (mmm/dd/yyyy)

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters. The actual results may be more or less favorable and are expected to vary from those illustrated.

John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

TABULAR DETAIL

End of Year	Age	Contract Premium	Guar. Cash Value	Guar. Death Benefit	Annual Dividend	Total Cash Value	Total Death Benefit
1	36	1,128.84	0	50,000	0.00	0	50,000
2	37	1,128.84	0	50,000	97.29	0	50,000
3	38	1,128.84	391	50,000	99.64	391	50,000
4	39	1,128.84	917	50,000	108.82	917	50,000
5	40	977.64	1,458	50,000	120.94	1,458	50,000
6	41	977.64	2,016	50,000	131.57	2,016	50,000
7	42	977.64	2,590	50,000	141.45	2,590	50,000
8	43	977.64	3,183	50,000	148.64	3,183	50,000
9	44	977.64	3,793	50,000	154.97	3,793	50,000
10	45	977.64	4,421	50,000	162.50	4,421	50,000
11	46	977.64	5,065	50,000	189.03	5,065	50,000
12	47	977.64	5,724	50,000	200.88	5,724	50,000
13	48	977.64	6,399	50,000	215.56	6,399	50,000
14	49	977.64	7,089	50,000	229.28	7,089	50,000
15	50	977.64	7,797	50,000	241.27	7,797	50,000
16	51	977.64	8,524	50,000	254.04	8,524	50,000
17	52	977.64	9,271	50,000	265.24	9,271	50,000
18	53	977.64	10,037	50,000	280.40	10,037	50,000
19	54	977.64	10,821	50,000	295.74	10,821	50,000
20	55	977.64	11,623	50,000	312.27	11,623	50,000
21	56	977.64	12,441	50,000	348.03	12,441	50,000
22	57	977.64	13,275	50,000	369.11	13,275	50,000
23	58	977.64	14,124	50,000	388.81	14,124	50,000
24	59	977.64	14,989	50,000	404.84	14,989	50,000
25	60	977.64	15,871	50,000	412.72	15,871	50,000

The Contract Premium, projected values and benefits apply to the certificate year for which they are shown. Contract Premium changes shown are due to the expiry of riders, ratings and benefits, whenever applicable.

This is a life insurance illustration only. The dividends, interest rates, benefits and values shown in this illustration are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters. The actual results may be more or less favorable and are expected to vary from those illustrated.

John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

TABULAR DETAIL

End of Year	Age	Contract Premium	Guar. Cash Value	Guar. Death Benefit	Annual Dividend	Total Cash Value	Total Death Benefit
26	61	977.64	16,755	50,000	428.07	16,755	50,000
27	62	977.64	17,650	50,000	451.74	17,650	50,000
28	63	977.64	18,549	50,000	479.91	18,549	50,000
29	64	977.64	19,451	50,000	509.46	19,451	50,000
30	65	811.20	20,357	50,000	536.56	20,357	50,000
31	66	811.20	21,266	50,000	562.02	21,266	50,000
32	67	811.20	22,182	50,000	583.20	22,182	50,000
33	68	811.20	23,106	50,000	599.39	23,106	50,000
34	69	811.20	24,040	50,000	614.67	24,040	50,000
35	70	769.68	24,984	50,000	626.37	24,984	50,000
36	71	769.68	25,934	50,000	643.26	25,934	50,000
37	72	769.68	26,889	50,000	660.93	26,889	50,000
38	73	769.68	27,835	50,000	691.26	27,835	50,000
39	74	769.68	28,774	50,000	718.35	28,774	50,000
40	75	769.68	29,707	50,000	741.25	29,707	50,000
41	76	769.68	30,636	50,000	764.08	30,636	50,000
42	77	769.68	31,558	50,000	785.91	31,558	50,000
43	78	769.68	32,470	50,000	813.03	32,470	50,000
44	79	769.68	33,364	50,000	847.18	33,364	50,000
45	80	769.68	34,233	50,000	887.26	34,233	50,000
46	81	769.68	35,077	50,000	926.97	35,077	50,000
47	82	769.68	35,890	50,000	967.87	35,890	50,000
48	83	769.68	36,675	50,000	1,003.39	36,675	50,000
49	84	769.68	37,435	50,000	1,037.79	37,435	50,000
50	85	769.68	38,166	50,000	1,075.55	38,166	50,000

The Contract Premium, projected values and benefits apply to the certificate year for which they are shown. Contract Premium changes shown are due to the expiry of riders, ratings and benefits, whenever applicable.

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John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

TABULAR DETAIL

End of Year	Age	Contract Premium	Guar. Cash Value	Guar. Death Benefit	Annual Dividend	Total Cash Value	Total Death Benefit
51	86	769.68	38,864	50,000	1,106.21	38,864	50,000
52	87	769.68	39,525	50,000	1,139.11	39,525	50,000
53	88	769.68	40,145	50,000	1,171.28	40,145	50,000
54	89	769.68	40,723	50,000	1,186.60	40,723	50,000
55	90	769.68	41,259	50,000	1,187.10	41,259	50,000
56	91	769.68	41,755	50,000	1,251.74	41,755	50,000
57	92	769.68	42,227	50,000	1,252.24	42,227	50,000
58	93	769.68	42,680	50,000	1,252.74	42,680	50,000
59	94	769.68	43,116	50,000	1,253.24	43,116	50,000
60	95	769.68	43,540	50,000	1,253.74	43,540	50,000
61	96	769.68	43,956	50,000	1,254.24	43,956	50,000
62	97	769.68	44,397	50,000	1,254.74	44,397	50,000
63	98	769.68	44,886	50,000	1,255.24	44,886	50,000
64	99	769.68	45,465	50,000	1,255.74	45,465	50,000
65	100	769.68	46,210	50,000	1,256.24	46,210	50,000
66	101	0.00	46,393	50,000	1,256.74	46,393	50,000
67	102	0.00	46,571	50,000	1,257.24	46,571	50,000
68	103	0.00	46,746	50,000	1,257.74	46,746	50,000
69	104	0.00	46,916	50,000	1,258.24	46,916	50,000
70	105	0.00	47,082	50,000	1,258.74	47,082	50,000
71	106	0.00	47,243	50,000	1,259.24	47,243	50,000
72	107	0.00	47,400	50,000	1,259.74	47,400	50,000
73	108	0.00	47,552	50,000	1,260.24	47,552	50,000
74	109	0.00	47,701	50,000	1,260.74	47,701	50,000
75	110	0.00	47,844	50,000	1,261.24	47,844	50,000

The Contract Premium, projected values and benefits apply to the certificate year for which they are shown. Contract Premium changes shown are due to the expiry of riders, ratings and benefits, whenever applicable.

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John Smith
 Male Age 35 Non-Tobacco
Dividend Option: Cash

Initial Premium: \$94.07 payable monthly
Initial Face Amount: \$50,000

TABULAR DETAIL

End of Year	Age	Contract Premium	Guar. Cash Value	Guar. Death Benefit	Annual Dividend	Total Cash Value	Total Death Benefit
76	111	0.00	47,984	50,000	1,261.74	47,984	50,000
77	112	0.00	48,119	50,000	1,262.24	48,119	50,000
78	113	0.00	48,249	50,000	1,262.74	48,249	50,000
79	114	0.00	48,374	50,000	1,278.89	48,374	50,000
80	115	0.00	48,496	50,000	1,312.17	48,496	50,000
81	116	0.00	48,612	50,000	1,340.24	48,612	50,000
82	117	0.00	48,725	50,000	1,340.74	48,725	50,000
83	118	0.00	48,833	50,000	1,341.24	48,833	50,000
84	119	0.00	48,936	50,000	1,341.74	48,936	50,000
85	120	0.00	49,032	50,000	1,342.24	49,032	50,000
86	121	0.00	50,000	50,000	1,342.74	50,000	50,000

The Contract Premium, projected values and benefits apply to the certificate year for which they are shown. Contract Premium changes shown are due to the expiry of riders, ratings and benefits, whenever applicable.

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Annual Statement

{Note- this is a sample only. It includes some wording that is not applicable to the sample scenario, with []. It was included herein for demonstration purposes. On a real case, only data applicable to the particular certificate would ever appear.}

|||||
 Mrs. Jane Smith
 Street Address
 City, ST/PR Postal Code

March 31, 2015

Dear Mrs. Smith:

Thank you for choosing Foresters™ Life Insurance. We are pleased to provide you with this Annual Statement for your Foresters [Whole Life Paid-Up at 100] certificate 1234567, issued on March 2, 2011. Please take this opportunity to review the information provided. For a definition of terms, refer to your certificate. Please keep this statement for your records. We offer you this snapshot of your certificate as of March 2, 2015. This statement does not reflect any premiums overdue or overpaid.

Certificate Details

Insured Member	John Doe
Issue Age	35
Owner	Jane Smith
Annualized Premium	\$ 1,128.84
Current Dividend Option	Cash
March 2, 2015 Dividend	\$ 108.82
<u>[Paid-Up Additional Insurance Purchased with this Dividend: \$ xx,xxx,xxx.xx]</u>	

Premiums are adjusted to reflect rider expiries or renewals, removal of substandard ratings and certain changes you make to your coverage, such as rider additions and coverage decreases.
 [Premiums on your certificate are currently being waived as a result of your Waiver of Premium Rider.]
 [A substandard rating which was required temporarily on your [base coverage/name of benefit] expired on [date], resulting in a premium adjustment as of that date.]

Death Proceeds

Basic Amount	\$ 50,000.00
[Plus Accumulated Dividends on Deposit	\$ xx,xxx,xxx.xx]
[Plus Total Paid-Up Additional Insurance	\$ xx,xxx,xxx.xx]
Minus Total Outstanding Loan Balance	<u>(\$ 105.00)</u>
Total Amount, March 2, 2015	\$ 49,895.00

Cash Surrender Value

Guaranteed Cash Value	\$ 917.00
[Plus Accumulated Dividends on Deposit	[\$ xx,xxx,xxx.xx]
[Plus Cash Value of Paid-Up Additional Insurance	[\$ xx,xxx,xxx.xx]
Minus Total Outstanding Loan Balance	<u>(\$ 105.00)</u>
Cash Surrender Value, March 2, 2015	\$ 812.00

Paid-Up Additional Insurance

[Paid-Up Additional Insurance Balance, March 2, 2014	\$ xx,xxx,xxx.xx]
[Plus Paid-Up Additional Insurance purchased by:	
[the March 2, 2015 Dividend	\$ xx,xxx,xxx.xx]
[Dividends earned on Paid Up Additional Insurance	\$ xx,xxx,xxx.xx]
[Minus Partial Surrenders	(\$ xx,xxx,xxx.xx)]
Total Paid-Up Additional Insurance, March 2, 2015	\$ xx,xxx,xxx.xx]

Dividends on Deposit

[Dividends on Deposit Balance, March 2, 2014	\$ xx,xxx,xxx.xx]
[Plus interest earned	\$ xx,xxx,xxx.xx]
[Plus Dividend	\$ xx,xxx,xxx.xx]
[Minus Withdrawals	(\$ xx,xxx,xxx.xx)]
[Total Dividends on Deposit, March 2, 2015	\$ xx,xxx,xxx.xx]

[The Dividends on Deposit Interest Rate on March 2, 2015 was 99.99%.]

Dividends are not guaranteed. Previously declared dividends are not necessarily a guide to future dividends.

Additional Coverages Attached to this Certificate

<u>Rider</u>		<u>Expiry/Termination Date</u>
Accidental Death Rider	\$ 50,000	March 2, 2046
Children's Term Rider	\$ 10,000	March 2, 2041
Common Carrier Accidental Death Rider	\$100,000	March 2, 2076
Disability Income Rider (Accident Only)	\$ 750.00/mth	March 2, 2041
Guaranteed Insurability Rider	\$ 50,000	March 2, 2016
Family Health Benefit Rider		March 2, 2076
Waiver of Premium Rider		March 2, 2041

As a reminder, if your youngest child is approaching, or over, age 25, please contact our Service Center to discuss whether you wish to keep the child term rider in effect.

Your Guaranteed Insurability Rider will expire on your next Certificate Anniversary.

A rider currently in effect may cease to be in effect before the expiry/termination dates shown for it. A rider provides no benefit when not in effect.

Please refer to the applicable rider for details.

Beneficiary (ies)

Jill Doe Jim Doe

Loan Activity Summary

The loan on your certificate is a debt that will be deducted from the amount payable in the event of a claim or upon the maturity or surrender of your certificate. Certificate loans reduce your Cash Surrender Value and Death Proceeds. Establishing a loan repayment plan or increasing your current loan repayment plan may reduce your loan and increase your Cash Surrender Value and Death Proceeds. The Loan Interest Rate on March 2, 2011 was X%.

Beginning Total Outstanding Loan Balance, March 2, 2014	\$	0.00
Plus Additional Cash Loans and/or Automatic Premium Loans Taken	\$	152.00
Plus Loan Interest Charges	\$	3.00
Minus Loan Repayments Made	(\$)	50.00
Ending Total Outstanding Loan Balance, March 2, 2015	\$	105.00

As you are not currently paying premiums, they are being paid through a loan against your certificate's cash value under your certificate's Automatic Premium Loan (APL) provision. This will only keep your certificate in force for a limited time. Please refer to your certificate for further information.

Please note that any outstanding loan will be deducted from the Death Proceeds in the event of a claim. In addition, as shown in this statement, if surrendering your life insurance certificate, the Cash Surrender Value reflects the deduction for the total outstanding loan balance. You may therefore wish to consider establishing a regular loan repayment plan. You may contact our Service Centre to discuss a repayment plan.

Additional Information:

- The information in this statement does not modify the terms of your certificate.
- Interest rates shown in this statement, if any, are subject to change.
- Tax may be applicable to a portion of the cash value, if surrendered. In addition, tax may be applicable to your loan. No Foresters™ employee or representative can provide tax advice. Please consult your tax adviser on your specific situation.
- We require your Social Security Number for our records. Please contact us to supply this information.
- Voting members of Foresters may attend and vote at their Branch Meetings.

Thank you for your continued membership with Foresters. We're here to help you. Please call our Service Center at 800 828 1540 if you have any questions about this statement.

IMPORTANT CERTIFICATE OWNER NOTICE

You should consider requesting more detailed information about your certificate to understand how it may perform in the future. You should not consider replacement of your certificate or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling our Service Center at 800 828 1540, contacting your agent, or writing to Foresters at the U.S. address shown at the top of this page. If you do not receive a current illustration of your certificate within 30 days from your request, you should contact your state insurance department.

Foresters™ is a trademark of The Independent Order of Foresters.

The Independent Order of Foresters

Statement of Variability Foresters Whole Life – Riders June 6, 2011

WL-CTR-US01-2011, WL-CCADR-US01-2011, WL-FHB-US01-2011

Page 4

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

WL-WPR-US01-2011

Page 6

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

WL-GIR-US01-2011, WL-ADR-US01-2011

Page 3

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

WL-DIR-AR01-2011

Page 8

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

The Independent Order of Foresters

Statement of Variability Foresters Whole Life: WL-US01-2011 June 6, 2011

Foresters 20 Pay Whole Life; Data Page form # = WL20-DATA-US01-2011
Foresters Whole Life Paid-up at 100; Data Page form # = WL100-DATA-US01-2011

Contract Cover

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. John Doe information: Insured, Certificate Number, Owner, Branch number, and Issue date are bracketed to accommodate information specific to each certificate issued.
3. Department of Insurance telephone number is bracketed to allow for changes if your state's Department of Insurance complaint number changes in the future.
4. Product name will vary based on the payment type selected by the certificate owner. Foresters Whole Life series will offer 2 different payment types:
 - Foresters 20 Pay Whole Life
 - Foresters Whole Life Paid-up at 100In addition, the field is bracketed to accommodate a change to the product name in future without the need to re-file.
5. The Right to Examine period is bracketed to accommodate your state's normal free look period, currently 10 days, and for when the certificate is issued in a replacement situation. In replacement situations, the right to examine and cancel will be extended to display the period required by your state law, currently 30 days. The field is also bracketed to allow for any changes to your state law in order to avoid re-filing for such a change.
6. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

Page 2 – Table of Contents, etc.

7. Product Marketing Name: Same as #4.
8. The toll free number is bracketed in case Foresters changes the contact number.
9. Page numbers, including those in the table of contents and those bracketed in the bottom right hand corner may change depending on the length of the data pages, and the printer used to generate the form.

Certificate Data Pages (currently pages 3-5 in this sample)

There are two Certificate Data Pages, one for each payment type (20 Pay and Paid-up at 100).

Form numbers are unique to each set, as is the name.

- WL20-DATA-US01-2011 Foresters 20 Pay Whole Life
- WL100-DATA-US01-2011 Foresters Whole Life Paid-up at 100

10. John Doe information: Insured, Issue Age and Sex of Insured, Owner, Certificate Number, Issue Date and Branch Number are bracketed to accommodate information specific to each certificate issued.
11. Maturity Date: Certificate anniversary when the insured is 121, based on the contract's age definition.
12. Face Amount will vary as elected by the certificate owner subject to Foresters' business rules at the time of the certificate issue. The current face amount for new issues is \$25,000 and up. Certificates may be issued below the current minimum face amount if business rules change or the certificate is issued as a result of a conversion.

13. Insurance Class is bracketed to accommodate the specific class of the insured. Current possibilities are:

Non – Medical	Medical
Juvenile	Juvenile
Non-Tobacco	Non-Tobacco
Tobacco	Non-Tobacco Plus
	Preferred Non-Tobacco
	Preferred Plus Non-Tobacco
	Tobacco
	Tobacco Plus

Note: the names of the classifications may also be changed to accommodate marketing trends for insurance class names.

- 14. Rating Class is bracketed to accommodate ‘Standard’ for non-rated certificates, and ‘Special’ if a rating is applied to the base certificate.
- 15. Total Premium field is bracketed to reflect the total modal premium for the certificate and any attached riders. The total premium will be based on the individual insured’s information and coverage amounts issued.
- 16. Payment Mode will reflect the payment mode selected by the certificate owner. Current possibilities are ‘Monthly’, ‘Quarterly’, ‘Semi-annual’ and ‘Annual’.
- 17. The first total premium due will always equal the certificate issue date.

Certificate Data Pages - Summary of Benefits Provided chart

Base Certificate Specific:

- 18. The Benefit Amount in the Summary of Benefits Provided chart is bracketed to accommodate the base product’s face amount issued for a particular certificate.
- 19. The Expiry Date in the Summary of Benefits Provided chart is bracketed to accommodate the insured’s specific base coverage expiry date. This will equal the certificate anniversary on which the insured is age 121.

Rider specific data, including rider type selected, benefit amount and expiry date will be added to the Summary of Benefits Provided chart, if issued on a certificate. In addition, rider-specific messages will be included on these data pages if applicable. Any information regarding riders not issued on the certificate will be deleted.

- a. Common Carrier Accidental Death Rider
 - i. Benefit Amount: Equals 2 times the face amount elected by the certificate owner, to a current maximum of \$300,000.
 - ii. Expiry Date: Certificate anniversary when the insured is age 100.
- b. Family Health Benefit Rider
 - i. Specific benefit amounts are bracketed to allow for change if the rider is revised at a future date.
 - o Benefit Amount: The maximum family benefit amount is currently \$5,000 for all issues
 - o Ambulance Transportation: Current benefit is \$50.00 for all issues
 - o Hospital Emergency Room Examination: Current benefit is \$100.00 for all issues.
 - o Hospital Stay: Current benefit is \$100.00 for all issues.
 - ii. Expiry Date: Certificate anniversary when the insured is age 100.

The above two riders will be included on all certificates upon state approval.

The riders listed below are optional riders, selected by the applicant:

- c. Accidental Death Rider
 - i. Benefit Amount: Amount will vary as elected by the certificate owner, subject to current business rules and underwriting approval.
 - ii. Expiry Date: Certificate anniversary when the insured is age 70.
- d. Children's Term Rider
 - i. Benefit Amount: will vary as elected by the certificate owner, subject to current business rules.
 - ii. Expiry date: Certificate anniversary when the insured is age 65.
- e. Disability Income Rider (Accident Only)
 - i. Benefit Amount: will vary as elected by the certificate owner, subject to current business rules and underwriting approval.
 - ii. Expiry date: Certificate anniversary when the insured is age 65

Note: DIR (Accident Only) rider-specific messages will be included on these data pages only if this rider is issued.

- iii. Waiting period: The current waiting period is 90 days. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues only, subject to state approval and rules, if needed.
 - iv. Maximum benefit period: The current maximum benefit period is 24 months. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues only, subject to state approval and rules, if needed.
 - v. Applicable percentage: The current DIR face amount percentage is 1.5%. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues only, subject to state approval and rules, if needed.
- f. Guaranteed Insurability Rider
 - i. Benefit Amount: will be lesser of \$50,000 or the base face amount elected by the certificate owner at issue.
 - ii. Expiry date: Certificate anniversary when the insured is age 40.
 - g. Waiver of Premium Rider
 - i. Expiry date: Paid-up at 100 – Certificate anniversary when the insured is age 65.
20 Pay – Earlier of the certificate anniversary when the insured is age 65 or the end of the premium payment period.

Certificate Data Pages – Premium Schedule chart

Rider specific data, including rider type selected, annual premium and years payable will be added to the Premium Schedule chart, if issued on a certificate. In addition, rider-specific messages will be included on these data pages if applicable. Any information regarding riders not issued on the certificate will be deleted.

- a. Annual Premium is listed in the Premium Schedule chart for the certificate face amount and riders separately. These fields are bracketed to accommodate the base certificate's and rider(s) annual premium based on the individual insured's information and certificate coverage issued.
 - The Annual Premium field shown for the Certificate Face Amount is the base premium plus any lifetime substandard ratings, plus the annual certificate fee.
 - If the certificate includes any temporary substandard ratings, those will be shown on a subsequent line, in the Annual Premium field for the 'Temporary Extra Rating Charge. The years payable for the specific extra charge will also be shown.

Note: the Annual Premium fields for Family Health Benefit Rider and Common Carrier Accidental Death Rider will always be 0.00 since these are no-cost riders.

- b. Years Payable for the certificate face amount will vary based on the payment type selected by the certificate owner. The current possibilities are for:
 - o 20 Pay = "20"
 - o Paid-up at 100 = 100 less issue age
 - c. Years Payable for the riders are listed separately and will vary based on the individual insured's information and the payment type selected by the certificate owner.
 - o 20 Pay = Lesser of 20 years or rider expiry age less issue age
 - o Paid-up at 100 = Rider expiry age less issue age
20. Modal Factors are bracketed as they may increase or decrease based on business rules. Any change would be implemented for new issues only, subject to state approval and rules, if needed.
21. The Annual, Semi-annual, Quarterly, Monthly Total Premium will be based on the individual insured's information and coverage amounts issued.
22. Modal Certificate Fee amounts are bracketed to allow for product re-pricing initiatives that may impact the certificate fee. Any change would be implemented for new certificates only, subject to state approval and rules, if needed. Certificate Fee maximum: \$180.00 annual, \$90.00 semi-annual, \$45.00 quarterly, \$15.00 monthly.

Page 5 – Table of Guaranteed Certificate Values

23. Certificate Number will vary by individual certificate issued.
24. Table of Guaranteed Certificate Values:
 - a. Cash Value and Reduced Paid-Up Insurance Amount are guaranteed and will vary based on individual insured's information.
 - b. Years shown will always included years 1-20, and age 60, 65, 100 and 121, as applicable based on insured's issue age.

Notification provision, page 18 in our sample

25. Foresters information: The head office and US mailing office are bracketed to allow for change if Foresters moves or changes the US mailing office.

Back Cover

26. Foresters information: The head office and US mailing office are bracketed to allow for change if Foresters moves or changes the US mailing office.
27. Marketing name – See #4.

*For information or service not available
through your field office or agent:*

CALL TOLL-FREE



1 - 800 - 828 - 1540

F A X

(416) 429 - 3896

OR

TO INITIATE A COMPLAINT

WRITE TO:

The Independent Order Of Foresters

Forester House:

789 Don Mills Road
Toronto, ON M3C 1T9

US Mailing Address:

P.O. Box 179
Buffalo, New York 14201-0179

*If you have been unable to contact or obtain satisfaction from
our organization or the agent, you may contact:*

Arkansas Insurance Department

Consumer Services
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Telephone: (501) 371 - 2640
Toll - Free : (800) 852 - 5494
Fax : (501) 371 - 2618

SERFF Tracking Number: FRSS-127024155 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 49030
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life 2011
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/07/2011	Form	Whole Life Insurance Certificate	06/15/2011	WL - US01 - 2011 .pdf (Superseded)
06/07/2011	Form	Certificate Data Pages	06/15/2011	WL100-DATA-US01-2011.pdf (Superseded)
06/07/2011	Form	Certificate Data Pages	06/15/2011	WL20-DATA-US01-2011.pdf (Superseded)

The Independent Order Of Foresters ('Foresters')

Head Office: [789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9]

U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]

[1-800-828-1540]

Insured	[John Doe]	Certificate Number	[1234567]
Owner	[Jane Smith]	Issue Date	[Mar 02 2011]
State Governing	Arkansas	Branch Number	[1234]
Arkansas Department of Insurance telephone number	[800-852-5494]		

Foresters [Whole Life Paid-up at 100]

This is a WHOLE LIFE INSURANCE CERTIFICATE.

The Independent Order Of Foresters (referred to as we, our, Foresters or us) will, subject to the provisions of this certificate, pay the death benefit upon our receipt of proof of the insured's death. That death must occur while this certificate is in effect.

CASH SURRENDER VALUE payable at surrender or maturity. Cash values are guaranteed, based upon payment of required total premiums.

PREMIUM AMOUNTS and years payable are shown in the Certificate Data Pages.

PARTICIPATING, eligible to receive dividends.

In this certificate, you and your mean the owner, as shown above. The owner may change after the issue date as described in this certificate.

This certificate is executed at our head office on the issue date.

PLEASE READ THIS CERTIFICATE CAREFULLY.

Right to Examine – If you are not satisfied with this certificate, you may return it to us within [10] days of first receiving it. You can do this by mailing it to our U.S. mailing address, shown above, or by returning it to one of our authorized representatives.

If this certificate is returned to us during this time period, the insurance contract will be deemed to be void from the issue date. Within 10 days after we receive it, we will refund premiums you have paid to us for the insurance contract.

[]

Executive Secretary

[]

International Fraternal President

Foresters [Whole Life Paid-up at 100]

This certificate is part of a legal insurance contract between the owner and Foresters. The insurance contract sets forth, in detail, the rights and obligations for both you and us. Only the actual insurance contract provisions will control. It is important that you read your insurance contract carefully.

The benefit provided under each rider, if any, is described in that rider.

If you have questions about this certificate or a rider, your understanding of them or about information that you have heard, seen or read relating to them, please call us. Our toll free number is [1-800-828-1540].

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Definitions

The following terms have specific meanings for the purposes of your certificate. Where the same term appears in a rider, if any, it also has that same meaning unless there is another definition for that same term in that rider.

Age – The issue age shown in the *Certificate Data Pages* plus the number of completed certificate years.

Application – The application that was completed and signed for this certificate and each attached rider.

Assignee – A person or entity indicated in an assignment as the recipient of the assigned interest.

Attached rider(s) – Each rider, if any, listed in the *Certificate Data Pages*.

Certificate – The cover page and each numbered page that follows it, starting with page number 2 and ending with the page that states, “This is the last page of this certificate”. The cover page contains the signatures of our Executive Secretary and International Fraternal President.

Certificate anniversary – The same month and day as the issue date for each calendar year following the issue date, while this certificate is in effect.

Certificate Data Pages – The pages marked as the *Certificate Data Pages* within this certificate at the time that it was delivered to you.

Certificate month – The first day of the first certificate month is the issue date and the last day is the day before the first monthly anniversary. For every other certificate month, the first day of a certificate month is a monthly anniversary and the last day is the day before the next monthly anniversary.

Certificate year – The first day of the first certificate year is the issue date and the last day is the day before the first certificate anniversary. For every other certificate year, the first day of a certificate year is a certificate anniversary and the last day is the day before the next certificate anniversary.

Contingent owner – The contingent owner named, if at all, in the application, unless changed as shown in our records.

Date we delivered – The effective date of delivery being either:

- the day of delivery, if hand delivered to the owner or the owner's address;
- the fifth day after mailing, if sent by mail to the owner's address;
- the day, as shown in our records, successfully transmitted, if sent electronically to a number or address shown for the owner in our records; or
- the day retrieved, as shown in our records, if retrieved electronically by the owner.

Death benefit – The amount payable as described in the *Death Benefit* provision.

Debt – The amount owed to us under the *Maintenance of Reserves*, *Grace Period* and *Loans* provisions.

Designated office – Our head office or any other office, location or address that we notify you of, or publish, as being a designated office for the identified purpose.

Evidence of insurability - Information we obtain to decide insurability and, if so, on what terms.

Face amount – The amount shown in the *Certificate Data Pages* as the face amount, unless changed as shown in our records.

Grace period – The period of time within which to pay an overdue total premium as described in the *Grace Period* provision.

Insurance contract – This certificate and each rider in effect, if any.

Lapse – The termination of this certificate for non-payment of overdue total premiums during the grace period.

Monthly anniversary – Occurs each month after the issue date, on the same date of each month as the date shown as the issue date.

Our records – The records at our head office and the records stored elsewhere on our behalf, with our consent.

Paid-up additional insurance – The amount of the paid-up additional insurance bought under option 1 of the *Dividends* provision or under a rider.

Rider(s) – Each attached rider, if any, and each rider added as an attachment, if any, to this certificate after the issue date, as shown in our records.

State governing – The state shown as the state governing on the cover page, which will be the state where the application was signed by the owner.

We, our, us and Foresters – The Independent Order of Foresters.

You, your - The owner of this certificate as shown in the *Certificate Data Pages* subject to change as described in this certificate.

When we refer in this certificate to a provision, unless specifically stated to be a provision in a rider, we mean the provision in this certificate with that title. When we refer in a rider to a provision, unless specifically stated to be a provision in the certificate, we mean the provision in that rider with that title.

Certificate Provisions

Consideration

We issue this certificate and attached rider(s) based on the application signed by the owner and the payment of premiums as described in this certificate.

Entire Contract

The entire contract consists of each of the following:

1. The insurance contract, including agreements and endorsements to it.
2. The application for this certificate and each attached rider, if any.
3. Notifications we send to you confirming changes made, after the issue date, to this certificate or a rider.
4. Our Instrument of Incorporation, Constitution, and the respective amendments.

All statements in the application shall be deemed representations and not warranties.

No one, including the producer who provided you with this certificate, can make a promise or representation about the entire contract other than what is described in the entire contract. A change to the insurance contract is not valid unless the change is approved by our executive secretary and it is endorsed on, or attached to, the insurance contract.

When this Certificate is in Effect

This certificate comes into effect on the issue date, if both of the following conditions are met:

- At least the first total premium was provided on or before the date we delivered this certificate to you and is honored by the financial institution from which it is to be drafted.
- The insurability of the insured did not change between the date the application was signed by the insured and the issue date.

Once in effect, this certificate will remain in effect until the earliest of the following dates:

- The date of death of the insured.
- The date we receive, as shown in our records, your signed request to end this certificate.
- The date this certificate lapses, as described in the *Grace Period* provision.
- The date this certificate terminates, as described in the *Loans* provision.
- The maturity date, as shown in the *Certificate Data Pages*.
- The date that option 2 applies, as described in the *Nonforfeiture* provision.

This certificate will not be in effect after the earliest of the above dates. This means our liability, under this certificate, ends and no death benefit would be paid.

Control of Insurance Contract

The owner of the insurance contract may exercise the options or rights provided to them under it, unless limited by statute or by the rights of an assignee or irrevocable beneficiary. If the insured is younger than 16 years old on the issue date, these rights will transfer to the insured upon their 16th birthday. Upon this transfer, the insured will become the owner of the insurance contract, regardless of a prior assignment.

You may request a change of owner, while the insured is alive and this certificate is in effect. A change of owner is not effective if prohibited by law. We are not responsible for the validity or effect of a change of owner. Unless otherwise specified by you, the change of owner will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

If the insured is not the owner and if the owner dies or ceases to exist, while this certificate is in effect, the contingent owner becomes the owner of this certificate and rider(s) as of the date that the owner died or ceased to exist. If there is no surviving contingent owner, the owner's estate (if the owner is a natural person) or the owner's successor in interest (if the owner is a non-natural person) will become the owner.

Assignment

You may assign the insurance contract. An assignment is not effective if prohibited by law. Unless otherwise specified by you, the assignment will be effective as of the date the notice of assignment is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this notice. Under an absolute assignment the assignee becomes the owner of the insurance contract. We are not bound by an assignment unless it is in writing and shown in our records. We are not responsible for the validity or effect of an assignment. Despite the assignment, the insured retains Foresters membership rights and privileges according to our Constitution.

Beneficiaries

There may be designated one or more than one primary or contingent beneficiary. Each primary and contingent beneficiary, if any, is shown in, or in a form accompanying, the application unless changed as shown in our records.

You may request a change of beneficiary, while the insured is alive and this certificate is in effect. If a beneficiary is designated "irrevocable", then that beneficiary must also sign a request that changes that beneficiary's designation or the percentage or amount to be received by that beneficiary. The change of beneficiary will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

Payment to Beneficiary

The death benefit payable will be paid as described in this provision. If no beneficiary survives the insured or if no beneficiary is designated, this payment will be made to you or your estate.

Primary Beneficiary: Each primary beneficiary surviving the insured will be paid their share of the death benefit. That share is shown in the application unless changed, as shown in our records. If a primary beneficiary predeceases the insured, that beneficiary's share will be split among the surviving primary beneficiaries. That split will be based on the ratio of the specified percentages for those surviving beneficiaries to the total percentage for those survivors. If no percentages are specified, then the death benefit will be split equally among the surviving primary beneficiaries.

Contingent Beneficiary: If no primary beneficiary survives the insured, each contingent beneficiary, if designated, surviving the insured, will be paid their share of the death benefit, in the same manner as described above for the primary beneficiary.

Death Benefit

Payment of Death Benefit

Subject to the terms and conditions of the entire contract, we will pay the death benefit if we receive due proof of the insured's death. That death must occur while this certificate is in effect.

Interest will be paid on this amount, calculated from the date of death to the date of payment. The interest rate will be the legal rate required by the insurance laws of the state governing this certificate.

The amount payable under this provision will be paid as described in the *Payment to Beneficiary* provision.

Amount of Death Benefit

The death benefit is equal to:

- the face amount in effect on the date of death of the insured; plus
- the amount of paid-up additional insurance then in effect, if any; plus
- the amount of dividends on deposit on that date, if any; plus
- unearned premiums, if any; minus
- the amount of the debt, if any.

If death occurs during the years payable, for coverage under this certificate or a rider, then the amount of the unearned premium will be that portion of the total premium that was paid to us to provide that coverage for a period of time beyond the end of the certificate month of the insured's death. If death occurs after the years payable, for coverage under this certificate or a rider, then there will be no unearned premiums for that coverage.

The years payable are shown:

- For this certificate or an attached rider, in the *Certificate Data Pages*.
- For a rider, if any, added as an attachment to this certificate after the issue date, in the notification sent to you with that rider.

Incontestability

We will not contest the validity of this certificate after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing this certificate.

Similarly, statements made after the issue date, in an application for the addition of a rider, reinstatement or in a declaration for a change in insurance class, will be incontestable two years after the effective date as shown in our records of such addition, reinstatement or change. Our right to contest based on statements made in an application for an addition, will apply only to the additional coverage provided by that addition.

This provision shall not apply to a rider providing a benefit in the event of:

1. the total disability of the insured, or
2. death of the insured by accident or accidental means.

Suicide

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the issue date, our liability is limited to the sum of the premiums paid minus the amount of the debt and no death benefit will be paid.

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the effective date of the last reinstatement, if any, our liability is limited to the sum of the premiums paid since the last reinstatement minus the amount of the debt and no death benefit will be paid.

Premiums

Premium amounts and the number of years payable for each coverage, on the issue date, are shown in the *Premium Schedule* in the *Certificate Data Pages*.

The amount of the total premium is shown in the *Certificate Data Pages*. This amount will change if a rider ends, is added after the issue date or the premium for a rider changes. We will notify you if the amount of the total premium changes. The first total premium is due on the issue date. You will then need to pay each total premium when due to keep this certificate in effect. Premiums are payable in advance.

Other than the first total premium, each total premium is due, without notice from us, on the premium due date for that total premium. The premium due dates are based on the payment mode in effect. If the payment mode in effect is annual, the premium due dates will be on each certificate anniversary. If the payment mode in effect is more often than annual, these dates will fall on the same day of the month as the issue date, based on that payment mode. For example, if the payment mode in effect is monthly and your issue date is March 4, your premium due dates will be on the 4th of each month.

The payment mode and payment method in effect is the mode and method elected in the application, unless changed as shown in our records.

The sum of the total premiums payable over a certificate year may depend on the payment mode in effect. That sum may be less if you pay based on a payment mode other than the monthly payment mode. Subject to our administrative rules in effect at the time, you may change your payment mode or payment method. Contact our designated office to find out what method is available and the total premium payable if another available mode is elected.

Total premiums may be paid by mail sent to our U.S. mailing address or to our designated office and each is considered paid on the business day we receive it at our designated office. You may also make payment to our Executive Secretary. If requested, we will provide a receipt for the total premium paid, signed by our Executive Secretary.

Grace Period

If a total premium is not paid in full on or before its premium due date, you have 31 days from that premium due date to pay us that total premium. This 31 day period is called the grace period.

Subject to the *Nonforfeiture* and *Automatic Premium Loan* provisions, this certificate will lapse without cash surrender value as of the end of the 31st day of the grace period if you have not paid us that total premium by that day. Payments received after the grace period will be accepted only if sent by U.S. mail and postmarked during the grace period. Upon lapse, this certificate will no longer be in effect. This means our liability ends and no death benefit would be paid.

If the insured dies during the grace period, we will reduce the death benefit payable by the overdue amount.

Reinstatement

If this certificate should lapse, you may be eligible to reinstate it within three years from the effective date of the lapse as shown in our records. To reinstate we will require:

1. Payment of the unpaid premium with interest compounded at a rate determined by us. That rate will not be more than six percent per year.
2. Evidence of insurability, which meets our standards, of the insured.
3. Payment or reinstatement of all debt existing at the date of lapse plus interest. That interest will be calculated on that debt from the date of lapse. The interest rate will be determined by us but will not be more than the maximum loan interest rate as described in the *Loans* provision.

The unpaid premium will be the sum of the following:

- The total premiums due but not paid in full on or before the date of lapse.
- The total premiums from the date of lapse to the date of reinstatement that would have been due if this certificate had not lapsed.

The effective date of a reinstatement is the day that we approve your application for reinstatement, as shown in our records.

Cash Value

This certificate may provide a cash value, calculated as described in the *Basis of Computation of Values* provision. Guaranteed cash values, if any, at the end of certain certificate years are shown in the *Table of Guaranteed Certificate Values* in the *Certificate Data Pages*. The cash values shown assume that total premiums are paid as due and that no changes are made to this certificate. Cash values, if any, at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Cash Surrender Value

The cash surrender value at any time is equal to:

- the cash value at that time; plus
- the present value of paid-up additional insurance then in effect, if any; plus
- the amount of dividends on deposit at that time, if any; minus
- the amount of the debt, if any.

Nonforfeiture

If this certificate has a cash surrender value greater than zero one of the following options may be used. Subject to an assignment shown in our records, you may elect either option 1 or 2, as described in this provision, anytime before a total premium is overdue for more than 60 days.

If a total premium remains unpaid at the end of the grace period, and no election was made, option 1 will automatically apply, unless the *Automatic Premium Loan* provision has been requested.

Option 1 – Reduced Paid-Up Life Insurance

Under this option we will apply the cash surrender value to continue this certificate in effect as reduced paid-up life insurance. This will reduce the face amount under this certificate. The reduced face amount will be the amount that can be purchased by applying the cash surrender value as a net single premium for this insurance. The reduced paid-up insurance will not include benefits provided by a rider.

In the event that the cash surrender value is such that the reduced face amount would be less than \$1,000.00, we reserve the right to surrender this certificate as described in option 2.

If the insured dies during the grace period, subject to the terms of this certificate, the death benefit will be paid and there will be no payment under this reduced paid-up life insurance.

The reduced paid-up insurance may be surrendered for its present value. The present value will equal the net single premium that would be required to provide the insurance that would continue if the reduced paid-up life insurance was not surrendered. If such surrender occurs within 30 days after a certificate anniversary, the present value will not be less than the present value on that anniversary.

We may defer payment of the present value for up to six months after we receive your written request to surrender.

Option 2 – Cash Surrender

Under this option we will surrender this certificate and pay you its cash surrender value. Once surrendered, this certificate is of no further effect, our liability under this certificate ends and no death benefit will be paid. If such surrender occurs within 30 days after a certificate anniversary, the cash surrender value will not be less than the cash surrender value on that anniversary.

We may defer payment of the cash surrender value for up to six months from the date we receive the request for that payment.

Basis of Computation of Values

The calculation of cash values, nonforfeiture benefits and net single premiums will be based on the 2001 CSO age nearest birthday, sex distinct, smoker distinct mortality table for the insured's rating class (composite rates used for issue ages 0-15) and the nonforfeiture interest rate shown in the *Certificate Data Pages*.

These values and benefits will not be less than the minimum values and benefits required by the insurance laws of the state governing this certificate.

Calculations take into account the gender, age and smoking status of the insured. A detailed statement of the method of computation of cash values, nonforfeiture benefits and net single premiums has been filed as required with the department of insurance for the state governing this certificate.

Loans

The loan amount is the amount loaned to you, either through a requested loan or an automatic premium loan, plus accrued interest and minus each repayment. Interest accrues daily on the loan. Interest is due at the end of each certificate year. If the interest is not paid when due, it will bear interest at the same rate as the loan. We will determine the interest rate on an annual basis. The rate of interest will not exceed the higher of:

1. The monthly Average of the Composite Yield on the Seasoned Corporate Bonds as published by Moody's Investors Service Inc. (or any successor thereto) for the calendar month ending two months before the date on which the rate is determined.

2. The rate that we would use to calculate the net single premium and the present value under this certificate plus one percent.

In the event that the Moody's Monthly Average of the Composite Yield on Seasoned Corporate Bonds is no longer published, we will substitute a substantially similar average, established by regulation issued by the insurance regulator for the state governing this certificate.

All or part of a loan may be repaid at any time that this certificate is in effect. Each repayment will be applied to the loan, effective the date it is processed by us.

If, at any time, the loan amount exceeds the cash value at that time plus the present value of paid-up additional insurance then in force and the amount of dividends on deposit at that time, then this certificate will terminate. We will send you, and any assignee of this certificate, notification of termination. Termination will be effective 31 days after the date, as shown in our records, notification is sent. Upon the termination of this certificate, it will be of no further effect, our liability will end and no death benefit will be paid.

Requested Loan

You may obtain a loan from us, with this certificate as the security for the loan. We will require that you sign our then current loan agreement. The loan is effective when we receive the loan agreement that you have signed. The maximum loan amount available at any time is equal to the projected cash surrender value at the end of the current certificate year, assuming that no further premium payments are made.

We may defer payment of a loan for up to six months from the date we receive the request for that payment, unless it is used to pay premiums due to us.

Automatic Premium Loan

You may request that this provision applies either by electing it in the application or by signed notice any time before the end of the grace period. You may revoke that request at any time by signed notice, however this will not invalidate a loan made under this provision.

Under this provision, total premium unpaid at the end of the grace period will automatically be paid through a loan if, at the end of the certificate month in which that premium was due, the cash surrender value available is not less than zero. If however, at the end of that month the cash surrender value is less than the monthly total premium but more than zero, we will loan the remaining cash surrender value and continue this certificate for only part of the month. While the certificate is in effect, you may resume payment of total premiums.

The premium payment mode will be changed to monthly for the duration of the time period that premiums are being paid through a loan.

Misstatement of Age or Sex

If the age or sex of the insured under this certificate is misstated at issue, the face amount and the rider benefit amount(s), if any, will be adjusted either upward or downward. The revised amounts for the certificate and riders, if any, will be that which the premium paid, for that coverage, would have purchased for the correct age and sex, according to our rates in effect on the issue date.

Limitation of Action

No action shall be taken on this certificate, or a rider, in a court of law unless the action is filed with a court within the period of time, from the date that the cause of action arose, allowed by laws of the state governing this certificate.

Law Applicable

Your rights or obligations and that of anyone, including the insured or anyone rightfully claiming under this certificate or a rider, will be determined by the laws of the state governing.

Limiting Effect of our Constitution

The benefits provided under this certificate and each rider will not be reduced, nor will this certificate or rider end, by a provision in our Constitution not stated or referred to in this certificate or rider.

Suspension or Expulsion

Even if the insured is expelled or suspended from Foresters membership in accordance with our Constitution, this certificate and each rider, subject to its terms, may be kept in effect by continuing to pay the required premiums.

Maintenance of Reserves

If our reserves become impaired, you may be assessed an equitable proportion of the shortage. You may pay cash or accept a reduction in benefits. If you do neither, your equitable proportion will become an amount owed against this certificate. Interest on this amount will be compounded at a rate determined by us but not more than five percent per year.

Basis of Computation of Reserves

The reserves are not less than the minimum reserves required by the insurance laws of the state governing this certificate. A detailed statement of the method of computation of reserves has been filed as required with the insurance department for the state governing this certificate.

Dividends

This certificate is eligible to participate in our divisible surplus. We will determine our divisible surplus each year. You will be entitled to your share, if any, as determined by us, of our divisible surplus. This share is your dividend which you may receive or use according to the dividend option in effect. Your dividend options are as follows:

1. Use the dividend as a net single premium to buy paid-up additional insurance at the insured's age on the date of the purchase. No further premiums are required for this additional insurance purchased.
2. Have the dividend paid in cash.
3. Leave the dividend with us to accumulate with interest. We will determine the interest rate, but it will not be less than three and one half percent per year.
4. Use the dividend to reduce premiums payable under this certificate. In a certificate year where the dividend paid is not sufficient to pay the premiums payable for that certificate year, the difference is payable by you. In a certificate year where the dividend paid exceeds the premiums payable for that certificate year, the excess will be applied under dividend option (1).

Dividend option (1) will be in effect from the issue date unless changed by you as shown in our records. If changed, the new option applies to future dividends only.

If you request this certificate to end and dividends have been credited under dividend option (1) or (3), we will refund to you the total of:

1. the present value of the paid-up additional insurance, plus
2. the amount of the dividends on deposit, minus
3. the amount of the debt.

If no dividends are paid the dividend options described in this provision do not apply.

Notification

Notification(s) we send to you about this certificate or a rider will be sent from our designated office, to your last address shown in our records. You must notify us of a change in address for you or the insured. If premium is being paid under our pre-authorized check plan, you must notify us of a change in banking information.

Notifications about this certificate or a rider may, with your consent, be sent or provided to you by electronic means, if permitted by our administrative practices.

Every notification, designation and request that you make to us must be signed by you and received by us at our designated office for us to act on it. Each will be deemed received by us as of the date shown in our records.

Notifications, designations and requests that you make to us may, if permitted by, and subject to, our administrative practices in effect at that time, be by electronic means.

Our head office address is:

The Independent Order of Foresters, [789 Don Mills Road, Toronto, Ontario, Canada. M3C 1T9.
Attn: Certificate Services].

Our U.S. mailing address is: [P.O. Box 179 Buffalo, New York. 14201-0179.

Attn: Certificate Services].

We will notify you if there is a change in address.

The Independent Order Of Foresters ('Foresters')

A Fraternal Benefit Society Organized 1874

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]

U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]

Foresters [Whole Life Paid-up at 100]

WHOLE LIFE INSURANCE CERTIFICATE.

Cash Surrender Value payable at surrender or maturity.

Premium amounts and years payable are shown in the Certificate Data Pages.

Death benefit payable if the insured's death occurs while
this certificate is in effect.

Participating.

This is the last page of this certificate.

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[35] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2011]	Maturity Date	[March 2, 2097]
Face Amount	[\$50,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$94.07]	Payment Mode	[Monthly]
Currency	United States		

Foresters Whole Life Paid-up at 100 Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2011].

Cash surrender value is payable on the earlier of surrender and the maturity date. This certificate is eligible to participate in our divisible surplus, however dividends are not guaranteed.

Each beneficiary is designated in, or in a form accompanying, the application. A beneficiary designation may change as described in the *Beneficiary* provision.

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$50,000]	[March 2, 2097]
Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]	[\$100,000]	[March 2, 2076]
Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2076]
[Accidental Death Rider]	[\$50,000]	[March 2, 2046]
[Children's Term Rider]	[\$10,000]	[March 2, 2041]
[Disability Income Rider (Accident Only) †]	[\$750]	[March 2, 2041]
[Guaranteed Insurability Rider]	[\$50,000]	[March 2, 2016]
[Waiver of Premium Rider]		[March 2, 2041]

Each rider listed above, if any, is an attachment to this certificate.

* Latest coverage expiry date, assuming all premiums are paid as due. Coverage may end earlier than the expiry date as described within this certificate or applicable rider, if any.

** This is the maximum family benefit amount.]

†The Disability Income Rider (Accident Only) waiting period is [90] days, the maximum benefit period is [24] months and the applicable percentage is [1.5%.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$733.00]	[65]
[Temporary Extra Rating]	[XXXXXX]	[30]
[Temporary Extra Rating]	[XXXXXX]	[5]
Common Carrier Accidental Death Rider	\$0.00	N/A
Family Health Benefit Rider	\$0.00	N/A
[Accidental Death Rider]	[\$39.50]	[35]
[Children's Term Rider]	[\$57.10]	[30]
[Disability Income Rider (Accident Only)]	[\$67.35 ⁺⁺]	[30]
[Guaranteed Insurability Rider]	[\$144.00]	[5]
[Waiver of Premium Rider]	[\$34.00]	[30]

To calculate the amount of the premium for this certificate or a rider, for a payment mode other than annual, multiply the annual premium shown for this certificate or that rider by [.5100] for [semi-annual], [.2600] for [quarterly] and [.0875] for [monthly].

[⁺⁺ This premium amount is subject to increase(s). Refer to the applicable rider.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$1,074.95]	[\$548.23]	[\$279.49]	[\$94.07]

Each Total premium shown above is as of the issue date, and will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium for a rider changes. After the issue date not all payment modes shown may continue to be available.

Each Total premium shown above includes the applicable certificate fee.

	Annual	Semi-Annual	Quarterly	Monthly
Certificate Fee	[\$72.00]	[\$36.72]	[\$18.72]	[\$6.30]

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
1	[\$0]	[\$0]
2	[\$0]	[\$0]
3	[\$391]	[\$1,722]
4	[\$917]	[\$3,898]
5	[\$1,458]	[\$5,988]
6	[\$2,016]	[\$7,994]
7	[\$2,590]	[\$9,923]
8	[\$3,183]	[\$11,781]
9	[\$3,793]	[\$13,568]
10	[\$4,421]	[\$15,287]
11	[\$5,065]	[\$16,935]
12	[\$5,724]	[\$18,511]
13	[\$6,399]	[\$20,016]
14	[\$ 7,089]	[\$21,452]
15	[\$ 7,797]	[\$22,827]
16	[\$ 8,524]	[\$24,148]
17	[\$ 9,271]	[\$25,416]
18	[\$10,037]	[\$26,637]
19	[\$10,821]	[\$27,808]
20	[\$11,623]	[\$28,935]
Age 60	[\$15,871]	[\$33,490]
Age 65	[\$20,357]	[\$37,289]
Age 100	[\$46,210]	[\$50,000]
Age 121	[\$50,000]	[\$50,000]

Values shown are as of the end of the applicable certificate year. Values shown assume that total premiums are paid as due and that no changes are made to this certificate. Paid-up additional insurance or dividends on deposit, if any, will increase the reduced paid-up insurance amounts shown and debt will decrease those amounts. Paid-up additional insurance, dividends on deposit or debt, if any, will not affect the cash values shown. Values at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Non-Forfeiture Interest Rate: 4.00%

*Subject to the *Reduced Paid-Up Life Insurance* provision

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[35] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2011]	Maturity Date	[March 2, 2097]
Face Amount	[\$50,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$149.42]	Payment Mode	[Monthly]
Currency	United States		

Foresters 20 Pay Whole Life Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2011].

Cash surrender value is payable on the earlier of surrender and the maturity date. This certificate is eligible to participate in our divisible surplus, however dividends are not guaranteed.

Each beneficiary is designated in, or in a form accompanying, the application. A beneficiary designation may change as described in the *Beneficiary* provision.

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$50,000]	[March 2, 2097]
Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]	[\$100,000]	[March 2, 2076]
Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2076]
[Accidental Death Rider]	[\$50,000]	[March 2, 2046]
[Children's Term Rider]	[\$10,000]	[March 2, 2041]
[Disability Income Rider (Accident Only) †]	[\$750]	[March 2, 2041]
[Guaranteed Insurability Rider]	[\$50,000]	[March 2, 2016]
[Waiver of Premium Rider]		[March 2, 2041]

Each rider listed above, if any, is an attachment to this certificate.

* Latest coverage expiry date, assuming all premiums are paid as due. Coverage may end earlier than the expiry date as described within this certificate or applicable rider, if any.

** This is the maximum family benefit amount.]

†The Disability Income Rider (Accident Only) waiting period is [90] days, the maximum benefit period is [24] months and the applicable percentage is [1.5%.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$1,344.00]	[20]
[Temporary Extra Rating]	[XXXXXX]	[20]
[Temporary Extra Rating]	[XXXXXX]	[5]
Common Carrier Accidental Death Rider	\$0.00	N/A
Family Health Benefit Rider	\$0.00	N/A
[Accidental Death Rider]	[\$53.00]	[20]
[Children's Term Rider]	[\$71.70]	[20]
[Disability Income Rider (Accident Only)]	[\$75.00 ⁺⁺]	[20]
[Guaranteed Insurability Rider]	[\$144.00]	[5]
[Waiver of Premium Rider]	[\$20.00]	[20]

To calculate the amount of the premium for this certificate or a rider, for a payment mode other than annual, multiply the annual premium shown for this certificate or that rider by [.5100] for [semi-annual], [.2600] for [quarterly] and [.0875] for [monthly].

[⁺⁺ This premium amount is subject to increase(s). Refer to the applicable rider.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$1,707.70]	[\$870.93]	[\$444.00]	[\$149.42]

Each Total premium shown above is as of the issue date, and will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium for a rider changes. After the issue date not all payment modes shown may continue to be available.

Each Total premium shown above includes the applicable certificate fee.

	Annual	Semi-Annual	Quarterly	Monthly
Certificate Fee	[\$72.00]	[\$36.72]	[\$18.72]	[\$6.30]

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
1	[\$0]	[\$0]
2	[\$163]	[\$743]
3	[\$982]	[\$4,323]
4	[\$1,827]	[\$7,771]
5	[\$2,703]	[\$11,098]
6	[\$3,607]	[\$14,307]
7	[\$4,544]	[\$17,408]
8	[\$5,514]	[\$20,409]
9	[\$6,517]	[\$23,313]
10	[\$7,555]	[\$26,124]
11	[\$8,627]	[\$28,844]
12	[\$9,734]	[\$31,475]
13	[\$10,875]	[\$34,020]
14	[\$12,054]	[\$36,478]
15	[\$13,273]	[\$38,859]
16	[\$14,535]	[\$41,175]
17	[\$15,841]	[\$43,428]
18	[\$17,194]	[\$45,629]
19	[\$18,593]	[\$47,781]
20	[\$20,042]	[\$49,893]
Age 60	[\$26,907]	[\$50,000]
Age 65	[\$30,544]	[\$50,000]
Age 100	[\$46,210]	[\$50,000]
Age 121	[\$50,000]	[\$50,000]

Values shown are as of the end of the applicable certificate year. Values shown assume that total premiums are paid as due and that no changes are made to this certificate. Paid-up additional insurance or dividends on deposit, if any, will increase the reduced paid-up insurance amounts shown and debt will decrease those amounts. Paid-up additional insurance, dividends on deposit or debt, if any, will not affect the cash values shown. Values at the end of certificate years not shown will be furnished upon request. Subject to the *Basis of Computation of Values* provision, calculations of cash values during a certificate year will be done on a consistent basis and be based upon the total premiums paid and time elapsed during that certificate year.

Non-Forfeiture Interest Rate: 4.00%

*Subject to the *Reduced Paid-Up Life Insurance* provision