

Foresters Life Insurance and Annuity Company

Request for Change of Beneficiary



INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 . www.forestersfinancial.com

Policy/Contract Number: _____

Owner's Current address:

**Date Received at the
Administrative
office:**

Name of Insured/Annuitant: _____

Street: _____

Name of Owner: _____

City, State: _____

Telephone #: _____

Zip Code: _____

The undersigned hereby requests that (1)all designations of Beneficiary made heretofore be revoked and (2)the Beneficiary on the above Foresters Life Insurance and Annuity Company policy/contract be changed to:

PRIMARY BENEFICIARY(IES):

Name Percentage

Name Percentage

Street Address

Street Address

City, State, Zip Code Phone #

City, State, Zip Code Phone #

Relationship Social Security # Birth Date

Relationship Social Security # Birth Date

Name Percentage

Name Percentage

Street Address

Street Address

City, State, Zip Code Phone #

City, State, Zip Code Phone #

Relationship Social Security # Birth Date

Relationship Social Security # Birth Date

CONTINGENT BENEFICIARY(IES):

Name Percentage

Name Percentage

Street Address

Street Address

City, State, Zip Code Phone #

City, State, Zip Code Phone #

Relationship Social Security # Birth Date

Relationship Social Security # Birth Date

with the right to change this designation without the consent of said Beneficiary. I understand that if this form includes any unnamed Beneficiary(ies), it is my responsibility to inform FLIAC of the name, address, date of birth, social security number and relationship for the unnamed Beneficiary(ies). If I do not so inform FLIAC, any decision FLIAC makes in determining unnamed Beneficiary(ies) based upon written evidence acceptable to FLIAC will be final. I agree that any payment made by FLIAC in good faith pursuant to this Change of Beneficiary designation shall fully discharge FLIAC of its liability under the Policy.

Signed at _____, this _____, day of _____, _____, _____
City/State Day Month Year

Signature of Owner: _____

Signature of Joint Owner: _____

FOR COMPLETION BY HOME OFFICE ONLY

Recorded at the home office of Foresters Life Insurance and Annuity Company, on _____, by _____
Registrar