

Policy Surrender Request Form

Policy number:

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

1. Owner Information

<p>Information about the Policy Owner.</p>	<p>If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's Licence, Passport or notarized signature) to accompany this request, unless it has been previously provided. This will ensure that there are no delays in processing.</p> <p>Owner 1 Name (first, middle initial & last) <input type="text"/> SIN/TIN <input type="text"/></p> <p>Address <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Primary Phone Number <input type="text"/></p> <p>Owner 2 Name (first, middle initial & last) <input type="text"/> SIN/TIN <input type="text"/></p> <p>Address <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Primary Phone Number <input type="text"/></p>
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Please choose one of these options.	<p><input type="radio"/> Original Policy contract is enclosed.</p> <p><input type="radio"/> Original Policy contract has been misplaced or destroyed.</p>
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2. Payment Instructions

<p>Please choose one of these two options. If no choice is made, Foresters Financial will mail the cheque to the address on file.</p>	<p><input type="radio"/> Cheque mailed to the Owner's current address on file</p> <p><input type="radio"/> Electronic Funds Transfer (Direct Deposit)</p> <p>Please note, the Electronic Funds Transfer (EFT) option is only available if you are the current Owner/Assignee and Payer and currently paying your premium on a Pre-Authorized Chequing Plan (PAC).</p>
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3. Replacement Declaration

<p>Failure to complete this section may delay the processing of your request.</p>	<p>a) Have you purchased a new Foresters Financial product in the last 13 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Policy? <input type="radio"/> Yes <input type="radio"/> No</p> <p>c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company? <input type="radio"/> Yes <input type="radio"/> No</p>
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Please sign on next page

Policy Surrender Request Form (continued)

Policy number:

4. Owner Tax Residency Information

<p>Owner non-US and Canada tax status</p> <p>You have an obligation to notify us of any change in tax residency status.</p>	<p>To comply with part XIX of Canada's Income Tax Act, Canadian financial institutions are required by law to report information to the CRA on certain financial accounts in Canada held by tax residents of jurisdictions other than Canada or the US.</p>		
		Owner 1	Owner 2
	<p>Are you a resident for tax purposes of any jurisdiction other than Canada and the US? If 'yes', provide all of your jurisdictions of tax residence and each respective Taxpayer Identification Number (TIN):</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Owner 1	Owner 2	
	<p>Jurisdiction of tax residence</p> <input type="text"/>	<p>Jurisdiction of tax residence</p> <input type="text"/>	
	<p>TIN</p> <p>If you do not have a TIN for any jurisdiction of tax residence then please choose one of the below codes for each such jurisdiction:</p> <p><input type="radio"/> A: You have applied for a TIN but have not yet received it</p> <p><input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents</p> <p><input type="radio"/> C: Other (please specify reason):</p>	<p>TIN</p> <p>If you do not have a TIN for any jurisdiction of tax residence then please choose one of the below codes for each such jurisdiction:</p> <p><input type="radio"/> A: You have applied for a TIN but have not yet received it</p> <p><input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents</p> <p><input type="radio"/> C: Other (please specify reason):</p>	

5. Agreements and Authorizations

<p>Please review this section before signing.</p>	<p>I, the Owner, certify that the information provided is true, correct and complete. I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information commits an act of fraud, and is subject to criminal and civil penalties. Additionally I understand that:</p> <ul style="list-style-type: none"> This request is not valid unless all pages have been completed and submitted. Any corrections to this form must be initialed by all signing parties. I hereby authorize Foresters Financial to withhold the required tax amount due to the disposition of this Policy. In addition, there may be other tax implications associated with cash disbursements from this Policy. Tax rules also require non-residents to pay tax on policy gains realized upon disposition of an interest in a life insurance Policy issued in Canada. In consideration of and exchange for the value, if any, payable under its terms upon surrender, the above-numbered Policy is hereby surrendered for cancellation. Any value payable upon surrender of the Policy is accepted in full settlement and complete satisfaction of any rights, claims and demands under that Policy. It is expressly represented and warranted that no other person, firm or corporation has any interest in that Policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned. The current beneficiary must sign to release his or her rights if he or she is a Preferred or Irrevocable Beneficiary. The current assignee must sign to acknowledge this transaction.
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6. Signature Section

<p>Printed name and signature are both required.</p> <p>If the Owner, Preferred/Irrevocable Beneficiary or Collateral Assignee is a company, please submit a letter of direction on company letterhead along with this request authorizing this transaction.</p>	<p>Owner 1 - Print name</p> <input type="text"/>	<p>Signature of Owner 1</p> <input checked="" type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>Owner 2 - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Owner 2</p> <input checked="" type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>I, the Preferred/Irrevocable Beneficiary, consent to this request.</p> <p>Beneficiary - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Beneficiary</p> <input checked="" type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>I, the Collateral Assignee, consent to this request.</p> <p>Assignee - Print name (If applicable)</p> <input type="text"/>	<p>Signature of Assignee</p> <input checked="" type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>