

SERFF Tracking Number: FRSS-127841350 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: Paid-Up Additions Riders and Product Details Page
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Paid-Up Additions Riders and SERFF Tr Num: FRSS-127841350 State: Arkansas

Product Details Page

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jennifer Daigle, Kerry

Disposition Date: 05/08/2012

Shields, Tamara Kozma, Gita

Lakhan, Art Vikari, Gale Mcinally

Date Submitted: 05/01/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/08/2012

Deemer Date:

State Status Changed: 05/08/2012

Submitted By: Tamara Kozma

Created By: Kerry Shields

Filing Description:

Corresponding Filing Tracking Number:

RE: The Independent Order of Foresters

NAIC #763-58068; FEIN: 980000680

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Product Name: Paid-Up Additions Riders and Product Details Page
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Product Type: Whole Insurance Life Insurance Riders
Term Rider
Single Payment Paid-up Additions Rider
Flexible Payment Paid-up Additions Rider

Forms Submitted for Approval:

FORM NO. Description Prior approval date and tracking ID
WL-TR-AR01-2012 Term Rider None
WL-SPUAR-AR01-2012 Single Payment Paid-Up Additions Rider None
WL-FPUAR-AR01-2012 Flexible Payment Paid-Up Additions Rider None
770685 US 02/12 Product Details Page June 20, 2011; FRSS-127024155

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

The submitted optional riders will be offered on our previously approved Whole Life product suite - 20 Pay Life and Life Paid-up at 100, approved June 20, 2011, SERFF # FRSS-127024155, and will be incorporated into that product's certificate data pages. In addition they may, when appropriate, be offered as an attachment to other products approved in the future.

The target market is the same as the base product to which the riders are attached. The base product and riders will be offered through licensed independent distributors. They will be issued on a sex-distinct basis and will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

WL-TR-AR01-2012: This term rider provides a level death benefit for the duration of the rider. Premiums are level for the initial term period. After the initial term period, the rider renews yearly and premiums increase annually until rider termination or expiry. The initial term periods offered are 10 or 20 years. If 10 years is selected, the rider expires at the later of 20 years from issue, or the rider anniversary when the insured is age 65. If 20 years is selected, the rider expires at the later of 30 years from issue, or the rider anniversary when the insured is age 75. Current minimum and maximum issue ages and benefit amounts are specified in the accompanying memorandum. Riders are subject to medical and non-medical underwriting.

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WL-SPUAR-AR01-2012 and WL-FPUAR-AR01-2012: The Single Payment Paid-up Additions Rider and Flexible Paid-up Additions Rider offer the certificate owner the opportunity to purchase paid-up life insurance benefits that provide a guaranteed level death benefit to age 121, subject to underwriting approval. A payment load is charged for each payment made. Availability is subject to medical underwriting approval. The single payment version provides for a single payment and the flexible payment rider allows for an unlimited, subject to stated minimum and maximum amounts, number of payments. The amount of the insurance purchased will be calculated using the net single premium based on the insured's attained age when the payment is made. The paid-up additions riders are only available on a standard basis. Current available age ranges, maximum age at which payments can be made, minimum and maximum payment amounts and the payment load are specified in the accompanying memorandums.

770685 US 02/12: This 'Product Details Page' replaces form 770685 US 04/11 previously approved June 20, 2011, SERFF # FRSS-127024155. The form has been updated to allow selection of the new riders. As with the prior version, this form will be combined with our Application for Individual Life Insurance, Form # 770630 US 02/10, approved June 14, 2010, under the filing #FRSS 126516328. The entire application package is used for various life products offered by Foresters. The previously approved base life application form includes underwriting questions applicable to the certificate, general information regarding the proposed insured and owner, and the appropriate replacement questions and fraud warnings.

Foresters is changing the base product name to 'Foresters Advantage Plus' for certificates issued on a go forward basis, upon implementation. The product name had been identified as variable and was included within our Statement of Variability (SOV) in the original product filing in anticipation of this type of change. The enclosed SOV is updated to reflect the new name in addition to the updates required as a result of the new riders.

Enclosed please find:

- A final copy of all forms submitted for approval.
- Sample John Doe Certificate Data Pages for the base product with the new riders included.
- Revised Statement of Variability for the base product's Certificate Data Pages
- Statement of Variability for forms filed for approval
- Actuarial memorandums for the riders.
- Term Rider premium rates
- Officer certifications for various items.

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 size.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000,

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Project Name/Number: /
ext. 4066 or email kshields@foresters.com

Sincerely,

Kerry Shields
Compliance Analyst

State Narrative:

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
Toronto, ON M3C 1T9 Group Name: Society
(416) 429-3000 ext. [Phone] FEIN Number: 98-0000680 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$200.00	05/01/2012	58820644

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/08/2012	05/08/2012

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Disposition

Disposition Date: 05/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandums		No
Supporting Document	Certification for Reg 19		Yes
Supporting Document	Consent to Submit Rates Certification		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Sample John Doe Certificate Data Pages		Yes
Form	Term Rider		Yes
Form	Single Payment Paid-Up Additions Rider		Yes
Form	Flexible Payment Paid-Up Additions Rider		Yes
Form	Product Details Page		Yes
Rate	Term Rider Premium Rates		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WL-TR-AR01-2012	Certificate	Term Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.700	WL-TR-AR01-2012.pdf
	WL-SPUAR-AR01-2012	Certificate	Single Payment Amendmen t, Insert Rider Page, Endorseme nt or Rider	Initial		52.300	WL-SPUAR-AR01-2012.pdf
	WL-FPUAR-AR01-2012	Certificate	Flexible Payment Amendmen t, Insert Rider Page, Endorseme nt or Rider	Initial		51.000	WL-FPUAR-AR01-2012.pdf
	770685 US 02/12	Application/ Enrollment Form	Product Details Page Revised		Replaced Form #: 770685 US 04/11 Previous Filing #: FRSS-127024155	55.200	770685 US 0212_Product Details Page.pdf

The Independent Order Of Foresters ('Foresters')

Term Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the death of the insured. Guaranteed level premiums during the initial term period. Annually renewable, with increasing premiums, during the renewal period. Right of conversion during the conversion period.

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

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

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

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

When This Rider Comes Into Effect

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

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

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

End of Rider

This rider ends on the earliest of the following dates:

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

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

Benefit

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

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

Paying Premiums

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

During the initial term period, the required premiums for this rider are level. During the renewal period the required premiums for this rider increase on each renewal date.

Renewal

After the initial term period this rider will automatically renew, without evidence of insurability, on each renewal date. To automatically renew on a renewal date, this rider must be in effect at midnight on the day before that renewal date and the total premium payable on that renewal date must be paid during the lifetime of the insured and no later than 31 days after that premium is due, based on the payment mode in effect. That total premium payable will include the renewal premium payable for this rider on that renewal date. Renewal premiums and renewal dates for this rider are shown in the *Renewal Premium Schedule*. A total premium is due as described in the *Premiums* provision of the certificate, subject to the *Grace Period* provision of the certificate.

If this rider is not renewed it will no longer be in effect, which means that our liability ends and no benefit would be paid under this rider.

If the insured meets the requirements, as described in a rider, for the waiver of the total premium payable on a renewal date, this rider will renew as described in this provision. No total premium is required for the period of time during the certificate year following the renewal date in which the conditions for the waiver continue to be met as described in that rider. Renewal will not interrupt the waiver if entitlement to that benefit continues as described in that rider.

Conversion

This rider may be converted to a new certificate on the life of the insured as described in this provision.

We must receive the request to convert during the conversion period and while this rider is in effect. We will not require evidence of insurability to convert this rider.

The new certificate will:

1. Be in the same rating class and insurance class as this rider. If either class is not available, the new certificate will be in the next less favorable classes available on the conversion date.
2. Be issued on a permanent life insurance plan that we are then offering for conversion from this rider.
3. Be at our premium rates in use on the conversion date.
4. Be for an amount of insurance less than or equal to the benefit amount subject to our minimum certificate requirements in effect on the conversion date.
5. Be issued at the age, as defined in the new certificate, of the insured on the conversion date.
6. Not invoke new suicide and contestability periods.

The conversion date is the date of issue of the new certificate.

If this rider is converted, this rider will end. See the *End of Rider* provision.

The addition of supplemental benefits to the new certificate will be subject to our consent and evidence of insurability which meets our standards.

Suicide

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

Incontestability

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

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

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

Reinstatement

During the initial term period you may reinstate this rider on the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate.

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

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



[
] **Executive Secretary**



[
] **International Fraternal President**

This is the last page of this Term Rider.

The Independent Order Of Foresters ('Foresters')

Single Payment Paid-up Additions Rider

Provides, subject to the provisions of the entire contract, the opportunity for the owner to purchase paid-up additional insurance on the life of the insured.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The minimum payment amount, maximum payment amount, payment expense charge, *Table of Net Single Premium Rates* and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The effective date, minimum payment amount, maximum payment amount, payment expense charge, *Table of Net Single Premium Rates* and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Single Payment Paid-up Additions Rider".

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

Definitions

For purposes of this rider:

Rider anniversary - The same month and day as the date this rider came into effect for each calendar year following that day, while this rider is in effect.

When This Rider Comes Into Effect

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

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the effective date for this rider provided that the insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date that we approve, as shown in our records, the addition of this rider to the certificate.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The first day following the end of a grace period, as described in the *Grace Period* provision of the certificate, if the overdue total premium was, during that grace period, either not paid or it was paid under the *Automatic Premium Loan* provision of the certificate.
- The day that we accept a payment under this rider.
- The day this rider terminates as described in the *Termination* provision.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore we are not obligated to accept a payment under this rider.

Termination

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

Paying Premiums

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

Benefit

Subject to the provisions of the entire contract, you may, while this rider is in effect, make a payment under this rider to purchase paid-up additional insurance on the life of the insured.

Payment

A payment accepted under this rider is not part of, but is in addition to, the total premium due under the certificate. If an amount is received by us under the insurance contract while the certificate is in a grace period, we will apply that amount as premium, to pay as much of the overdue total premium as possible, and the balance, if any, will be a payment amount received under this rider.

We will have no liability with respect to a payment amount that is received under this rider but not accepted by us, other than to refund it.

A payment amount received under this rider will automatically be accepted by us under this rider, without evidence of insurability of the insured, if it meets each of the following:

- Is received while this rider is in effect.
- Is not less than the minimum payment amount.
- Is not more than the maximum payment amount.

A payment amount, that is other than as described in the immediately preceding paragraph, may be accepted by us under this rider, subject to satisfactory evidence of insurability of the insured, if requested by us, and our business rules in effect at that time.

Net Payment

The net payment is the payment amount that we accept under this rider minus the payment expense charge.

Paid-up Additional Insurance

The net payment will be applied as premium to purchase paid-up additional insurance effective as of the date, as shown in our records, that we accepted it. No further premium is required for this purchased paid-up additional insurance.

The amount of paid-up additional insurance that the net payment will purchase will be calculated on the date that we accept the payment and will be equal to the net payment divided by the net single premium rate for that date. The present value of the paid-up additional insurance, purchased under this rider and in effect on the date of calculation, will be the amount of that paid-up additional insurance multiplied by the net single premium rate for that date.

While in effect, the paid-up additional insurance purchased under this rider will:

- Add to the certificate's death benefit, as described in the *Amount of Death Benefit* provision of the certificate.
- Add to the cash surrender value of the certificate, as described in the *Cash Surrender Value* provision of the certificate. When added, the present value of the paid-up additional insurance will increase the maximum loan amount available through a requested loan or an automatic premium loan as described in the *Loans* provision of the certificate.

All or a portion of the paid-up additional insurance purchased under this rider that is in effect can be surrendered for its present value. Each partial surrender must be for at least \$500.00 of present value.

Net Single Premium Rates

The net single premium rate for the date this rider came into effect and for each rider anniversary is shown in the *Table of Net Single Premium Rates*. The net single premium rate for a date other than the date this rider came into effect or a rider anniversary will be determined using linear interpolation.

Dividends on Paid-up Additional Insurance

Paid-up additional insurance purchased under this rider is eligible to participate in our divisible surplus as described in the *Dividends* provision of the certificate. Dividends, if any, paid on the paid-up additional insurance, will be applied under the dividend option in effect for the certificate on the date that they are paid.

Basis of Computation of Values

The net single premium rates, used to determine the amount and the present value of the paid-up additional insurance purchased under this rider, are based on the 2001 CSO age nearest birthday, sex distinct, smoker distinct ultimate mortality table (composite rates used for issue ages 0-15) and the nonforfeiture interest rate shown in the *Table of Net Single Premium Rates*.

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

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

The reserves are not less than the minimum reserves required by the insurance laws of the state governing.

Suicide

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the date this rider came into effect, the paid-up additional insurance, purchased under this rider that is in effect on the date of death of the insured, will be cancelled. Our liability will be limited to the amount of the payment accepted for that paid-up additional insurance minus the amount of the debt.

Misstatement of Age or Sex

If the age or sex of the insured is misstated, the net single premium rates shown in the *Table of Net Single Premium Rates* provided to you with this rider will be invalid. The amount of paid-up additional insurance purchased under this rider that is in effect, if any, will be adjusted either upward or downward. The revised amount will be the amount which the net payment for that paid-up additional insurance would have purchased, according to the net single premium rates, in effect for this rider on the date this rider came into effect, for the correct age and sex of the insured.

Incontestability

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

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

Similarly, statements made in evidence of insurability required by us to accept a payment under this rider will be incontestable two years after the date we accepted that payment.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

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



[
] **Executive Secretary**



[
] **International Fraternal President**

This is the last page of this Single Payment Paid-up Additions Rider.

The Independent Order Of Foresters ('Foresters')

Flexible Payment Paid-up Additions Rider

Provides, subject to the provisions of the entire contract, the opportunity for the owner to purchase paid-up additional insurance on the life of the insured.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The maximum annual payment amount on the day this rider comes into effect, minimum payment amount, maximum lifetime payment amount, payment expense charge, *Table of Net Single Premium Rates* and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The maximum annual payment amount on the day this rider comes into effect, effective date, minimum payment amount, maximum lifetime payment amount, payment expense charge, *Table of Net Single Premium Rates* and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Flexible Payment Paid-up Additions Rider".

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

Definitions

For purposes of this rider:

Rider anniversary - The same month and day as the date this rider came into effect for each calendar year following that day, while this rider is in effect.

Rider year - The first day of the first rider year is the day this rider came into effect and the last day is the day before the first rider anniversary. For every other rider year, the first day of a rider year is a rider anniversary and the last day is the day before the next rider anniversary.

When This Rider Comes Into Effect

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

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the effective date for this rider provided that the insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date that we approve, as shown in our records, the addition of this rider to the certificate.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The first day following the end of a grace period, as described in the *Grace Period* provision of the certificate, if the overdue total premium was, during that grace period, either not paid or it was paid under the *Automatic Premium Loan* provision of the certificate.
- The day this rider terminates as described in the *Termination* provision.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore we are not obligated to accept a payment under this rider.

Termination

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

Paying Premiums

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

Benefit

Subject to the provisions of the entire contract, you may, while this rider is in effect, make payments under this rider to purchase paid-up additional insurance on the life of the insured.

Payments

Each payment accepted under this rider is not part of, but is in addition to, the total premium due under the certificate. If an amount is received by us under the insurance contract while the certificate is in a grace period, we will apply that amount as premium, to pay as much of the overdue total premium as possible, and the balance, if any, will be a payment amount received under this rider.

We will have no liability with respect to a payment amount that is received under this rider but not accepted by us, other than to refund it.

A payment amount received under this rider will automatically be accepted by us under this rider, without evidence of insurability of the insured, if it meets each of the following:

- Is received while this rider is in effect.
- Is not less than the minimum payment amount.
- When added to the total of the payment amount(s), accepted under this rider during the then current rider year, does not exceed the maximum annual payment amount in effect on the date that payment is received.
- When added to the total of the payment amount(s) accepted, under each insurance contract issued by us providing the opportunity to purchase paid-up additional insurance on the life of the insured, does not exceed the maximum lifetime payment amount.

A payment amount, that is other than as described in the immediately preceding paragraph, may be accepted by us under this rider, subject to satisfactory evidence of insurability of the insured, if requested by us, and our business rules in effect at that time.

Maximum Annual Payment

The maximum annual payment amount on the day this rider came into effect applies for the first ten rider years.

If the total of the payment amount(s) accepted under this rider during the first ten certificate years is less than the maximum annual payment amount on the day this rider came into effect multiplied by ten, then the maximum annual payment amount will be reduced. The reduced maximum annual payment amount will be equal to the total of the payment amount(s) accepted under this rider during the first ten certificate years divided by ten. The reduced maximum annual payment amount will be effective from the tenth rider anniversary.

If the maximum annual payment amount is not reduced, as described in the immediately preceding paragraph, then the maximum annual payment amount on the day this rider came into effect will continue to apply.

Net Payments

A net payment is a payment amount that we accept under this rider minus the payment expense charge.

Paid-up Additional Insurance

Each net payment will be applied as premium to purchase paid-up additional insurance effective as of the date, as shown in our records, that we accepted it. No further premium is required for this purchased paid-up additional insurance.

The amount of paid-up additional insurance that each net payment will purchase will be calculated on the date that we accept the payment and will be equal to the net payment divided by the net single premium rate for that date. The present value of the paid-up additional insurance, purchased under this rider and in effect on the date of calculation, will be the amount of that paid-up additional insurance multiplied by the net single premium rate for that date.

While in effect, the paid-up additional insurance purchased under this rider will:

- Add to the certificate's death benefit, as described in the *Amount of Death Benefit* provision of the certificate.
- Add to the cash surrender value of the certificate, as described in the *Cash Surrender Value* provision of the certificate. When added, the present value of this paid-up additional insurance will increase the maximum loan amount available through a requested loan or an automatic premium loan as described in the *Loans* provision of the certificate.

All or a portion of the paid-up additional insurance purchased under this rider that is in effect can be surrendered for its present value. Each partial surrender must be for at least \$500.00 of present value.

Net Single Premium Rates

The net single premium rate for the date this rider came into effect and for each rider anniversary is shown in the *Table of Net Single Premium Rates*. The net single premium rate for a date other than the date this rider came into effect or a rider anniversary will be determined using linear interpolation.

Dividends on Paid-up Additional Insurance

Paid-up additional insurance purchased under this rider is eligible to participate in our divisible surplus as described in the *Dividends* provision of the certificate. Dividends, if any, paid on the paid-up additional insurance, will be applied under the dividend option in effect for the certificate on the date that they are paid.

Basis of Computation of Values

The net single premium rates, used to determine the amount and the present value of the paid-up additional insurance purchased under this rider, are based on the 2001 CSO age nearest birthday, sex distinct, smoker distinct ultimate mortality table (composite rates used for issue ages 0-15) and the nonforfeiture interest rate shown in the *Table of Net Single Premium Rates*.

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

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

The reserves are not less than the minimum reserves required by the insurance laws of the state governing.

Suicide

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the date this rider came into effect, the paid-up additional insurance, purchased under this rider that is in effect on the date of death of the insured, will be cancelled. Our liability will be limited to the sum of the payments accepted for that paid-up additional insurance minus the amount of the debt.

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the date that we accepted a payment amount subject to satisfactory evidence of insurability of the insured, the paid-up additional insurance, purchased by that payment amount that is in effect on the date of death of the insured, will be cancelled. Our liability will be limited to the payment amount accepted for that paid-up additional insurance minus the amount of the debt.

Misstatement of Age or Sex

If the age or sex of the insured is misstated, the net single premium rates shown in the *Table of Net Single Premium Rates* provided to you with this rider will be invalid. The amount of paid-up additional insurance purchased under this rider that is in effect, if any, will be adjusted either upward or downward. The revised amount will be the amount which the net payments for that paid-up additional insurance would have purchased, according to the net single premium rates, in effect for this rider on the date this rider came into effect, for the correct age and sex of the insured.

Reinstatement

You may reinstate this rider on the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate.

Incontestability

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

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

Similarly, statements made in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement and statements made in evidence of insurability required by us to accept a payment under this rider will be incontestable two years after the date we accepted that payment.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

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

[]

Executive Secretary

[]

International Fraternal President

This is the last page of this Flexible Payment Paid-up Additions Rider.

The Independent Order of Foresters ("Foresters")

Product Details (Complete and submit only if applying for whole life insurance.)

Proposed Insured		
First name: _____	Middle name: _____	Last name: _____

Advantage Plus Whole Life

Amount of life insurance applied for on the proposed insured: \$ _____	Plan Type: <input type="radio"/> Paid-up at 100 <input type="radio"/> 20 Pay
Dividend Option: <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums	
Automatic premium loan provision elected? ("Yes" or "No" must be indicated) <input type="radio"/> Yes <input type="radio"/> 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 provisions will automatically apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.	

Riders (Subject to state and product availability.)		
<input type="radio"/> Accidental death: \$ _____	<input type="radio"/> Children's term: \$ _____	<input type="radio"/> Disability income (accident only): \$ _____
<input type="radio"/> Guaranteed insurability	Term: <input type="radio"/> 10 Year <input type="radio"/> 20 Year \$ _____	<input type="radio"/> Waiver of premium
<input type="radio"/> Flexible payment paid-up additions Maximum annual payment amount: \$ _____ Planned payment amount (by mode): \$ _____ <small>(must be the same mode as premiums for certificate)</small> The planned payment amount will be added to the total premium for the certificate and rider(s), if any, to determine the amount of each billing, if direct bill, or of each draft, if PAC or another automatic payment option, is elected for payment of premium.	<input type="radio"/> Single payment paid-up additions Planned payment amount: \$ _____ Payment method: <input type="radio"/> Check <input type="radio"/> PAC (planned payment amount will be added to the amount to be drafted as first premium payment). <input type="radio"/> Transfer <input type="radio"/> Other _____ Source of payment: _____	
<input type="radio"/> Other rider(s): _____		

Complete if the proposed insured is a juvenile.	
a) State amount of life insurance on primary caregiver:	\$ _____
b) Are all brothers and sisters insured for the same amount? If "No", state amount and reason in the Remarks section below.	<input type="radio"/> Yes <input type="radio"/> No
c) Does the child live with the owner? If "No", provide reason in the Remarks section below.	<input type="radio"/> Yes <input type="radio"/> No

Remarks:
There may be additional Disclosure forms required. Check the State requirements as these forms would need to be completed before the certificate can be issued.

This form is part of the Application for Individual Life Insurance.

SERFF Tracking Number: FRSS-127841350 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: Paid-Up Additions Riders and Product Details Page
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Term Rider Premium Rates	WL-TR-AR01-2012, WL-US01-2011	New		Term Rider Rates.pdf

The Independent Order of Foresters (Foresters)

NAIC # 763-58068

Form # WL-TR-AR01-2012

Term Rider - T10

ANNUAL INITIAL PREMIUM RATES PER \$1,000 - MALE															ANNUAL INITIAL PREMIUM RATES PER \$1,000 - FEMALE														
	SI		UW B1						UW B2						SI	UW B1						UW B2							
	ST NS	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM		ST NS	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM
18	1.45	1.89	0.57	0.61	0.65	0.69	1.08	1.25	0.52	0.57	0.64	0.68	1.07	1.24	1.24	1.67	0.50	0.54	0.55	0.59	0.78	0.90	0.48	0.53	0.54	0.58	0.78	0.89	
19	1.47	1.91	0.57	0.61	0.65	0.69	1.09	1.27	0.53	0.58	0.65	0.69	1.08	1.25	1.26	1.68	0.50	0.54	0.55	0.59	0.79	0.91	0.49	0.54	0.55	0.59	0.78	0.90	
20	1.48	1.93	0.58	0.62	0.66	0.70	1.10	1.28	0.53	0.58	0.65	0.69	1.09	1.27	1.27	1.70	0.51	0.55	0.56	0.60	0.80	0.92	0.49	0.54	0.55	0.59	0.79	0.91	
21	1.48	1.93	0.58	0.63	0.67	0.72	1.11	1.29	0.54	0.59	0.66	0.71	1.10	1.27	1.28	1.71	0.51	0.55	0.56	0.61	0.81	0.93	0.50	0.55	0.56	0.60	0.80	0.92	
22	1.49	1.94	0.59	0.63	0.68	0.74	1.12	1.29	0.54	0.60	0.67	0.73	1.11	1.28	1.28	1.72	0.52	0.55	0.57	0.62	0.82	0.94	0.50	0.55	0.56	0.61	0.81	0.93	
23	1.49	1.94	0.59	0.64	0.68	0.76	1.13	1.30	0.55	0.60	0.68	0.75	1.12	1.29	1.29	1.73	0.52	0.55	0.57	0.63	0.83	0.95	0.51	0.55	0.57	0.62	0.82	0.94	
24	1.50	1.95	0.60	0.64	0.69	0.78	1.14	1.30	0.55	0.61	0.69	0.77	1.13	1.29	1.29	1.74	0.52	0.55	0.58	0.64	0.84	0.96	0.51	0.55	0.57	0.63	0.83	0.94	
25	1.50	1.95	0.60	0.65	0.70	0.80	1.15	1.31	0.56	0.62	0.69	0.79	1.14	1.30	1.30	1.74	0.52	0.56	0.58	0.65	0.85	0.97	0.52	0.55	0.57	0.64	0.84	0.96	
26	1.51	1.99	0.61	0.66	0.71	0.81	1.15	1.32	0.56	0.62	0.70	0.80	1.14	1.30	1.30	1.77	0.53	0.56	0.59	0.66	0.86	0.99	0.52	0.55	0.58	0.65	0.85	0.98	
27	1.51	2.03	0.61	0.67	0.72	0.81	1.15	1.32	0.57	0.63	0.71	0.81	1.14	1.31	1.30	1.79	0.53	0.57	0.59	0.67	0.87	1.00	0.52	0.56	0.59	0.66	0.86	0.99	
28	1.52	2.07	0.62	0.68	0.73	0.82	1.16	1.33	0.57	0.63	0.73	0.81	1.14	1.32	1.31	1.82	0.53	0.57	0.60	0.68	0.88	1.02	0.52	0.56	0.59	0.67	0.87	1.01	
29	1.52	2.11	0.62	0.69	0.74	0.83	1.16	1.34	0.58	0.64	0.74	0.82	1.15	1.32	1.31	1.84	0.53	0.58	0.60	0.69	0.89	1.03	0.52	0.57	0.60	0.68	0.88	1.02	
30	1.53	2.15	0.63	0.70	0.75	0.83	1.16	1.34	0.58	0.65	0.75	0.83	1.15	1.33	1.31	1.86	0.53	0.58	0.61	0.69	0.90	1.05	0.52	0.58	0.61	0.69	0.89	1.04	
31	1.56	2.25	0.63	0.71	0.77	0.86	1.22	1.43	0.59	0.65	0.76	0.85	1.21	1.41	1.34	1.94	0.55	0.60	0.63	0.72	0.94	1.11	0.52	0.59	0.63	0.71	0.93	1.10	
32	1.59	2.35	0.64	0.72	0.79	0.89	1.28	1.51	0.59	0.66	0.78	0.88	1.27	1.49	1.36	2.01	0.56	0.62	0.65	0.75	0.98	1.17	0.52	0.61	0.65	0.74	0.97	1.15	
33	1.63	2.46	0.64	0.73	0.81	0.91	1.34	1.59	0.59	0.66	0.80	0.90	1.33	1.58	1.39	2.08	0.57	0.64	0.68	0.78	1.02	1.23	0.52	0.62	0.67	0.77	1.01	1.21	
34	1.66	2.56	0.64	0.75	0.82	0.94	1.40	1.68	0.59	0.67	0.82	0.93	1.39	1.66	1.42	2.15	0.59	0.65	0.70	0.80	1.06	1.29	0.52	0.64	0.69	0.79	1.05	1.27	
35	1.69	2.66	0.65	0.76	0.84	0.96	1.46	1.76	0.60	0.67	0.83	0.95	1.45	1.74	1.44	2.22	0.60	0.67	0.72	0.83	1.10	1.34	0.52	0.65	0.71	0.82	1.09	1.33	
36	1.77	2.86	0.67	0.79	0.89	1.02	1.59	1.93	0.63	0.72	0.88	1.01	1.57	1.91	1.50	2.36	0.62	0.70	0.75	0.88	1.18	1.46	0.56	0.67	0.75	0.87	1.17	1.45	
37	1.85	3.07	0.70	0.83	0.93	1.08	1.72	2.09	0.66	0.77	0.92	1.07	1.70	2.07	1.55	2.50	0.65	0.73	0.79	0.93	1.26	1.57	0.60	0.70	0.78	0.92	1.25	1.56	
38	1.92	3.27	0.72	0.86	0.98	1.15	1.84	2.26	0.70	0.81	0.97	1.13	1.82	2.24	1.60	2.63	0.67	0.76	0.83	0.97	1.34	1.69	0.63	0.72	0.82	0.97	1.33	1.67	
39	2.00	3.47	0.75	0.90	1.03	1.21	1.97	2.43	0.73	0.86	1.02	1.19	1.95	2.40	1.65	2.77	0.69	0.79	0.86	1.02	1.42	1.81	0.67	0.74	0.85	1.01	1.41	1.79	
40	2.08	3.68	0.77	0.93	1.07	1.27	2.09	2.59	0.76	0.91	1.06	1.26	2.07	2.57	1.71	2.91	0.71	0.82	0.90	1.07	1.51	1.92	0.71	0.76	0.89	1.06	1.49	1.90	
41	2.20	3.99	0.81	0.99	1.14	1.36	2.30	2.87	0.81	0.97	1.13	1.35	2.28	2.84	1.79	3.17	0.75	0.86	0.95	1.14	1.66	2.13	0.74	0.81	0.94	1.13	1.64	2.11	
42	2.32	4.31	0.86	1.05	1.21	1.46	2.51	3.14	0.85	1.03	1.20	1.45	2.48	3.11	1.88	3.43	0.79	0.91	1.00	1.22	1.81	2.34	0.78	0.86	0.99	1.20	1.79	2.32	
43	2.44	4.63	0.90	1.11	1.28	1.56	2.72	3.41	0.89	1.09	1.27	1.54	2.69	3.38	1.96	3.69	0.82	0.95	1.06	1.29	1.96	2.56	0.81	0.91	1.05	1.28	1.94	2.53	
44	2.57	4.94	0.94	1.16	1.36	1.65	2.93	3.69	0.93	1.15	1.34	1.64	2.90	3.65	2.05	3.95	0.86	1.00	1.11	1.36	2.11	2.77	0.84	0.95	1.10	1.35	2.09	2.74	
45	2.69	5.26	0.98	1.22	1.43	1.75	3.13	3.96	0.98	1.21	1.41	1.73	3.10	3.92	2.13	4.22	0.90	1.04	1.16	1.43	2.26	2.98	0.88	1.00	1.15	1.42	2.24	2.95	
46	2.89	5.80	1.06	1.32	1.55	1.91	3.49	4.41	1.05	1.31	1.53	1.89	3.45	4.36	2.27	4.61	0.95	1.11	1.24	1.54	2.51	3.31	0.94	1.07	1.23	1.52	2.49	3.28	
47	3.10	6.33	1.14	1.42	1.67	2.06	3.84	4.86	1.13	1.40	1.65	2.04	3.80	4.81	2.41	5.01	1.01	1.18	1.32	1.64	2.76	3.64	0.99	1.15	1.31	1.63	2.73	3.61	
48	3.30	6.87	1.22	1.52	1.79	2.22	4.20	5.30	1.21	1.50	1.77	2.20	4.16	5.25	2.55	5.41	1.07	1.24	1.40	1.75	3.01	3.98	1.05	1.22	1.39	1.73	2.98	3.94	
49	3.50	7.41	1.30	1.62	1.91	2.38	4.55	5.75	1.29	1.60	1.89	2.35	4.51	5.70	2.70	5.81	1.12	1.31	1.48	1.86	3.26	4.31	1.11	1.29	1.46	1.84	3.23	4.26	
50	3.71	7.95	1.38	1.72	2.03	2.54	4.91	6.20	1.37	1.70	2.01	2.51	4.86	6.14	2.84	6.21	1.18	1.38	1.56	1.96	3.51	4.64	1.17	1.37	1.54	1.94	3.47	4.59	
51	4.06	8.82	1.52	1.89	2.23	2.80	5.49	6.92	1.50	1.87	2.21	2.77	5.44	6.85	3.04	6.77	1.27	1.48	1.68	2.12	3.88	5.14	1.25	1.47	1.66	2.10	3.85	5.09	
52	4.42	9.69	1.66	2.05	2.43	3.06	6.08	7.63	1.64	2.03	2.41	3.03	6.02	7.56	3.23	7.32	1.35	1.59	1.80	2.27	4.26	5.65	1.34	1.57	1.78	2.25	4.22	5.59	
53	4.77	10.56	1.79	2.22	2.64	3.32	6.67	8.35	1.78	2.20	2.61	3.28	6.60	8.27	3.43	7.88	1.44	1.69	1.93	2.43	4.64	6.15	1.43	1.68	1.91	2.41	4.59	6.09	
54	5.13	11.44	1.93	2.39	2.84	3.58	7.26	9.07	1.91	2.37	2.81	3.54	7.18	8.98	3.63	8.44	1.53	1.80	2.05	2.58	5.02	6.66	1.51	1.78	2.03	2.56	4.97	6.59	
55	5.48	12.31	2.07	2.56	3.04	3.84	7.84	9.78	2.05	2.54	3.01	3.80	7.77	9.69	3.82	9.00	1.62	1.90	2.17	2.74	5.39	7.16	1.60	1.88	2.15	2.71	5.34	7.09	
56	6.14	13.69	2.45	2.98	3.50	4.34	8.78	10.91	2.42	2.95	3.46	4.30	8.69	10.80	4.19	9.94	1.88	2.19	2.48	3.05	6.03	7.95	1.86	2.17	2.45	3.02	5.97	7.87	
57	6.79	15.08	2.83	3.40	3.96	4.85	9.72	12.04	2.80	3.36	3.92	4.80	9.62	11.92	4.55	10.89	2.14	2.48	2.79	3.36	6.67	8.74	2.12	2.45	2.76	3.33	6.60	8.66	
58	7.45	16.46	3.20	3.81	4.41	5.35	10.66	13.16	3.17	3.78	4.37	5.30	10.55	13.03	4.92	11.83	2.40	2.77	3.10	3.67	7.30	9.53	2.38	2.74	3.06	3.64	7.23	9.44	
59	8.10	17.85	3.58	4.23	4.87	5.85	11.60	14.29	3.54	4.19	4.82	5.79	11.48	14.15	5.29	12.78	2.66	3.05	3.40	3.98	7.94	10.33	2.64	3.02	3.37	3.94	7.86	10.22	
60	8.76	19.23	3.96	4.65	5.33	6.36	12.53	15.42	3.92	4.60	5.27	6.29	12.41	15.26	5.65	13.73	2.92	3.34	3.71	4.29	8.58	11.12	2.89	3.31	3.68	4.25	8.49	11.01	
61	9.92	21.21	4.46	5.23	6.00	7.20	13.90	17.07	4.42	5.18	5.94	7.13	13.76	16.90	6.24	15.10	3.27	3.74	4.17	4.83	9.52	12.23	3.24	3.71	4.13	4.78	9.42	12.11	
62	11.08	23.19	4.97	5.82	6.68	8.04	15.26	18.73	4.92	5.76	6.6																		

The Independent Order of Foresters (Foresters)
 NAIC # 763-58068
 Form # WL-TR-AR01-2012

Term Rider - T20

ANNUAL INITIAL PREMIUM RATES PER \$1,000 - MALE														ANNUAL INITIAL PREMIUM RATES PER \$1,000 - FEMALE														
SI		UW B1						UW B2						SI		UW B1						UW B2						
ST NS	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	ST NS	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	PF+NS	PF NS	ST+NS	ST NS	ST+SM	ST SM	
18	1.86	2.46	0.81	0.88	0.92	0.97	1.47	1.62	0.81	0.87	0.91	0.96	1.46	1.60	1.62	2.17	0.59	0.63	0.66	0.71	0.98	1.10	0.58	0.62	0.65	0.70	0.97	1.09
19	1.88	2.48	0.82	0.89	0.93	0.98	1.49	1.63	0.81	0.88	0.92	0.97	1.47	1.62	1.63	2.19	0.59	0.63	0.66	0.71	0.99	1.11	0.59	0.63	0.66	0.71	0.98	1.10
20	1.90	2.51	0.83	0.90	0.94	0.99	1.50	1.65	0.82	0.89	0.93	0.98	1.49	1.63	1.65	2.21	0.60	0.64	0.67	0.72	1.00	1.13	0.59	0.63	0.66	0.71	0.99	1.11
21	1.91	2.52	0.85	0.92	0.97	1.02	1.52	1.66	0.84	0.91	0.96	1.01	1.50	1.64	1.66	2.22	0.62	0.66	0.69	0.74	1.00	1.13	0.61	0.65	0.68	0.74	0.99	1.12
22	1.92	2.53	0.87	0.95	0.99	1.05	1.54	1.67	0.86	0.94	0.98	1.04	1.52	1.65	1.67	2.23	0.64	0.68	0.71	0.77	1.01	1.14	0.63	0.67	0.70	0.76	1.00	1.13
23	1.93	2.54	0.89	0.97	1.02	1.08	1.56	1.68	0.88	0.96	1.01	1.07	1.54	1.66	1.67	2.24	0.66	0.70	0.73	0.79	1.02	1.15	0.65	0.69	0.72	0.78	1.01	1.13
24	1.94	2.55	0.91	1.00	1.05	1.11	1.58	1.69	0.90	0.99	1.04	1.10	1.56	1.67	1.68	2.26	0.68	0.72	0.75	0.82	1.02	1.15	0.67	0.71	0.74	0.81	1.01	1.14
25	1.95	2.56	0.93	1.02	1.07	1.15	1.60	1.70	0.92	1.01	1.06	1.13	1.58	1.68	1.69	2.27	0.70	0.74	0.77	0.84	1.03	1.16	0.69	0.73	0.76	0.83	1.02	1.15
26	1.96	2.61	0.94	1.03	1.08	1.16	1.62	1.75	0.93	1.02	1.07	1.14	1.61	1.73	1.69	2.30	0.72	0.76	0.79	0.87	1.08	1.22	0.71	0.75	0.78	0.86	1.07	1.21
27	1.96	2.65	0.94	1.03	1.09	1.17	1.64	1.80	0.93	1.02	1.08	1.15	1.63	1.79	1.70	2.33	0.74	0.78	0.82	0.90	1.13	1.29	0.73	0.78	0.81	0.89	1.12	1.28
28	1.97	2.70	0.95	1.04	1.11	1.18	1.67	1.86	0.94	1.03	1.09	1.16	1.65	1.84	1.70	2.36	0.76	0.81	0.84	0.92	1.18	1.35	0.75	0.80	0.84	0.91	1.17	1.34
29	1.98	2.75	0.95	1.05	1.12	1.19	1.69	1.91	0.94	1.04	1.10	1.17	1.67	1.89	1.70	2.39	0.78	0.83	0.87	0.95	1.23	1.42	0.77	0.83	0.86	0.94	1.22	1.40
30	1.99	2.79	0.96	1.06	1.13	1.20	1.71	1.96	0.95	1.05	1.11	1.18	1.70	1.94	1.70	2.42	0.80	0.86	0.90	0.98	1.28	1.48	0.79	0.85	0.89	0.97	1.27	1.47
31	2.03	2.97	1.00	1.11	1.19	1.27	1.84	2.13	0.96	1.08	1.17	1.25	1.83	2.11	1.74	2.56	0.84	0.90	0.96	1.05	1.39	1.63	0.81	0.87	0.95	1.04	1.38	1.61
32	2.07	3.15	1.04	1.16	1.25	1.33	1.98	2.29	0.96	1.12	1.23	1.32	1.96	2.27	1.77	2.70	0.89	0.94	1.01	1.11	1.51	1.77	0.82	0.89	1.00	1.10	1.49	1.76
33	2.11	3.33	1.08	1.21	1.31	1.40	2.11	2.46	0.97	1.15	1.29	1.39	2.09	2.43	1.81	2.83	0.94	0.98	1.07	1.18	1.62	1.92	0.84	0.91	1.06	1.17	1.60	1.90
34	2.16	3.51	1.12	1.26	1.37	1.47	2.24	2.62	0.98	1.19	1.36	1.46	2.22	2.60	1.84	2.97	0.98	1.02	1.13	1.24	1.73	2.06	0.86	0.93	1.12	1.23	1.72	2.04
35	2.20	3.69	1.16	1.31	1.43	1.54	2.37	2.79	0.99	1.22	1.42	1.52	2.35	2.76	1.88	3.11	1.03	1.06	1.19	1.31	1.85	2.21	0.87	0.95	1.18	1.30	1.83	2.19
36	2.30	4.00	1.20	1.36	1.53	1.72	2.86	3.26	1.03	1.25	1.48	1.67	2.83	3.23	1.97	3.39	1.03	1.06	1.25	1.35	2.03	2.44	0.90	0.98	1.23	1.33	2.01	2.42
37	2.40	4.30	1.24	1.41	1.62	1.90	3.34	3.73	1.07	1.28	1.55	1.82	3.31	3.69	2.07	3.67	1.04	1.07	1.30	1.38	2.21	2.68	0.92	1.00	1.29	1.37	2.19	2.65
38	2.50	4.61	1.28	1.46	1.72	2.09	3.83	4.19	1.11	1.32	1.61	1.96	3.79	4.15	2.16	3.95	1.04	1.07	1.35	1.42	2.39	2.91	0.95	1.02	1.34	1.40	2.37	2.88
39	2.60	4.92	1.32	1.50	1.82	2.27	4.31	4.66	1.15	1.35	1.68	2.11	4.27	4.62	2.26	4.23	1.05	1.08	1.41	1.46	2.57	3.15	0.97	1.05	1.39	1.44	2.55	3.12
40	2.70	5.22	1.35	1.55	1.91	2.45	4.80	5.13	1.19	1.38	1.74	2.26	4.75	5.08	2.35	4.50	1.05	1.08	1.46	1.49	2.75	3.38	1.00	1.07	1.45	1.48	2.73	3.35
41	3.00	5.86	1.49	1.70	2.11	2.69	4.94	5.42	1.33	1.53	1.94	2.51	4.89	5.37	2.56	4.98	1.16	1.19	1.61	1.64	3.04	3.74	1.09	1.18	1.53	1.56	3.01	3.71
42	3.30	6.50	1.63	1.85	2.30	2.92	5.07	5.72	1.47	1.68	2.14	2.76	5.02	5.66	2.77	5.46	1.27	1.30	1.75	1.79	3.32	4.11	1.19	1.28	1.61	1.65	3.29	4.07
43	3.60	7.14	1.77	1.99	2.49	3.16	5.21	6.01	1.61	1.83	2.34	3.01	5.16	5.95	2.97	5.93	1.38	1.40	1.90	1.95	3.60	4.47	1.28	1.39	1.69	1.74	3.57	4.43
44	3.90	7.77	1.91	2.14	2.69	3.39	5.35	6.31	1.75	1.98	2.54	3.27	5.29	6.25	3.18	6.41	1.49	1.51	2.04	2.10	3.89	4.83	1.38	1.49	1.78	1.82	3.85	4.79
45	4.19	8.41	2.05	2.29	2.88	3.63	5.48	6.60	1.88	2.13	2.74	3.52	5.43	6.54	3.39	6.88	1.60	1.62	2.19	2.25	4.17	5.20	1.47	1.60	1.86	1.91	4.13	5.15
46	4.62	9.26	2.24	2.53	3.18	3.88	6.10	7.35	2.07	2.36	3.02	3.78	6.04	7.28	3.68	7.53	1.74	1.79	2.38	2.49	4.60	5.75	1.61	1.77	2.08	2.21	4.56	5.69
47	5.05	10.10	2.43	2.76	3.48	4.12	6.72	8.09	2.26	2.60	3.30	4.04	6.65	8.01	3.97	8.18	1.89	1.96	2.58	2.73	5.03	6.29	1.75	1.94	2.31	2.51	4.98	6.23
48	5.48	10.95	2.62	3.00	3.77	4.37	7.33	8.84	2.45	2.83	3.58	4.30	7.26	8.75	4.26	8.82	2.03	2.14	2.78	2.96	5.46	6.84	1.88	2.12	2.53	2.81	5.41	6.77
49	5.90	11.80	2.81	3.24	4.07	4.62	7.95	9.59	2.64	3.07	3.87	4.56	7.87	9.49	4.56	9.47	2.18	2.31	2.98	3.20	5.89	7.39	2.02	2.29	2.76	3.11	5.83	7.31
50	6.33	12.65	3.00	3.48	4.37	4.87	8.57	10.33	2.82	3.31	4.15	4.82	8.48	10.23	4.85	10.12	2.32	2.48	3.17	3.44	6.32	7.94	2.16	2.46	2.98	3.41	6.26	7.86
51	7.05	13.96	3.30	3.85	4.84	5.45	9.55	11.51	3.11	3.68	4.63	5.39	9.45	11.39	5.28	11.00	2.53	2.72	3.49	3.79	6.98	8.77	2.36	2.63	3.30	3.75	6.91	8.69
52	7.77	15.27	3.59	4.22	5.32	6.02	10.52	12.68	3.40	4.05	5.11	5.96	10.42	12.55	5.71	11.88	2.74	2.96	3.80	4.14	7.63	9.61	2.56	2.80	3.61	4.10	7.56	9.51
53	8.49	16.59	3.89	4.59	5.80	6.60	11.50	13.85	3.68	4.42	5.59	6.53	11.38	13.72	6.14	12.75	2.95	3.20	4.12	4.49	8.29	10.45	2.77	2.97	3.93	4.45	8.21	10.34
54	9.21	17.90	4.18	4.96	6.28	7.17	12.48	15.03	3.97	4.79	6.07	7.10	12.35	14.88	6.57	13.63	3.16	3.44	4.44	4.84	8.94	11.28	2.97	3.14	4.25	4.80	8.85	11.17
55	9.93	19.22	4.48	5.32	6.75	7.75	13.45	16.20	4.25	5.16	6.55	7.67	13.32	16.04	7.00	14.51	3.37	3.68	4.75	5.19	9.60	12.12	3.17	3.31	4.56	5.14	9.50	12.00
56	11.17	21.20	5.27	6.23	7.68	8.77	14.98	17.98	5.04	6.08	7.49	8.68	14.83	17.80	7.76	15.87	3.95	4.39	5.38	5.92	10.67	13.38	3.75	4.04	5.21	5.86	10.56	13.25
57	12.41	23.18	6.06	7.14	8.60	9.80	16.50	19.76	5.83	7.00	8.44	9.70	16.33	19.56	8.52	17.23	4.52	5.11	6.01	6.65	11.74	14.65	4.32	4.77	5.86	6.59	11.63	14.50
58	13.65	25.16	6.86	8.04	9.53	10.82	18.02	21.54	6.61	7.92	9.38	10.71	17.84	21.32	9.28	18.59	5.09	5.82	6.64	7.38	12.82	15.91	4.90	5.50	6.51	7.31	12.69	15.75
59	14.88	27.14	7.65	8.95	10.46	11.84	19.55	23.32	7.40	8.84	10.32	11.72	19.35	23.09	10.04	19.94	5.67	6.54	7.27	8.11	13.89	17.17	5.48	6.23	7.17	8.03	13.75	17.00
60	16.12	29.12	8.44	9.85	11.38	12.86	21.07	25.10	8.19	9.75	11.27	12.74	20.86	24.85	10.80	21.30	6.24	7.25	7.90	8.84	14.96	18.43	6.05	6.96	7.82	8.75	14.81	18.25
61	18.11	31.95	9.88	11.39	12.91	14.58	23.30	27.64	9.65	11.28	12.78	14.43	23.07	27.36	12.07	23.37	7.13	8.23	9.00	10.02	16.57	20.23	6.94	7.95	8.91	9.92	16.41	20.02
62	20.09	34.78	11.33	12.93	14.44	16.29	25.53	30.17																				

ANNUAL RENEWAL PREMIUM RATES PER \$1,000 - TERM RIDER

AGE	MALE		FEMALE	
	ST NS	ST SM	ST NS	ST SM
28	2.78	4.71	1.48	2.26
29	2.73	4.73	1.51	2.39
30	2.68	4.71	1.61	2.57
31	2.65	4.68	1.66	2.68
32	2.63	4.68	1.77	2.91
33	2.63	4.73	1.87	3.09
34	2.70	4.86	1.98	3.33
35	2.76	5.04	2.13	3.61
36	2.83	5.20	2.31	3.98
37	2.99	5.49	2.47	4.29
38	3.12	5.80	2.68	4.65
39	3.35	6.24	2.78	4.89
40	3.56	6.68	2.94	5.20
41	3.80	7.20	3.12	5.51
42	4.11	7.88	3.30	5.88
43	4.50	8.66	3.51	6.32
44	4.94	9.59	3.77	6.84
45	5.46	10.71	4.08	7.44
46	6.06	11.88	4.45	8.14
47	6.63	12.97	4.86	8.92
48	7.25	14.20	5.38	9.91
49	7.62	14.87	5.95	11.13
50	8.03	15.65	6.58	12.51
51	8.63	16.77	7.31	14.01
52	9.33	18.10	8.11	15.65
53	10.30	19.92	9.02	17.45
54	11.34	21.97	10.01	19.34
55	12.66	24.54	11.05	21.42
56	14.30	27.46	12.17	23.61
57	15.96	30.42	13.47	25.95
58	17.76	33.57	14.82	28.44
59	19.29	36.04	16.28	30.86
60	21.06	38.90	17.73	33.54
61	23.19	42.35	19.24	36.32
62	25.79	46.64	20.88	39.21
63	28.96	51.82	22.67	42.46
64	32.53	57.56	24.52	45.71
65	36.27	63.44	26.52	49.14
66	40.22	69.24	28.73	52.88
67	44.23	74.83	31.17	56.86
68	48.28	80.26	33.85	61.33
69	52.65	85.98	36.84	66.25
70	57.17	91.65	40.12	71.58
71	62.66	98.51	43.73	77.53
72	68.80	106.03	47.89	84.32
73	76.86	116.25	52.55	91.81
74	85.36	126.52	57.59	99.87
75	94.30	136.89	63.13	108.71
76	104.08	148.95	69.26	117.60
77	114.74	161.80	76.00	127.30
78	127.11	176.64	83.41	137.72
79	141.57	193.80	91.60	148.95
80	158.26	213.33	100.44	161.10
81	176.46	234.18	110.32	174.17
82	197.18	257.53	123.73	192.58
83	218.76	281.09	138.87	212.58
84	242.03	305.79	153.95	232.05
85	267.80	332.64	170.61	252.98
86	296.58	364.23	189.38	274.07
87	328.48	398.81	206.41	291.64
88	363.32	435.99	232.05	319.51
89	400.66	475.07	258.83	347.33
90	440.05	515.50	287.38	375.31
91	481.16	556.74	313.69	397.93
92	519.82	593.92	327.00	402.84
93	560.12	631.85	353.18	422.92
94	602.63	671.06	392.03	455.26
95	647.53	711.72	441.06	496.52

SERFF Tracking Number: FRSS-127841350 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: Paid-Up Additions Riders and Product Details Page
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR_Readable Score Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application for Individual Life Insurance, previously approved on June 14, 2010, under the filing #FRSS 126516328.

Attachment:

770630 US 0210_Application.pdf

Item Status: **Status Date:**

Satisfied - Item: Actuarial Memorandums

Comments:

Attachments:

ActMem_WL-TR-AR01-2012.pdf

ActMem_WL-SPUAR-AR01-2012.pdf

ActMem_WL-FPUAR-AR01-2012.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification for Reg 19

Comments:

Attachment:

AR_Certification of Compliance.pdf

Item Status: **Status**

SERFF Tracking Number: FRSS-127841350 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: Paid-Up Additions Riders and Product Details Page
Project Name/Number: /

Date:

Satisfied - Item: Consent to Submit Rates
Certification

Comments:

Attachment:

AR_Certification_Consent to Submit Rates.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachments:

AR_SOV_Riders.pdf

AR_SOV_WL-US01-2011.pdf

Item Status:

Status

Date:

Satisfied - Item: Sample John Doe Certificate Data
Pages

Comments:

Attachments:

WL20-DATA-US01-2011_Data pages.pdf

WL100-DATA-US01-2011_Data pages.pdf

The Independent Order of Foresters

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

A. Option Selected

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

Form and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Term Rider	WL-TR-AR01-2012	47.7
Single Payment Paid-Up Additions Rider	WL-SPUAR-AR01-2012	52.3
Flexible Payment Paid-Up Additions Rider	WL-FPUAR-AR01-2012	51.0
Product Details Page	770685 US 02/12	55.2

B. Test Option Selected

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

C. Standards for Certification

A checked block indicates the standard has been achieved.

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

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



Digitally signed by ca, Tamara Kozma
 DN: c=ca, o=iofentrust, cn=ca, ou=ciscovpn, cn=Tamara Kozma
 Date: 2012.05.01 12:32:43 -04'00'

May 1, 2012

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

Date

The Independent Order of Foresters ("Foresters")

Application for Individual Life Insurance

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

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

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

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

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

Other Insurance

1. Is there another annuity or life insurance application pending for the proposed insured with Foresters or another insurer? Yes No
2. Does the proposed insured currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force? Yes No
- If "Yes", to either question 1 or 2, complete the chart below. Also include information about Foresters life insurance or annuity certificate(s).

Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending

3. Has the proposed insured ever had an application for life, health, disability or critical illness insurance declined, rated or modified? If "Yes", provide date _____ and reason _____ Yes No

4. Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)? Yes No

Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force. Check the State requirements as these would need to be satisfied before the certificate can be issued. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those completed within the past 13 months.

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

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

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force

5. Has a child listed above:
- a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disorder or disease? Yes No
- b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for Human Immunodeficiency Virus (HIV)) that has not yet been started or completed, or the results of which are not yet known? Yes No

If "Yes", to either question 5a or 5b, complete the chart below.

Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #

Financial Questions

6. Is there an intention, or an arrangement, that all or part of the insurance applied for will be:
- a) Paid for by borrowing, financing or receiving money or any other property? Yes No
- b) Transferred, assigned, sold or pledged? Yes No
- If "Yes", to either question 6a or 6b provide details. _____

7. Has the proposed insured, owner or a beneficiary arranged, been offered, or received, an inducement, fee or compensation to buy, or pay for, the insurance applied for? If "Yes", provide details. _____ Yes No

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

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

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

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

Additional Information (Explain all "Yes" answers from the Medical Questions section.)	
Question #	State diagnosis, date first diagnosed, treatment, medications, medical facilities and physicians' name, addresses, phone numbers (if different than question 19).

Payment Information and Authorization

The planned premium quoted may change following underwriting review.

Payer is:

Proposed insured Owner (if other than proposed insured) Other (complete Contingent Owner/Other Payer Form)

First premium payment to be made by:

Draft via Pre-Authorized Check (PAC) Check (payable to Foresters)

Subsequent premium payments made by:

PAC Direct Bill

Payment mode:

Monthly (PAC only) Quarterly Semi-annually Annually

PAC banking information (including drafting first premium) to be taken from:

Attached void check Check submitted with this Application Information completed below (if no check available)

Type of account: Checking Savings

Name of financial institution: _____

Street address: _____

City: _____ State: _____ Zip: _____

Transit #: _____ Account #: _____

PAC Authorization

The payer, by signing below, verifies that the payer is the account holder of the account identified in the PAC banking information section and agrees that: 1) Foresters is authorized to draft deductions under the PAC plan from that account or another account later identified or substituted by the payer. 2) The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the product issued. 4) This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

This agreement must be signed by the bank account owner as his/her name appears on bank records for the account provided.

X _____
Signature of payer

Conversion Notification

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

Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:

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

Temporary Life Insurance Agreement (TIA) Acknowledgement

Will the TIA be left with the owner?

No. The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided or authorized.

X _____
(Owner's initials)

Yes. Complete the TIA and leave it with the owner.

First premium payment, in the amount of \$ _____, is provided or authorized by (select same method chosen in the Payment Information and Authorization section):

- Draft via Pre-Authorized Check (PAC) plan
 Check

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

Declarations and Agreements

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

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

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

I further understand and agree that: 1) Changes or corrections made to this Application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. Such changes or corrections may be made directly on this Application or by an amendment to this Application. 2) No producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means, including but not limited to, email and facsimile transmission. 4) Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this Application or number(s) that I later provide. 5) If I have chosen to provide a current internet email address in this Application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. 6) Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

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

Definitions - "Application" means the Application for Individual Life Insurance of which this Agreement forms a part. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in the Application.

Pre-Conditions to Temporary Coverage - Subject to the terms of this Agreement, Foresters agrees to provide the temporary coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met: 1) The proposed insured is not age 71 or older on that date. 2) No more than \$1,000,000 insurance coverage on the life of the proposed insured is applied for in the Application, calculated by including the amount of the benefit applied for under each rider (except common carrier accidental death coverage if any) that is payable in the event of death of the proposed insured. 3) Each of the Temporary Life Insurance Agreement questions are answered 'No' and the 'No' answers shown are truthful and 4) No later than the date the Application is signed by the owner, first payment, at least equal to a monthly premium quoted for the insurance applied for in the Application, is provided or authorized. If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

Temporary Life Insurance Agreement Questions

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

Amount of Temporary Coverage - Subject to the terms of this Agreement, if all of the above pre-conditions are met and the proposed insured dies while this Agreement is in effect, Foresters shall pay, to the beneficiary(ies), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured, the lesser of a) \$500,000; or, b) the amount of insurance applied for in the Application on the life of the deceased proposed insured, including the amount payable for the death of the proposed insured under a rider applied for (except common carrier accidental death coverage if any).

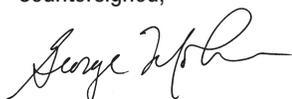
Termination of Temporary Coverage - Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement, temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following: 1) Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period. 2) The date an approved Foresters certificate on the life of the proposed insured takes effect as described in that certificate, if a certificate is issued in response to the Application. 3) The date Foresters offers, as shown in Foresters records, the owner a Foresters certificate in response to, but not as applied for in, the Application. 4) The date a written or oral request to withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 5) The date written notice is sent by Foresters, as shown in Foresters records, to the proposed insured or the owner, terminating this Agreement or declining the Application.

Special Limitations - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. Fraud, material misrepresentation or non-disclosure in the Application will void this Agreement and limit Foresters liability to a refund of payment(s) made to Foresters. If the proposed insured dies by suicide, whether sane or insane, Foresters liability under this Agreement is limited to a refund of the payment(s) made to Foresters.

Entire Agreement and Governing Law - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

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

Countersigned,



George Mohacsi, President & Chief Executive Officer

Authorization To Obtain And Disclose Information

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

Signature Section (For purposes of entire Application.)

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

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

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

Each person signed at: _____
(City, State.)

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

Producer Certification

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

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

Yes No

Are you related to the proposed insured?

Yes No

Producer's full name

Producer #

X _____
Signature of producer

Date (mmm/dd/yyyy)

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: The Independent Order of Foresters

Form Title(s): Term Rider, Single Payment Paid-Up Additions Rider, Flexible Payment Paid-Up Additions Rider,
Product Details Page

Form Number(s): WL-TR-AR01-2012, WL-SPUAR-AR01-2012, WL-FPUAR-AR01-2012, 770685 US 02/12

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



Digitally signed by ca, Tamara
Kozma
DN: c=ca, o=iofentrust, cn=ca,
ou=ciscovpn, cn=Tamara Kozma
Date: 2012.05.01 12:30:32 -04'00'

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

May 1, 2012

Date

EXHIBIT A (REVISED)

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

NAME OF COMPANY: The Independent Order of Foresters

FORM NUMBER(S): WL-TR-AR01-2012, WL-SPUAR-AR01-2012, WL-FPUAR-AR01-2012,
770685 US 02/12

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



Digitally signed by ca,
Tamara Kozma
DN: c=ca, o=iodefentrust,
cn=ca, ou=ciscovpn,
cn=Tamara Kozma
Date: 2012.05.01 12:31:23
-04'00'

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

May 1, 2012

Date

The Independent Order of Foresters

Statement of Variability Foresters Advantage Plus– Riders and Product Details Page April 25, 2012

WL-TR-AR01-2012

Page 1

1. Foresters telephone number is bracketed to allow for change if Foresters changes its phone number.

Page 4

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

WL-SPUAR-AR01-2012

Page 1

1. Foresters telephone number is bracketed to allow for change if Foresters changes its phone number.

Page 5

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

WL-FPUAR-AR01-2012

Page 1

2. Foresters telephone number is bracketed to allow for change if Foresters changes its phone number.

Page 6

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

770685 US 02/12

Page 1

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number. Any changes to the company address will be submitted for informational purposes
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

Statement of Variability Foresters Advantage Plus: WL-US01-2011 Revised April 24, 2012

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

Contract Cover

1. Foresters information: The head office, US mailing office and telephone number are bracketed to allow for change if Foresters moves or changes phone number.
2. John Doe information: Insured, Certificate Number, Owner, Branch number, and Issue date are bracketed to accommodate information specific to each certificate issued.
3. The state telephone number is bracketed to allow for changes if your state changes its contact number.
4. Product name is now Foresters Advantage Plus.
The field is bracketed to accommodate a change to the product name in future without the need to re-file.
5. Right to Examine period is bracketed to accommodate your state's normal free look period, currently 10 days, and for when the certificate is issued in a replacement situation. In replacement situations, the right to examine and cancel will be extended to display the period required by your state law, currently 30 days. The field is also bracketed to allow for any changes to your state law in order to avoid the need to re-file.
6. Signatures of company officers are bracketed to accommodate changes in company officers in the future.

Page 2 – Table of Contents, etc.

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

Certificate Data Pages (currently pages 3-8 in this sample)

There are two separate sets of Certificate Data Pages, one for each payment type (20 Pay and Paid-up at 100)
Form numbers are unique to each set.

- WL20-DATA-US01-2011
- WL100-DATA-US01-2011

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

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

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

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

Certificate Data Pages - Summary of Benefits Provided chart

Base Certificate Specific:

18. The Benefit Amount in the Summary of Benefits Provided chart is bracketed to accommodate the base product's face amount issued for a particular certificate.
19. The Expiry Date in the Summary of Benefits Provided chart is bracketed to accommodate the insured's specific base coverage expiry date. This will equal the certificate anniversary on which the insured is age 121.
20. Rider specific data, including rider type selected, benefit amount and expiry date will be added to the Summary of Benefits Provided chart, if issued on a certificate. In addition, rider-specific messages will be included on these data pages if applicable. Any information regarding riders not issued on the certificate will be deleted.
 - a. Common Carrier Accidental Death Rider
 - i. Benefit Amount: Equals 2 times the face amount elected by the certificate owner, to a current maximum of \$300,000.
 - ii. Expiry Date: Certificate anniversary when the insured is age 100.
 - b. Family Health Benefit Rider
 - i. Specific benefit amounts are bracketed to allow for change if the rider is revised at a future date.
 - o Benefit Amount: The maximum family benefit amount is currently \$5,000 for all issues
 - o Ambulance Transportation: Current benefit is \$50.00 for all issues
 - o Hospital Emergency Room Examination: Current benefit is \$100.00 for all issues.
 - o Hospital Stay: Current benefit is \$100.00 for all issues.
 - ii. Expiry Date: Certificate anniversary when the insured is age 100.

The above two riders will be included on all certificates. The riders listed below are optional riders, selected by the applicant:

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

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

- iii. Waiting period: The current waiting period is 90 days. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues only subject to state approval and rules, if needed.
 - iv. Maximum benefit period: The current maximum benefit period is 24 months. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues subject to state approval and rules, if needed.
 - v. Applicable percentage: The current DIR face amount percentage is 1.5%. This is bracketed to allow for change at a future date, subject to business rules. Any changes would apply to new issues only subject to state approval and rules, if needed.
- f. Guaranteed Insurability Rider
- i. Benefit Amount: will be lesser of \$50,000 or the base face amount elected by the certificate owner at issue.
 - ii. Expiry date: Certificate anniversary when the insured is age 40.
- g. Waiver of Premium Rider
- i. Expiry date: Paid-up at 100 – Certificate anniversary when the insured is age 65.
20 Pay – Earlier of the certificate anniversary when the insured is age 65 or the end of the premium payment period.
- h. Flexible Payment Paid-up Additions rider
- i. Expiry date =earlier of certificate anniversary 25 years after issue and certificate anniversary nearest age 80
- i. Single Paid-up Additions Rider
- i. Expiry date =XX days after issue. XX currently equals 60 days but may change depending on business experience.
- j. Term Rider
- i. Benefit Amount will vary as elected by the certificate owner, subject to current business rules and underwriting approval.
 - ii. Expiry Date if an initial term period of 10 years is selected =the later of 10 years after the end of the initial term period or the insured's age 65,
 - iii. Expiry Date if an initial term period of 20 years is selected = the later of 10 years after the end of the initial term period or the insured's age 75.

Certificate Data Pages – Premium Schedule chart

21. Rider specific data, including rider type selected, annual premium and years payable will be added to the Premium Schedule chart, if issued on a certificate. In addition, rider-specific messages will be included on these data pages if applicable. Any information regarding riders not issued on the certificate will be deleted.
- a. Annual Premium is listed in the Premium Schedule chart for the certificate face amount and riders separately. These fields are bracketed to accommodate the base certificate's and rider(s) annual premium based on the individual insured's information and certificate coverage issued.
- The Annual Premium field shown for the Certificate Face Amount is the base premium plus any lifetime substandard ratings, plus the annual certificate fee.
 - If the certificate includes any temporary substandard ratings, those will be shown on a subsequent line, in the Annual Premium field for the 'Temporary Extra Rating Charge. The years payable for the specific extra charge will also be shown.
 - Annual Premium is 0.00 for the Flexible Payment and Single Payment Paid-up Additions Riders.
 - The Annual Premium field shown for the Term Rider is the initial term period premium plus any medical substandard ratings applied for the initial term period.

- If the certificate includes any temporary substandard ratings, the ratings for the term rider will be shown on a subsequent line, in the Annual Premium field for the 'Temporary Extra Rating Charge. The years payable for the specific extra charge will also be shown.

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

- b. Years Payable for the certificate face amount will vary based on the payment type selected by the certificate owner. The current possibilities are for:
 - 20 Pay = "20"
 - Paid-up at 100 = 100 less issue age
 - c. Years Payable for the Temporary Extra Rating charge will reflect the number of years the extra rating will be applied, based on underwriting. Range= 1 to (70 minus Issue age)
 - d. Years Payable for the riders are listed separately and will vary based on the individual insured's information and the payment type selected by the certificate owner.
 - 20 Pay = Lesser of 20 years or rider expiry age less issue age
 - Paid-up at 100 = Rider expiry age less issue age
 - e. Years payable for the Flexible Payment and Single Payment Paid-up Additions Riders are not applicable.
 - f. Years Payable for the term rider refers to the total number of years a premium, both initial and renewal, can be paid to keep the coverage in force. The premium shown is the premium for the initial term period. Subsequent premiums are shown in the Renewal Premium table, discussed below.
- 22. Modal Factors are bracketed as they may increase or decrease based on business rules. Any change would be implemented for new issues only subject to state approval and rules, if needed..
 - 23. The Annual, Semi-annual, Quarterly, Monthly Total Premium will be based on the individual insured's information and coverage amounts issued. Premiums include all applicable riders. Payments for the Flexible Payment and Single Payment Paid-up Additions Riders are not applicable and hence are not included.
 - 24. Modal Certificate Fee amounts are bracketed to allow for product re-pricing initiatives that may impact the certificate fee. Any change would be implemented for new certificates only subject to state approval and rules, if needed.. Certificate Fee maximum: \$180.00 annual, \$90.00 semi-annual, \$45.00 quarterly, \$15.00 monthly.

Page 5 – Table of Guaranteed Certificate Values

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

Additional Certificate Data Page - Term Rider Information (included only if certificate is issued with a Term Rider)

- 27. Initial Term Period – Period shown runs from the certificate issue date to the certificate anniversary when the Term Rider's initial term period ends.
- 28. Renewal Period – Period shown runs from the certificate anniversary when the initial term period ends, to the Term Rider expiry date.
- 29. Conversion period = the Term Rider conversion period, which runs from the certificate issue date to the earlier of five years before the end of the term period and the certificate anniversary on which the insured is age 65.
- 30. Renewal Premium Schedule:
 - i. Renewal date= each certificate anniversary during the renewal period
 - ii. Annual premium=the annual premium charged for the Term Rider in the specified year.

31. "To calculate the amount of..."sentence: Variables shown = our current modal premium factors, Modal Factors are bracketed as they may increase or decrease based on business rules. Any change would be implemented for new issues only subject to state approval and rules, if needed.

Additional Certificate Data Page - Flexible Payment Paid-up Additions Rider Information (included only if certificate is issued with this rider)

32. Minimum Payment Amount= the minimum payment size we are willing to accept, based on business rules. Range= \$25 - \$500, Currently \$50. If changed, would change only for new business.
33. Maximum Annual Payment Amount = the maximum amount Foresters is willing to accept for the insured John Doe, based on underwriting results.
34. Maximum lifetime Payment Amount = the maximum lifetime payment total we are willing to accept, based on business rules. Range= \$500,000 - \$5,000,000. Currently \$1,000,000.
35. Payment Expense Charge = amount charged for any payment received. Range = 2%-10%. Currently 6%. Any change would be implemented for new issues only and would be implemented in accordance with IIPRC regulations.
36. Table of Net Single Premium Rates = a table that shows the Net Single premium that will be used to purchase and determine the cash value of paid up additions, as of each certificate anniversary.

Additional Certificate Data Page - Single Payment Paid-up Additions Rider Information (included only if certificate is issued with this rider)

37. Minimum Payment Amount= the minimum payment size we are willing to accept, based on business rules. Range= \$500- \$5000, Currently \$600. If changed, would change only for new business.
38. Maximum Payment Amount = the maximum amount Foresters is willing to accept for the insured John Doe, based on underwriting results.
39. Payment Expense Charge = amount charged for any payment received. Range = 2%-10%. Currently 6%. Any change would be implemented for new issues only, subject to state approval and rules, if needed.
40. Accepted Payment Amount = Amount received from the certificate owner effective as of the certificate issue date. This will only appear if a payment for the rider has been received when the certificate is issued.
41. Accepted On: This is the effective date of the above payment, if any.
42. Table of Net Single Premium Rates = a table that shows the Net Single premium that will be used to purchase and determine the cash value of paid up additions, as of each certificate anniversary.

Notification provision, page 21 in our sample

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

Back Cover

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

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[45] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2012]	Maturity Date	[March 2, 2088]
Face Amount	[\$250,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$685.30]	Payment Mode	[Monthly]
Currency	United States		

[Foresters Advantage Plus] 20 Pay Whole Life Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2012].

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

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

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$250,000]	[March 2, 2088]
[Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]]	[\$300,000]	[March 2, 2067]
[Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay] 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2067]
[Flexible Payment Paid-up Additions Rider]		[March 2, 2037]
[Single Payment Paid-up Additions Rider]		[May 2, 2012]
[Term Rider]	[\$50,000]	[March 2, 2032]

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

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

** This is the maximum family benefit amount.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$7,744.50]	20
[Common Carrier Accidental Death Rider]	\$0.00	N/A
[Family Health Benefit Rider]	\$0.00	N/A
[Flexible Payment Paid-up Additions Rider]	\$0.00	N/A
[Single Payment Paid-up Additions Rider]	\$0.00	N/A
[Term Rider]	[\$87.50 ⁺⁺⁺]	[20]
[Temporary Extra Rating]	[XXXXXX]	[10]
[Temporary Extra Rating]	[XXXXXX]	[5]

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

[⁺⁺⁺ This premium amount is applicable for the initial term period only. The premium amount for this rider increases on each renewal date during the renewal period. Premium amounts applicable during the renewal period are shown in the Renewal Premium Schedule.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$7,832.00]	[\$3,994.33]	[\$2,036.32]	[\$685.30]

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

Each Total premium shown above includes the applicable certificate fee.

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

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
[1]	[\$ 0]	[\$ 0]
[2]	[\$ 1,956]	[\$ 6,540]
[3]	[\$ 7,591]	[\$ 24,546]
[4]	[\$ 13,402]	[\$ 41,924]
[5]	[\$ 19,388]	[\$ 58,673]
[6]	[\$ 25,553]	[\$ 74,813]
[7]	[\$ 31,890]	[\$ 90,340]
[8]	[\$ 38,407]	[\$ 105,291]
[9]	[\$ 45,117]	[\$ 119,731]
[10]	[\$ 52,034]	[\$ 133,715]
[11]	[\$ 59,147]	[\$ 147,242]
[12]	[\$ 66,441]	[\$ 160,319]
[13]	[\$ 73,953]	[\$ 173,042]
[14]	[\$ 81,716]	[\$ 185,503]
[15]	[\$ 89,737]	[\$ 197,689]
[16]	[\$ 98,004]	[\$ 209,580]
[17]	[\$ 106,521]	[\$ 221,218]
[18]	[\$ 115,302]	[\$ 232,661]
[19]	[\$ 124,372]	[\$ 244,001]
[20]	[\$ 133,761]	[\$ 250,000]
[Age 60]	[\$ 89,737]	[\$ 197,689]
[Age 65]	[\$ 133,761]	[\$ 250,000]
[Age 100]	[\$ 231,051]	[\$ 250,000]
[Age 121]	[\$ 250,000]	[\$ 250,000]

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

Non-Forfeiture Interest Rate: 4.00%

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

Certificate Data Pages
Certificate Number [1234567]

Term Rider Information

Initial Term Period From [Mar 02, 2012] to [Mar 01, 2022]
Renewal Period From [Mar 02, 2022] to [Mar 01, 2032]
Conversion Period From [Mar 02, 2012] to [Mar 01, 2017]

Renewal Premium Schedule	
Renewal Date	Annual Premium
[Mar 02, 2022]	[\$633.00]
[Mar 02, 2023]	[\$715.00]
[Mar 02, 2024]	[\$798.00]
[Mar 02, 2025]	[\$888.00]
[Mar 02, 2026]	[\$964.50]
[Mar 02, 2027]	[\$1053.00]
[Mar 02, 2028]	[\$1159.50]
[Mar 02, 2029]	[\$1289.50]
[Mar 02, 2030]	[\$1448.00]
[Mar 02, 2031]	[\$1626.50]

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

Certificate Data Pages
Certificate Number [1234567]

Flexible Payment Paid-up Additions Rider Information

Minimum Payment Amount [\\$50.00]
Maximum Annual Payment Amount [\$5,000.00]
Maximum Lifetime Payment Amount [\$1,000,000.00]

Payment Expense Charge [6.00%] of each accepted payment

Table of Net Single Premium Rates					
Non-Forfeiture Interest Rate: 4.00%					
Date	Net Single Premium Rate	Date	Net Single Premium Rate	Date	Net Single Premium Rate
[Mar 02, 2012]	[0.28358]	[Mar 02, 2038]	[0.61362]	[Mar 02, 2064]	[0.89272]
[Mar 02, 2013]	[0.29327]	[Mar 02, 2039]	[0.62833]	[Mar 02, 2065]	[0.89754]
[Mar 02, 2014]	[0.30323]	[Mar 02, 2040]	[0.64291]	[Mar 02, 2066]	[0.90206]
[Mar 02, 2015]	[0.31344]	[Mar 02, 2041]	[0.65737]	[Mar 02, 2067]	[0.90620]
[Mar 02, 2016]	[0.32400]	[Mar 02, 2042]	[0.67176]	[Mar 02, 2068]	[0.90977]
[Mar 02, 2017]	[0.33490]	[Mar 02, 2043]	[0.68607]	[Mar 02, 2069]	[0.91328]
[Mar 02, 2018]	[0.34613]	[Mar 02, 2044]	[0.70028]	[Mar 02, 2070]	[0.91671]
[Mar 02, 2019]	[0.35767]	[Mar 02, 2045]	[0.71433]	[Mar 02, 2071]	[0.92005]
[Mar 02, 2020]	[0.36948]	[Mar 02, 2046]	[0.72810]	[Mar 02, 2072]	[0.92329]
[Mar 02, 2021]	[0.38156]	[Mar 02, 2047]	[0.74148]	[Mar 02, 2073]	[0.92645]
[Mar 02, 2022]	[0.39387]	[Mar 02, 2048]	[0.75448]	[Mar 02, 2074]	[0.92953]
[Mar 02, 2023]	[0.40636]	[Mar 02, 2049]	[0.76699]	[Mar 02, 2075]	[0.93252]
[Mar 02, 2024]	[0.41905]	[Mar 02, 2050]	[0.77908]	[Mar 02, 2076]	[0.93543]
[Mar 02, 2025]	[0.43193]	[Mar 02, 2051]	[0.79076]	[Mar 02, 2077]	[0.93825]
[Mar 02, 2026]	[0.44509]	[Mar 02, 2052]	[0.80200]	[Mar 02, 2078]	[0.94098]
[Mar 02, 2027]	[0.45851]	[Mar 02, 2053]	[0.81272]	[Mar 02, 2079]	[0.94362]
[Mar 02, 2028]	[0.47214]	[Mar 02, 2054]	[0.82284]	[Mar 02, 2080]	[0.94618]
[Mar 02, 2029]	[0.48592]	[Mar 02, 2055]	[0.83233]	[Mar 02, 2081]	[0.94864]
[Mar 02, 2030]	[0.49979]	[Mar 02, 2056]	[0.84114]	[Mar 02, 2082]	[0.95102]
[Mar 02, 2031]	[0.51370]	[Mar 02, 2057]	[0.84927]	[Mar 02, 2083]	[0.95331]
[Mar 02, 2032]	[0.52765]	[Mar 02, 2058]	[0.85673]	[Mar 02, 2084]	[0.95551]
[Mar 02, 2033]	[0.54167]	[Mar 02, 2059]	[0.86376]	[Mar 02, 2085]	[0.95763]
[Mar 02, 2034]	[0.55578]	[Mar 02, 2060]	[0.87039]	[Mar 02, 2086]	[0.95966]
[Mar 02, 2035]	[0.57003]	[Mar 02, 2061]	[0.87661]	[Mar 02, 2087]	[0.96154]
[Mar 02, 2036]	[0.58441]	[Mar 02, 2062]	[0.88238]	[Mar 02, 2088]	[1.00000]
[Mar 02, 2037]	[0.59897]	[Mar 02, 2063]	[0.88766]		

Certificate Data Pages
Certificate Number [1234567]

Single Payment Paid-up Additions Rider Information

Minimum Payment Amount [\$600.00]
Maximum Payment Amount [\$50,000.00]

Payment Expense Charge [6.00%] of the accepted payment
[Accepted Payment Amount: [\$50,000.00] **Accepted On:** [Mar 02, 2012]]

Table of Net Single Premium Rates					
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Non-Forfeiture Interest Rate: 4.00%

Date	Net Single Premium Rate	Date	Net Single Premium Rate	Date	Net Single Premium Rate
[Mar 02, 2012]	[0.28358]	[Mar 02, 2038]	[0.61362]	[Mar 02, 2064]	[0.89272]
[Mar 02, 2013]	[0.29327]	[Mar 02, 2039]	[0.62833]	[Mar 02, 2065]	[0.89754]
[Mar 02, 2014]	[0.30323]	[Mar 02, 2040]	[0.64291]	[Mar 02, 2066]	[0.90206]
[Mar 02, 2015]	[0.31344]	[Mar 02, 2041]	[0.65737]	[Mar 02, 2067]	[0.90620]
[Mar 02, 2016]	[0.32400]	[Mar 02, 2042]	[0.67176]	[Mar 02, 2068]	[0.90977]
[Mar 02, 2017]	[0.33490]	[Mar 02, 2043]	[0.68607]	[Mar 02, 2069]	[0.91328]
[Mar 02, 2018]	[0.34613]	[Mar 02, 2044]	[0.70028]	[Mar 02, 2070]	[0.91671]
[Mar 02, 2019]	[0.35767]	[Mar 02, 2045]	[0.71433]	[Mar 02, 2071]	[0.92005]
[Mar 02, 2020]	[0.36948]	[Mar 02, 2046]	[0.72810]	[Mar 02, 2072]	[0.92329]
[Mar 02, 2021]	[0.38156]	[Mar 02, 2047]	[0.74148]	[Mar 02, 2073]	[0.92645]
[Mar 02, 2022]	[0.39387]	[Mar 02, 2048]	[0.75448]	[Mar 02, 2074]	[0.92953]
[Mar 02, 2023]	[0.40636]	[Mar 02, 2049]	[0.76699]	[Mar 02, 2075]	[0.93252]
[Mar 02, 2024]	[0.41905]	[Mar 02, 2050]	[0.77908]	[Mar 02, 2076]	[0.93543]
[Mar 02, 2025]	[0.43193]	[Mar 02, 2051]	[0.79076]	[Mar 02, 2077]	[0.93825]
[Mar 02, 2026]	[0.44509]	[Mar 02, 2052]	[0.80200]	[Mar 02, 2078]	[0.94098]
[Mar 02, 2027]	[0.45851]	[Mar 02, 2053]	[0.81272]	[Mar 02, 2079]	[0.94362]
[Mar 02, 2028]	[0.47214]	[Mar 02, 2054]	[0.82284]	[Mar 02, 2080]	[0.94618]
[Mar 02, 2029]	[0.48592]	[Mar 02, 2055]	[0.83233]	[Mar 02, 2081]	[0.94864]
[Mar 02, 2030]	[0.49979]	[Mar 02, 2056]	[0.84114]	[Mar 02, 2082]	[0.95102]
[Mar 02, 2031]	[0.51370]	[Mar 02, 2057]	[0.84927]	[Mar 02, 2083]	[0.95331]
[Mar 02, 2032]	[0.52765]	[Mar 02, 2058]	[0.85673]	[Mar 02, 2084]	[0.95551]
[Mar 02, 2033]	[0.54167]	[Mar 02, 2059]	[0.86376]	[Mar 02, 2085]	[0.95763]
[Mar 02, 2034]	[0.55578]	[Mar 02, 2060]	[0.87039]	[Mar 02, 2086]	[0.95966]
[Mar 02, 2035]	[0.57003]	[Mar 02, 2061]	[0.87661]	[Mar 02, 2087]	[0.96154]
[Mar 02, 2036]	[0.58441]	[Mar 02, 2062]	[0.88238]	[Mar 02, 2088]	[1.00000]
[Mar 02, 2037]	[0.59897]	[Mar 02, 2063]	[0.88766]		

Certificate Data Pages

Insured	[John Doe]	Issue Age and Sex of Insured	[35] [Male]
Owner	[Jane Smith]	Certificate Number	[1234567]
Issue Date	[March 2, 2012]	Maturity Date	[March 2, 2098]
Face Amount	[\$250,000.00]	Branch Number	[1234]
Insurance Class	[Non-Tobacco]	Rating Class	[Standard]
Total Premium	[\$299.47]	Payment Mode	[Monthly]
Currency	United States		

[Foresters Advantage Plus] Whole Life Paid-up at 100 Certificate

Provides life insurance to the maturity date, subject to the provisions of this certificate, as long as the total premium is paid as described in the *Premiums* provision. The first total premium is due on [March 2, 2012].

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

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

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate	[\$250,000]	[March 2, 2098]
[Common Carrier Accidental Death Rider Maximum Accidental Death Amount – [\$300,000]]	[\$300,000]	[March 2, 2077]
[Family Health Benefit Rider The specific benefit amounts are: <ul style="list-style-type: none"> • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay] 	[\$5,000**] [\$50] [\$100] [\$100]	[March 2, 2077]
[Flexible Payment Paid-up Additions Rider]		[March 2, 2037]
[Single Payment Paid-up Additions Rider]		[May 2, 2012]
[Term Rider]	[\$50,000]	[March 2, 2042]

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

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

** This is the maximum family benefit amount.]

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate Face Amount	[\$3,374.50]	[65]
[Common Carrier Accidental Death Rider]	\$0.00	N/A
[Family Health Benefit Rider]	\$0.00	N/A
[Flexible Payment Paid-up Additions Rider]	\$0.00	N/A
[Single Payment Paid-up Additions Rider]	\$0.00	N/A
[Term Rider]	[\$48.00 ⁺⁺⁺]	[30]
[Temporary Extra Rating]	[XXXXXX]	[10]
[Temporary Extra Rating]	[XXXXXX]	[5]

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

[⁺⁺⁺ This premium amount is applicable for the initial term period only. The premium amount for this rider increases on each renewal date during the renewal period. Premium amounts applicable during the renewal period are shown in the Renewal Premium Schedule.]

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	[\$3,422.50]	[\$1,745.48]	[\$889.85]	[\$299.47]

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

Each Total premium shown above includes the applicable certificate fee.

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

Certificate Data Pages
Certificate Number [1234567]

Table of Guaranteed Certificate Values		
Certificate Year	Cash Value	Reduced Paid-Up Insurance Amount*
[1]	[\$ 0.00]	[\$ 0.00]
[2]	[\$ 0.00]	[\$ 0.00]
[3]	[\$ 1,956.00]	[\$ 8,920.00]
[4]	[\$ 4,583.00]	[\$ 20,181.00]
[5]	[\$ 7,291.00]	[\$ 31,003.00]
[6]	[\$ 10,078.00]	[\$ 41,386.00]
[7]	[\$ 12,951.00]	[\$ 51,366.00]
[8]	[\$ 15,913.00]	[\$ 60,965.00]
[9]	[\$ 18,966.00]	[\$ 70,203.00]
[10]	[\$ 22,105.00]	[\$ 79,071.00]
[11]	[\$ 25,326.00]	[\$ 87,570.00]
[12]	[\$ 28,622.00]	[\$ 95,694.00]
[13]	[\$ 31,993.00]	[\$103,454.00]
[14]	[\$ 35,444.00]	[\$110,877.00]
[15]	[\$ 38,984.00]	[\$117,976.00]
[16]	[\$ 42,621.00]	[\$124,783.00]
[17]	[\$ 46,356.00]	[\$131,320.00]
[18]	[\$ 50,186.00]	[\$137,583.00]
[19]	[\$ 54,106.00]	[\$143,586.00]
[20]	[\$ 58,116.00]	[\$149,345.00]
[Age 60]	[\$ 79,355.00]	[\$ 174,818.00]
[Age 65]	[\$ 101,785.00]	[\$ 194,283.00]
[Age 100]	[\$ 231,051.00]	[\$ 250,000.00]
[Age 121]	[\$ 250,000.00]	[\$ 250,000.00]

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

Non-Forfeiture Interest Rate: 4.00%

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

Certificate Data Pages
Certificate Number [1234567]

[
Term Rider Information

Initial Term Period From [Mar 02, 2012] to [Mar 01, 2022]
Renewal Period From [Mar 02, 2022] to [Mar 01, 2042]
Conversion Period From [Mar 02, 2012] to [Mar 01, 2017]

Renewal Premium Schedule	
Renewal Date	Annual Premium
[Mar 02, 2022]	[\$273.00]
[Mar 02, 2023]	[\$303.00]
[Mar 02, 2024]	[\$331.50]
[Mar 02, 2025]	[\$362.50]
[Mar 02, 2026]	[\$381.00]
[Mar 02, 2027]	[\$401.50]
[Mar 02, 2028]	[\$431.50]
[Mar 02, 2029]	[\$466.50]
[Mar 02, 2030]	[\$515.00]
[Mar 02, 2031]	[\$567.00]
[Mar 02, 2032]	[\$633.00]
[Mar 02, 2033]	[\$715.00]
[Mar 02, 2034]	[\$798.00]
[Mar 02, 2035]	[\$888.00]
[Mar 02, 2036]	[\$964.50]
[Mar 02, 2037]	[\$1,053.00]
[Mar 02, 2038]	[\$1,159.50]
[Mar 02, 2039]	[\$1,289.50]
[Mar 02, 2040]	[\$1,448.00]
[Mar 02, 2041]	[\$1,626.50]

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

]

Certificate Data Pages
Certificate Number [1234567]

[
Flexible Payment Paid-up Additions Rider Information

Minimum Payment Amount [\$50.00]
Maximum Annual Payment Amount [\$5,000.00]
Maximum Lifetime Payment Amount [\$1,000,000.00]

Payment Expense Charge [6.00%] of each accepted payment

Table of Net Single Premium Rates					
Non-Forfeiture Interest Rate: 4.00%					
Date	Net Single Premium Rate	Date	Net Single Premium Rate	Date	Net Single Premium Rate
[Mar 02, 2012]	[0.20045]	[Mar 02, 2041]	[0.51370]	[Mar 02, 2070]	[0.87039]
[Mar 02, 2013]	[0.20761]	[Mar 02, 2042]	[0.52765]	[Mar 02, 2071]	[0.87661]
[Mar 02, 2014]	[0.21501]	[Mar 02, 2043]	[0.54167]	[Mar 02, 2072]	[0.88238]
[Mar 02, 2015]	[0.22267]	[Mar 02, 2044]	[0.55578]	[Mar 02, 2073]	[0.88766]
[Mar 02, 2016]	[0.23059]	[Mar 02, 2045]	[0.57003]	[Mar 02, 2074]	[0.89272]
[Mar 02, 2017]	[0.23877]	[Mar 02, 2046]	[0.58441]	[Mar 02, 2075]	[0.89754]
[Mar 02, 2018]	[0.24722]	[Mar 02, 2047]	[0.59897]	[Mar 02, 2076]	[0.90206]
[Mar 02, 2019]	[0.25593]	[Mar 02, 2048]	[0.61362]	[Mar 02, 2077]	[0.90620]
[Mar 02, 2020]	[0.26490]	[Mar 02, 2049]	[0.62833]	[Mar 02, 2078]	[0.90977]
[Mar 02, 2021]	[0.27412]	[Mar 02, 2050]	[0.64291]	[Mar 02, 2079]	[0.91328]
[Mar 02, 2022]	[0.28358]	[Mar 02, 2051]	[0.65737]	[Mar 02, 2080]	[0.91671]
[Mar 02, 2023]	[0.29327]	[Mar 02, 2052]	[0.67176]	[Mar 02, 2081]	[0.92005]
[Mar 02, 2024]	[0.30323]	[Mar 02, 2053]	[0.68607]	[Mar 02, 2082]	[0.92329]
[Mar 02, 2025]	[0.31344]	[Mar 02, 2054]	[0.70028]	[Mar 02, 2083]	[0.92645]
[Mar 02, 2026]	[0.32400]	[Mar 02, 2055]	[0.71433]	[Mar 02, 2084]	[0.92953]
[Mar 02, 2027]	[0.33490]	[Mar 02, 2056]	[0.72810]	[Mar 02, 2085]	[0.93252]
[Mar 02, 2028]	[0.34613]	[Mar 02, 2057]	[0.74148]	[Mar 02, 2086]	[0.93543]
[Mar 02, 2029]	[0.35767]	[Mar 02, 2058]	[0.75448]	[Mar 02, 2087]	[0.93825]
[Mar 02, 2030]	[0.36948]	[Mar 02, 2059]	[0.76699]	[Mar 02, 2088]	[0.94098]
[Mar 02, 2031]	[0.38156]	[Mar 02, 2060]	[0.77908]	[Mar 02, 2089]	[0.94362]
[Mar 02, 2032]	[0.39387]	[Mar 02, 2061]	[0.79076]	[Mar 02, 2090]	[0.94618]
[Mar 02, 2033]	[0.40636]	[Mar 02, 2062]	[0.80200]	[Mar 02, 2091]	[0.94864]
[Mar 02, 2034]	[0.41905]	[Mar 02, 2063]	[0.81272]	[Mar 02, 2092]	[0.95102]
[Mar 02, 2035]	[0.43193]	[Mar 02, 2064]	[0.82284]	[Mar 02, 2093]	[0.95331]
[Mar 02, 2036]	[0.44509]	[Mar 02, 2065]	[0.83233]	[Mar 02, 2094]	[0.95551]
[Mar 02, 2037]	[0.45851]	[Mar 02, 2066]	[0.84114]	[Mar 02, 2095]	[0.95763]
[Mar 02, 2038]	[0.47214]	[Mar 02, 2067]	[0.84927]	[Mar 02, 2096]	[0.95966]
[Mar 02, 2039]	[0.48592]	[Mar 02, 2068]	[0.85673]	[Mar 02, 2097]	[0.96154]
[Mar 02, 2040]	[0.49979]	[Mar 02, 2069]	[0.86376]	[Mar 02, 2098]	[1.00000]

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Certificate Data Pages
Certificate Number [1234567]

[
Single Payment Paid-up Additions Rider Information

Minimum Payment Amount [\$600.00]
Maximum Payment Amount [\$50,000.00]

Payment Expense Charge [6.00%] of the accepted payment
[Accepted Payment Amount: [\$50,000.00] **Accepted On:** [Mar 02, 2012]]

Table of Net Single Premium Rates					
Non-Forfeiture Interest Rate: 4.00%					
Date	Net Single Premium Rate	Date	Net Single Premium Rate	Date	Net Single Premium Rate
[Mar 02, 2012]	[0.20045]	[Mar 02, 2041]	[0.51370]	[Mar 02, 2070]	[0.87039]
[Mar 02, 2013]	[0.20761]	[Mar 02, 2042]	[0.52765]	[Mar 02, 2071]	[0.87661]
[Mar 02, 2014]	[0.21501]	[Mar 02, 2043]	[0.54167]	[Mar 02, 2072]	[0.88238]
[Mar 02, 2015]	[0.22267]	[Mar 02, 2044]	[0.55578]	[Mar 02, 2073]	[0.88766]
[Mar 02, 2016]	[0.23059]	[Mar 02, 2045]	[0.57003]	[Mar 02, 2074]	[0.89272]
[Mar 02, 2017]	[0.23877]	[Mar 02, 2046]	[0.58441]	[Mar 02, 2075]	[0.89754]
[Mar 02, 2018]	[0.24722]	[Mar 02, 2047]	[0.59897]	[Mar 02, 2076]	[0.90206]
[Mar 02, 2019]	[0.25593]	[Mar 02, 2048]	[0.61362]	[Mar 02, 2077]	[0.90620]
[Mar 02, 2020]	[0.26490]	[Mar 02, 2049]	[0.62833]	[Mar 02, 2078]	[0.90977]
[Mar 02, 2021]	[0.27412]	[Mar 02, 2050]	[0.64291]	[Mar 02, 2079]	[0.91328]
[Mar 02, 2022]	[0.28358]	[Mar 02, 2051]	[0.65737]	[Mar 02, 2080]	[0.91671]
[Mar 02, 2023]	[0.29327]	[Mar 02, 2052]	[0.67176]	[Mar 02, 2081]	[0.92005]
[Mar 02, 2024]	[0.30323]	[Mar 02, 2053]	[0.68607]	[Mar 02, 2082]	[0.92329]
[Mar 02, 2025]	[0.31344]	[Mar 02, 2054]	[0.70028]	[Mar 02, 2083]	[0.92645]
[Mar 02, 2026]	[0.32400]	[Mar 02, 2055]	[0.71433]	[Mar 02, 2084]	[0.92953]
[Mar 02, 2027]	[0.33490]	[Mar 02, 2056]	[0.72810]	[Mar 02, 2085]	[0.93252]
[Mar 02, 2028]	[0.34613]	[Mar 02, 2057]	[0.74148]	[Mar 02, 2086]	[0.93543]
[Mar 02, 2029]	[0.35767]	[Mar 02, 2058]	[0.75448]	[Mar 02, 2087]	[0.93825]
[Mar 02, 2030]	[0.36948]	[Mar 02, 2059]	[0.76699]	[Mar 02, 2088]	[0.94098]
[Mar 02, 2031]	[0.38156]	[Mar 02, 2060]	[0.77908]	[Mar 02, 2089]	[0.94362]
[Mar 02, 2032]	[0.39387]	[Mar 02, 2061]	[0.79076]	[Mar 02, 2090]	[0.94618]
[Mar 02, 2033]	[0.40636]	[Mar 02, 2062]	[0.80200]	[Mar 02, 2091]	[0.94864]
[Mar 02, 2034]	[0.41905]	[Mar 02, 2063]	[0.81272]	[Mar 02, 2092]	[0.95102]
[Mar 02, 2035]	[0.43193]	[Mar 02, 2064]	[0.82284]	[Mar 02, 2093]	[0.95331]
[Mar 02, 2036]	[0.44509]	[Mar 02, 2065]	[0.83233]	[Mar 02, 2094]	[0.95551]
[Mar 02, 2037]	[0.45851]	[Mar 02, 2066]	[0.84114]	[Mar 02, 2095]	[0.95763]
[Mar 02, 2038]	[0.47214]	[Mar 02, 2067]	[0.84927]	[Mar 02, 2096]	[0.95966]
[Mar 02, 2039]	[0.48592]	[Mar 02, 2068]	[0.85673]	[Mar 02, 2097]	[0.96154]
[Mar 02, 2040]	[0.49979]	[Mar 02, 2069]	[0.86376]	[Mar 02, 2098]	[1.00000]

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