Filing at a Glance

Company: The Independent Order of Foresters

Product Name: PlanRight Application 2012-Level	SERFF Tr Num: FRSS-127975439	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Jennifer Daigle, Kerry Shields, Tamara Kozma, Gita Lakhan, Art Vikari, Gale Mcinally	Disposition Date: 02/21/2012
	Date Submitted: 01/20/2012	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Gita Lakhan
Filing Description:
RE: The Independent Order of Foresters
NAIC #763-58068; FEIN: 980000680

Form Type: Application for Life Insurance and related forms

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: The Insurance Laws of Canada where this Society is domiciled does not require approval of this filing.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/21/2012
State Status Changed: 01/24/2012
Created By: Kerry Shields
Corresponding Filing Tracking Number:

The forms listed below are enclosed for your review and approval. These forms will replace the previously approved forms also listed below. 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.

Forms Submitted for Approval:

Submitted Form Name/Description Replaces Prior approval date and tracking ID
770554 AR 01/12 Application for Individual Life Insurance 770554 AR 11/08 Jan 8, 2009; FRCS-125958327
105366 US 01/12 Application Overflow Form 105366 US 06/11 July 8, 2011; FRSS-127300950
770705 AR 01/12 Application for Individual Life Insurance (Voice) none

Supporting Documents:

Form Number Form Description
770700 US 01/12 Notices (discusses MIB information and privacy rights)
770701 US 01/12 Notices (discusses MIB information and privacy rights)
770702 US 01/12 Acknowledgement of First Premium

The applications submitted for approval will be used with Foresters final expense whole life product series, 'Foresters PlanRight' (WL-PRL-US01-2009), approved January 8, 2009 under filing number FRCS-125958327. PlanRight is a simplified issue whole life product, with a level death benefit.

Application 770554 AR 01/12 and related supplemental forms will be completed by a licensed producer and signed by all applicable parties in hardcopy, traditional format or via electronic application software. In either case, upon issue, a copy of the completed, signed application is attached to the certificate and provided to the certificate owner. Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved forms. The font size will never be less than the required font size.

• Hardcopy: Producers would complete the forms by hand, and wet signatures would be applied by all signees.

• Electronic: Producers would complete some or all of the forms using a computer or other mobile device. Our proposed electronic application software is a wizard-based, intelligent fillable forms program for straight-through processing. It will ensure that the proper application forms are utilized and the information collected is entered correctly, accurately, and securely. Producers will be provided with the option of printing the application for wet signature or utilizing an electronic signature process. When completed electronically the questions and statements on the forms will be identical to what was approved. PDFs of the completed forms will be presented for review on screen by applicable persons whose signatures are required. Any incorrectly entered data can be corrected at this time prior to signatures being applied.

Application 770705 AR 01/12 is similar to the application described above except it has wording and format changes to facilitate its use when the product is applied for via telephone and signed via voice. For example since this application has been tailored for our telephone application process, it does not allow payment of the first premium by check or for the owner or payer to be other than the proposed insured at the time of the application. The medical questions on all versions of the application (hardcopy, electronic or voice) are identical to ensure that underwriting is consistent regardless of which application method is used.

Under the telephone application sales process, the producer will not meet personally with the applicant. Rather, the producer will contact the applicant by telephone and will provide an overview of the whole life product for which this application is used. If the applicant agrees to apply for the product over the telephone, the producer will advise the applicant that the application questions and answers will be recorded. The applicant must voice his/her acknowledgement that they are aware of, and agree to, the recording; and upon completion of the telephone application the applicant will provide their signature electronically by way of voice recording. The responses to the application questions obtained during the telephone interview will be entered, during that interview, into the relevant sections of the application. The completed application, signed by electronic (voice) signature(s) as indicated above, will be sent to Foresters electronically.

The Application Overflow form submitted for approval may be used by producers to record additional details on those occasions where space on the application is insufficient. This form may be used as a supplement to applications approved for use on the current and future approved PlanRight product series. When used, the form becomes part of the application and a copy of the form will be included with the completed application that is delivered to the certificate owner.

We certify that security measures will be in place to protect customer privacy. Foresters recognizes that the technology and regulations relating to computers, e-signatures, information security, and delivery is ever-changing and therefore we intend to remain flexible with our approach to ensure we can evolve and upgrade our technology for this process as needed in the future. Foresters confirms that our electronic process will comply with all federal and state regulations relating to digital/electronic signatures and information security, as well as meeting the requirements of all state insurance regulations.

Supporting Documents:
Additional forms, such as those listed below which are being submitted as a supporting document herein, may be used during the application process.
• Notices: This form will be provided to the applicant at the time of application. It includes the required disclosures related to MIB information and privacy rights.
• Acknowledgement of First Premium: This form will be provided to the owner as confirmation of any payment provided with the application.

Enclosed please find:
• A final copy of the two application forms and the application overflow form submitted for approval.
• Notices, (MIB and privacy information) as supporting documentation.
• Acknowledgement of First Premium form, as supporting documentation.
• Readability certification.
• Statement of Variability

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4922, or email glakhan@foresters.com

Sincerely,

Gita Lakhan
Product Analyst

Company and Contact

Filing Contact Information

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

Filing Company Information

The Independent Order of Foresters	CoCode: 58068	State of Domicile: Ontario
789 Don Mills Road	Group Code:	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:	$150.00
Retaliatory?	No
Fee Explanation:	

SERFF Tracking Number:	*FRSS-127975439*	*State:*	*Arkansas*
Filing Company:	*The Independent Order of Foresters*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*PlanRight Application 2012-Level*		
Project Name/Number:	*/*		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	$150.00	01/20/2012	55636776

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/21/2012	02/21/2012
Approved-Closed	Linda Bird	01/24/2012	01/24/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Individual Life Insurance	Tamara Kozma	02/17/2012	02/17/2012
Form	Application for Individual Life Insurance	Tamara Kozma	02/17/2012	02/17/2012
Supporting Document	Red-Lined Versions of Application	Tamara Kozma	02/17/2012	02/17/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen filing	Note To Filer	Linda Bird	02/16/2012	02/16/2012
Request to reopen filing	Note To Reviewer	Tamara Kozma	02/16/2012	02/16/2012

Disposition

Disposition Date: 02/21/2012

Implementation Date:

Status: Approved-Closed

Comment: Corrections have been made to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*FRSS-127975439*	*State:*	*Arkansas*
Filing Company:	*The Independent Order of Foresters*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*PlanRight Application 2012-Level*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documentation		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Red-Lined Versions of Application		Yes
Form *(revised)*	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form *(revised)*	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form	Application Overflow Form		Yes

Disposition

Disposition Date: 01/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*FRSS-127975439*	*State:*	*Arkansas*
Filing Company:	*The Independent Order of Foresters*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*PlanRight Application 2012-Level*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documentation		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Red-Lined Versions of Application		Yes
Form *(revised)*	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form *(revised)*	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form	Application Overflow Form		Yes

Amendment Letter

Submitted Date: 02/17/2012

Comments:

Dear Sir or Madam:

As we have just been informed by MIB Inc. of new requirements related to obtaining an applicant's explicit authorization to disclose health information to MIB Inc., we are revisong the language of the "Authorization To Obtain and Disclose Information" section on page 3 of our form.

The revision made replaces the sentence "Foresters may make a brief report to MIB, Inc. about me." with "I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc.".

Only this sentence has changed and no other changes have been made. The previously approved application form(s) have/has not yet been launched or marketed for use in your state. For your convenience we have attached both a clean and highlighted version of the application form(s).

Should you have any questions or require additional information, please feel free to contact me.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
770554 AR 01/12	Application/Enrollment Form	Application for Individual Life Insurance	Revised		FRCS-125958327	770554 AR 11/08	49.800	770554 AR 0112_PR Rev App (Level).pdf
770705 AR 01/12	Application/Enrollment Form	Application for Individual Life Insurance	Initial				49.800	770705 AR 0112_PR Rev App (VSOP).pdf

Supporting Document Schedule Item Changes:

User Added -Name: Red-Lined Versions of Application

SERFF Tracking Number:	*FRSS-127975439*	*State:*	*Arkansas*
Filing Company:	*The Independent Order of Foresters*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*PlanRight Application 2012-Level*		
Project Name/Number:	*/*		

Comment:

770554 AR 0112_PR Rev RL App (Level).pdf

770705 AR 0112_Rev RL PR App (VSOP).pdf

Note To Filer

Created By:

Linda Bird on 02/16/2012 03:15 PM

Last Edited By:

Linda Bird

Submitted On:

02/16/2012 03:15 PM

Subject:

Request to reopen filing

Comments:

Filing has been re-opened in order for correction to be made.

Note To Reviewer

Created By:
Tamara Kozma on 02/16/2012 02:44 PM
Last Edited By:
Tamara Kozma
Submitted On:
02/16/2012 02:44 PM
Subject:
Request to reopen filing
Comments:
As we have just been informed by MIB Inc. of new requirements related to obtaining an applicant's explicit authorization to disclose health information to MIB Inc., we wish to adjust the language of the "Authorization To Obtain and Disclose Information" section on page 3 of our form.

We therefore are requesting that this filing be re-opened.

The adjustment that we wish to make is to replace the sentence "Foresters may make a brief report to MIB, Inc. about me." with "I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc.".

Should you have any questions or require additional information, please feel free to contact me.

Yours truly,

Tamara Kozma
Compliance Analyst

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	770554 AR 01/12	Application/ Enrollment Form	Application for Individual Life Insurance	Revised	Replaced Form #: 770554 AR 11/08 Previous Filing #: FRCS-125958327	49.800	770554 AR 0112_PR Rev App (Level).pdf
	770705 AR 01/12	Application/ Enrollment Form	Application for Individual Life Insurance	Initial		49.800	770705 AR 0112_PR Rev App (VSOP).pdf
	105366 US 01/12	Application/ Enrollment Form	Application Overflow Form	Revised	Replaced Form #: 105366 US 06/11 Previous Filing #: FRSS-127300950	58.300	105366 US 0112_Application Overflow Form.pdf

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ..... O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ..... O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ..... O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ..... O Yes O No
   c) Brain tumor or aneurysm? ..... O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ..... O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ..... O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

If a "Yes" answer in Section 2, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: O Proposed insured O Owner (if other than proposed insured) O Other (complete Payer ID Form)

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Check O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) (complete Payment Form) O Direct bill O Other (complete Payment Form)

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

6. 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.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust				
Street address			City	State	Zip code
Home phone #	Alternate phone/Cell #	E-mail Address (optional)		Social security/Tax ID #
Relationship to the proposed insured		If individual: Sex O Male O Female	Date of birth (mmm/dd/yyyy):	

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

X_____ Signed on: _____ Signed at: _____
Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

X_____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) — Date (mmm/dd/yyyy) — (City, State)

11. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded as shown and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? O Yes O No

Producer's full name: _____ Producer's signature: X _____

Producer number: _____ Date (mmm/dd/yyyy) _____

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

]

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

For a "Yes" answer, you may be asked to indicate what part of the question you are answering yes to.

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ..... O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ..... O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ..... O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ..... O Yes O No
   c) Brain tumor or aneurysm? ..... O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ..... O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ..... O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Do you currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than you, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For (Subject to state and product availability.)

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) O Direct bill O Other

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Even though first premium payment is authorized, provided or collected there is no conditional or temporary coverage in effect and Foresters shall have no liability except as stated in the Agreements section of this application.

6. Beneficiary Information (Each beneficiary below is revocable unless the word "irrevocable" appears next to the name of that beneficiary.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		**Relationship to proposed insured**	**% Share**
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Agreements

I, the proposed insured, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or my health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by me if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

8. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

9. Signature Section

X_____ Signed on: _____ Signed at: _____

Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

10. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? **O** Yes **O** No

Producer's full name: _____ Producer's signature: **X** _____

Producer number: _____ Date (mmm/dd/yyyy): _____

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road. Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 www.foresters.com

Foresters

]

Application Overflow Form

Overflow for the most recent application for individual life insurance in which the owner is applying for a PlanRight certificate on the life of the proposed insured.

Proposed Insured

First name: _____ Middle name: _____Last name: _____ Date of birth: _____
(mmm/dd/yyyy)

Beneficiary Information Section Overflow

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		
Address			
Name	Home phone #		
Address			
Name	Home phone #		
Address			
Name	Home phone #		
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		**Relationship to proposed insured**	**% Share**
Name	Home phone #		
Address			
Name	Home phone #		
Address			
Name	Home phone #		
Address			

Signature Section – Application Overflow Form

"Application" means the application identified in this Application Overflow Form ("Form").

I, the owner, by signing this Form, declare that 1) I have provided the statements, answers, and representations shown in this Form and they are full, complete and true. 2) I understand and agree that: (a) this Form is part of and subject to the Application; and (b) the information provided in this Form will be relied upon as evidence of insurability that will influence the assessment and acceptance of the Application by Foresters.

_____
Printed name of owner

_____
Printed name of producer

X _____
Signature of owner

X _____
Signature of producer

Signed on: _____
(mmm/dd/yyyy)

Signed on: _____
(mmm/dd/yyyy)

Signed at: _____
(City, State)

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR_Readable Score Certification.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status: **Status Date:**

Satisfied - Item: Supporting Documentation

Comments:

Attachments:

700701 US 0112_Notices (VSOP).pdf

770700 US 0112_Notices-770702 US 0112_Ack of 1st Prem.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

AR_Statement of Variability.pdf

Item Status: **Status Date:**

Satisfied - Item: Red-Lined Versions of Application

Comments:

SERFF Tracking Number:	*FRSS-127975439*	*State:*	*Arkansas*
Filing Company:	*The Independent Order of Foresters*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*PlanRight Application 2012-Level*		
Project Name/Number:	*/*		

Attachments:

770554 AR 0112_PR Rev RL App (Level).pdf

770705 AR 0112_Rev RL PR App (VSOP).pdf

Arkansas

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 Number to which Certification is Applicable:

Form	Form Number	Flesch Score
Application for Individual Life Insurance*	**770554 AR 01/12**	**49.8**
Application for Individual Life Insurance*	**770705 AR 01/12**	**49.8**
Application Overflow Form	**105366 US 01/12**	**58.3**

**Removed the following:*
Company Name: Foresters and Independent Order of Foresters
Defined words: Certificate (Defined in the contract to which this is attached.
Certain drugs and medical conditions:

- Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda
- Transient Ischemic Attack, brain tumor or aneurysm, complications of diabetes
- Parkinson's disease or Systemic Lupus
- Nephropathy, circulatory
- Angina (chest pain), heart attack, cardiomyopathy, heart or circulatory surgery
- Neuropathy, dementia, kidney dialysis

B. Test Option Selected

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

C. Standards for Certification
A checked block indicates the standard has been achieved.

☒ 1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
☒ 2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).

☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

☒ 4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.

☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

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

Steve Lintner

Digitally signed by Kerry Shields
DN: cn=Kerry Shields, o=Foresters, ou=Compliance, email=kshields@foresters.com, c=CA
Date: 2012.01.19 10:10:12 -05'00'

January 19, 2012

Steve Lintner
Director, Product Solutions

Date

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Notices (This page must be given to the proposed insured.)

For purposes of these Notices the following words are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Producer" means the licensed individual who signed that Application as the producer; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "You" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our US Mailing Address at PO Box 179 Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. -Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Foresters, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Website at www.mib.com.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Notices (This section must be given to the proposed insured.)

For purposes of these Notices the following words are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Producer" means the licensed individual who signed that Application as the producer; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "You" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our US Mailing Address at PO Box 179 Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. -Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Foresters, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Website at www.mib.com.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Acknowledgement Of First Premium (This section must be given to the owner.)

It is acknowledged that an amount of $_____ was provided to be applied as the first premium payment for the certificate issued, if any, in response to the Application for Individual Life insurance on the life of

_____.
Proposed insured's name.

This amount will be refunded, if collected by us, if no certificate is issued. The first premium amount may be adjusted based on the certificate type issued.

There is no conditional or temporary insurance coverage even though an amount was provided, or collected, as the first premium payment.

Insurance will only come into effect on the issue date of the certificate issued, if any, and subject to the terms of that certificate, provided a) that first premium payment is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date the application was signed and the issue date of that insurance contract.

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

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

The Independent Order of Foresters

Statement of Variability

Application for Individual Life Insurance
770554 AR 01/12
770705 AR 01/12

Page 1

1. Foresters head office and US mailing addresses, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.
2. The bar code is bracketed to allow for Foresters future implementation of an application tracking system for administrative purposes only.

Page 2

The bar code is bracketed to allow for Foresters future implementation of an application tracking system for administrative purposes only.

Page 3

The bar code is bracketed to allow for Foresters future implementation of an application tracking system for administrative purposes only.

Application Overflow Form
105366 US 01/12

Page 1

1. Foresters head office and US mailing addresses, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.
2. The bar code is bracketed to allow for Foresters future implementation of an application tracking system for administrative purposes only.

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ..... O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ..... O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ..... O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ..... O Yes O No
   c) Brain tumor or aneurysm? ..... O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ..... O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ..... O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

If a "Yes" answer in Section 2, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: O Proposed insured O Owner (if other than proposed insured) O Other (complete Payer ID Form)

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Check O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) (complete Payment Form) O Direct bill O Other (complete Payment Form)

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

6. 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.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust			
Street address	City	State	Zip code
Home phone # / Alternate phone/Cell #	E-mail Address (optional)	Social security/Tax ID #	
Relationship to the proposed insured	If individual: Sex O Male O Female	Date of birth (mmm/dd/yyyy):	

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. ~~Foresters may make a brief report to MIB, Inc. about me.~~ Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

X_____ Signed on: _____ Signed at: _____
Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

X_____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) — Date (mmm/dd/yyyy) — (City, State)

11. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded as shown and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? O Yes O No

Producer's full name: _____ Producer's signature: X _____

Producer number: _____ Date (mmm/dd/yyyy) _____

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

]

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

For a "Yes" answer, you may be asked to indicate what part of the question you are answering yes to.

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ..... O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ..... O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ..... O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ..... O Yes O No
   c) Brain tumor or aneurysm? ..... O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ..... O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ..... O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Do you currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than you, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For (Subject to state and product availability.)

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) O Direct bill O Other

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Even though first premium payment is authorized, provided or collected there is no conditional or temporary coverage in effect and Foresters shall have no liability except as stated in the Agreements section of this application.

6. Beneficiary Information (Each beneficiary below is revocable unless the word "irrevocable" appears next to the name of that beneficiary.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		**Relationship to proposed insured**	**% Share**
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Agreements

I, the proposed insured, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or my health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by me if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

8. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. ~~Foresters may make a brief report to MIB, Inc. about me.~~I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

9. Signature Section

X_____ Signed on: _____ Signed at: _____

Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

10. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? **O** Yes **O** No

Producer's full name: _____ Producer's signature: **X** _____

Producer number: _____ Date (mmm/dd/yyyy): _____

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)
01/19/2012	Form	Application for Individual Life Insurance	02/17/2012	770554 AR 0112_PlanRight Application (Level).pdf (Superceded)
01/19/2012	Form	Application for Individual Life Insurance	02/17/2012	770705 AR 0112_PlanRight Application (VSOP).pdf (Superceded)

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ……..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?.....… O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ……..…….…… O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ……...……..……...……..… O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ……..…… O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? …… O Yes O No
   c) Brain tumor or aneurysm? ……..…… O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ……..…… O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ……. O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

If a "Yes" answer in Section 2, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: O Proposed insured O Owner (if other than proposed insured) O Other (complete Payer ID Form)

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Check O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) (complete Payment Form) O Direct bill O Other (complete Payment Form)

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

6. 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.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution, or Trust				
Street address			City	State	Zip code
Home phone #	Alternate phone/Cell #	E-mail Address (optional)		Social security/Tax ID #
Relationship to the proposed insured		If individual: Sex O Male O Female	Date of birth (mmm/dd/yyyy):	

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Foresters may make a brief report to MIB, Inc. about me. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

10. Signature Section (For purposes of sections 1 to 9. Review entire Application before signing.)

X_____ Signed on: _____ Signed at: _____
Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

X_____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) — Date (mmm/dd/yyyy) — (City, State)

11. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded as shown and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? O Yes O No

Producer's full name: _____ Producer's signature: X _____

Producer number: _____ Date (mmm/dd/yyyy) _____

The Independent Order of Foresters ("Foresters") - **A Fraternal Benefit Society.**
[789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters

]

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)

First name	Middle name	Last name

Street address	City	State	Zip code	E-mail Address (optional)

Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	Social security #

Sex	Height / Weight	Used tobacco or nicotine in any form within the past 12 months?	Foresters member?
O Male O Female	/	O Yes O No	O Yes O No, applying for membership.

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

For a "Yes" answer, you may be asked to indicate what part of the question you are answering yes to.

1. Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? ..... O Yes O No
2. Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?..... O Yes O No
3. Within the past 12 months, have you:
   a) Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? ..... O Yes O No
   b) Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?..... O Yes O No
4. Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? ..... O Yes O No
5. Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? ..... O Yes O No
   b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? ..... O Yes O No
   c) Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? ... O Yes O No
6. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? ..... O Yes O No
7. Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:
   a) Alcohol or drug abuse, or have you used illegal drugs? ..... O Yes O No
   b) Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? ..... O Yes O No
8. Within the past 2 years have you had, or been diagnosed with:
   a) Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? ..... O Yes O No
   b) Stroke or Transient Ischemic Attack (TIA/mini-stroke)? ..... O Yes O No
   c) Brain tumor or aneurysm? ..... O Yes O No
9. Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? ..... O Yes O No
10. Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:
    a) Parkinson's disease or Systemic Lupus (SLE)? ..... O Yes O No
    b) Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? ..... O Yes O No
    c) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? ..... O Yes O No

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters"), a fraternal benefit society, Toronto, Canada M3C 1T9.

3. Other Insurance and Financial Questions

Do you currently have any life insurance or an annuity in force? ..... O Yes O No

Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? ..... O Yes O No

Is there an intention that a person or entity, other than you, will obtain a right, title, or interest in a certificate issued (including possible assignment)? ..... O Yes O No

4. Insurance Applied For (Subject to state and product availability.)

Certificate type: O Foresters PlanRight (With a level death benefit)

Insurance Amount: $ _____ **Premium Amount:** (based on payment mode) $ _____

Additional coverage: O Accidental Death Rider $ _____

O Other _____

Automatic premium loan provision elected? *("Yes" or "No" must be indicated)*..... O Yes O No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

First premium payment provided by: O Pre-Authorized Check (PAC) (complete Payment Form) O Other (complete Payment Form)

Subsequent premium payments made by: O Pre-Authorized Check (PAC) O Direct bill O Other

Payment mode: O Monthly (PAC only) O Quarterly O Semi-annually O Annually

Is a specific draft date being requested? O No
O Yes, draft on the ____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Even though first premium payment is authorized, provided or collected there is no conditional or temporary coverage in effect and Foresters shall have no liability except as stated in the Agreements section of this application.

6. Beneficiary Information (Each beneficiary below is revocable unless the word "irrevocable" appears next to the name of that beneficiary.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Home phone #		Total
Address			
Name	Home phone #		must equal
Address			
Name	Home phone #		100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		**Relationship to proposed insured**	**% Share**
Name	Home phone #		Total must
Address			
Name	Home phone #		equal 100%
Address			

7. Agreements

I, the proposed insured, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or my health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by me if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

8. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Foresters may make a brief report to MIB, Inc. about me. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

9. Signature Section

X_____ Signed on: _____ Signed at: _____

Proposed Insured's signature — Date (mmm/dd/yyyy) — (City, State)

10. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? **O** Yes **O** No

Producer's full name: _____ Producer's signature: **X** _____

Producer number: _____ Date (mmm/dd/yyyy): _____