

Application to exercise a conversion privilege

Policy number:

Purpose of this form	Use this form to request conversion that does not require evidence of insurability . Please use our <i>Complex Policy Change</i> form to add benefits or riders or change ratings as part of the conversion.
Terms used in this form	<i>Foresters Financial™, Insurer or We</i> mean The Independent Order of Foresters or Foresters Life Insurance Company. You or your means the Owner(s) who is/are completing and signing this form, unless otherwise specified. Policy means a certificate, annuity or policy issued by an Insurer and includes each rider that is attached. Owner includes Policy Owner, Absolute Assignee and Annuitant. Social Insurance Number will be known as SIN and Tax Identification Number will be known as TIN.

1. Owner Information

Information about the current Policy Owner	Owner 1 Name (first, middle initial & last)		
	<input type="text"/>		
	SIN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Owner 2 Name (If applicable) (first, middle initial & last)		
	<input type="text"/>		
	SIN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Insured Information

Information about the current Insured(s) Only complete if different than Owner.	Insured 1 Name (first, middle initial & last)		
	<input type="text"/>		
	SIN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Insured 2 Name (If applicable) (first, middle initial & last)		
	<input type="text"/>		
	SIN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Insurance to be converted (Existing)

3.1 Coverage to be Converted	Please indicate change request:		
	<input type="radio"/> Base Coverage	<input type="radio"/> Term Rider	<input type="radio"/> Spouse Rider
	<input type="radio"/> Guaranteed Insurability Benefit (GIB)	<input type="radio"/> Other (please specify):	<input type="text"/>
	Riders to be included on the new policy or certificate when the base is converted		
	<input type="radio"/> Accidental Death Benefit	<input type="radio"/> Waiver	<input type="radio"/> Other (please specify):
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Note: You can only use this form to add riders to the new insurance if your existing contract allows it without providing evidence of insurability. Please review the conversion section of your contract for more detail</i>		
	Insured converting:		
	Name (first, middle initial & last)	Date of Birth (mm/dd/yyyy)	
	<input type="text"/>	<input type="text"/>	

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3. Insurance to be converted (Existing) (continued)

Current Face Amount: \$

3.2 Face Amount to Retain under Existing Insurance Plan

(for partial conversions only)

When we process your conversion request, the face amount of the Existing Insurance Plan will be reduced by the amount of insurance converted. If there is any remaining insurance under Existing Insurance Plan, do you want to:

- Continue Existing Insurance Plan with remaining face amount, or
- Terminate Existing Insurance Plan.

Note: If the existing Insurance Plan is anything but preferred term and the face amount of the existing Insurance Plan after conversion is less than the minimum for that Insurance Plan, the existing Insurance Plan will automatically terminate, regardless of the option chosen in this section. However, if the existing Insurance Plan is preferred term and the remaining face amount of the existing Insurance Plan after conversion is greater than or equal to \$50,000 and you have chosen to continue the remaining coverage on the existing Insurance Plan then we will honor your request.

4. Conversion Request

4.1 Insurance Plan to be converted to (New)

Attach illustration for New Insurance Plan

Advantage Plus

Please select a dividend option:

- Paid-up Additions
- Dividends on Deposit
- Cash Payment
- Premium Reduction
- Enhanced Insurance

If Enhanced Insurance is selected please complete:

Basic amount of insurance: \$

Initial enhanced amount: \$

Non-Par Whole Life insurance

If under \$50,000 select Simplified Non-Par Whole Life or Advantage Plus

Amount of insurance: \$

- Single Life
- Joint First-to-die
- Joint Last-to-die

Term 10 Rider: \$

Term 20 Rider: \$

Term 30 Rider: \$

Premium paying period: Pay to 100 20 Pay

Simplified Non-Par Whole Life insurance

Amount of insurance: \$

- Single Life
- Joint First-to-die
- Joint Last-to-die

Premium paying period: Pay to 100

LifeCare Term 75 (for conversions from LifeCare term 10 only)

Face Amount of New Insurance Plan (i.e. amount to convert): \$

5. Owner information for term conversion

5.1 Owner verification

If the current owner is a corporation or other entity, please complete a separate Identity Verification, Corporations and other Entities form 105847 CAN for each Owner.

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the identity of Owners must be verified and the involvement of any third parties determined in section 3.3. For a document to be acceptable for identification purposes, it must have a unique identifier number and must have been issued by a provincial, territorial or federal government.

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5. Owner information for term conversion (continued)

<p>Owner 1</p> <p>Document presented to verify identity:</p> <p><input type="radio"/> Birth certificate</p> <p><input type="radio"/> Driver's license with photo and signature</p> <p><input type="radio"/> Passport</p> <p><input type="radio"/> Other (specify): <input type="text"/></p> <p>Document number</p> <input type="text"/> <p>Place of issue <input type="text"/> Expiry date (mm/dd/yyyy) <input type="text"/></p>	<p>Owner 2</p> <p>Document presented to verify identity:</p> <p><input type="radio"/> Birth certificate</p> <p><input type="radio"/> Driver's license with photo and signature</p> <p><input type="radio"/> Passport</p> <p><input type="radio"/> Other (specify): <input type="text"/></p> <p>Document number</p> <input type="text"/> <p>Place of issue <input type="text"/> Expiry date (mm/dd/yyyy) <input type="text"/></p>
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5.2 Owner US tax status

To comply with the Canada-U.S. Enhanced Tax Information Exchange Agreement, Canadian financial institutions are required by law to report information to the Canada Revenue Agency (CRA) on certain financial accounts held in Canada by U.S. persons.

Are you a U.S. resident for U.S. tax purposes or a U.S. citizen?

Owner 1

Yes No

Owner 2

Yes No

If yes, provide your U.S. tax identification number.

Owner 1 US TIN

Owner 2 US TIN

5.3 Third party determination

A third party is an individual or entity with an interest in a policy but is not an Insured or an Owner. Some examples of third parties include: premium payor, power of attorney, executor, and trustee.

If there are several third parties to be disclosed, complete a separate *Third Party Determination* form 105815 CAN for each one.

Is a third party involved with this application for insurance, or will a third party pay the insurance premiums or have the use of, or access to, the cash value of any policy applied for? If the answer is yes, provide the following information.

Yes
 No

Full legal name of third party (first, middle, last), or corporation/entity

Date of Birth (mm/dd/yyyy)

Type of third party

Relationship to Owners

Detailed occupation or nature of business

Address (street number and name)

City

Province/Territory

Postal code

Registration number if a corporation

Jurisdiction of incorporation

If unable to provide the information above about a third party, provide details as to why:

6. Beneficiary designation

Please read if updating Beneficiary designation

Note: Beneficiary(s) for new Policy will remain the same as the original Policy.

If you wish to change your current beneficiary designations, please complete form number 105929

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7. Premium and issue instructions

7.1 Premium payments

If you are applying for multiple insurance policies, we will apply your premium payment and policy issue instructions to every policy specified unless you direct otherwise.

Cheques are payable to **Foresters**.

Note: If paying monthly, please complete this section. Otherwise, attach a void cheque for first payment.

Premium payor

Who will be paying the premiums for every policy applied for? Select all that apply.

Owner 1 Owner 2 Other (specify):

For monthly PAC withdraw premiums from:

Same account as Foresters policy number:

Account shown in the attached void cheque

Void cheque is not available. Please use the following banking information:

Transit number Bank number Account number

Payment Frequency
 Monthly Quarterly
 Semi-Annually Annually

Withdrawal Date Requested
 1st 8th
 15th 22nd

Type of Account
 Chequing Savings

Name of financial institution

Address

City

Province/Territory

Postal Code

7.2 Pre-authorized Chequing Plan Agreement ("Agreement")

For purposes of this Agreement: "Insurer" means, as applicable, each of The Independent Order of Foresters and Foresters Life Insurance Company; "Policy" means a certificate or policy issued by an Insurer and includes each rider that is attached to it.

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in Section 5.1 of this Application for a term conversion ("Application") and agrees that:

1. The Insurer issuing a Policy is authorized to make deductions monthly under this Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for each Policy issued by that Insurer in response to this Application;
2. The financial institution from which the deductions are to be made is authorized to treat each deduction by the Insurer as though the payor made it personally;
3. The Insurer reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for each Policy issued by it; the subsequent deduction amounts may be variable.
4. This Agreement is effective immediately and will continue until terminated, which either the payor or the Insurer may do at any time by providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting www.cdnpay.ca;
5. Should funds not be available due to insufficient funds, the Insurer may, at its option, draw from the payor's account on the next scheduled withdrawal date for the insufficient amount applicable to each Policy while that Policy is in effect;
6. The payor has certain recourse rights if any debit does not comply with this Agreement. For example, the payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on recourse rights, the payor may contact his or her financial institution or visit www.cdnpay.ca; and
7. The payor may contact the Insurer at its address and phone number:
 Attention: Policy Owner Services
 Foresters, 789 Don Mills Road, Toronto, ON M3C 1T9. 1 (800) 828-1540

The payor waives the right to receive pre-notification of the amount and date of the first deduction and of a change in the deduction amount required as premium or charges for each Policy in effect, or a change in amount requested by the payor by whatever means.

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

Monthly deductions under this Agreement are: Personal Business related

Signature of account holder

X

Date (mm/dd/yyyy)

Signature of joint account holder

X

Date (mm/dd/yyyy)

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8. Agreements and authorizations

8.1 Authorization of change

In this section, "you" and "your" mean the owners of the Existing Insurance Plan, the parent or guardian (or tutor, in Quebec) of any insured children under age 16 (under age 18 in Quebec), any irrevocable or preferred beneficiary or collateral assignee on the Existing Insurance Plan.

"We", "us" and "our" mean the insurer that will insure the New Insurance Plan. For LifeCare, Non-Par Whole Life and Simplified Non-Par Whole Life, the insurer is Foresters Life Insurance Company; for Advantage Plus Whole Life, it is The Independent Order of Foresters.

By signing below:

You acknowledge that we will process your request for conversion in accordance with the terms of your contract and our current administrative rules.

You have read this application for conversion, and confirm that the statements in it are true and complete.

You request and consent to the conversion requested as described in this application for conversion.

You authorize the original insurer to release all information connected with the Existing Insurance Plan to us and our reinsurers, and authorize us to use that information to administer the New Insurance Plan.

You agree that we have the right to contest the new insurance based on the evidence of insurability submitted when the original insurer issued or reinstated the Existing Insurance Plan. This means that we be entitled to void the new insurance if a material misrepresentation was made with respect to the Existing Insurance Plan. The time limits for contestability and suicide will run from the date the Existing Insurance Plan was issued or last reinstated, whichever is later.

You agree that if we issue insurance as requested in this application for conversion:

- On the effective date of the new coverage, the coverage you are converting and any coverage to be canceled, as described in this application for conversion, will terminate.
- Depending on the amount of insurance to be converted or canceled, this means that the existing policy or certificate may terminate. You consent to this termination.
- You agree that the new insurance satisfies the original insurer's obligation to provide additional insurance under the existing Insurance Plan. The original insurer is released from this obligation as if the original insurer had provided the new insurance.
- The current owner(s) of Existing Insurance Plan will be the initial owner(s) of New Insurance Plan.

You have read and understood the final version of the illustration for the New Insurance Plan, if one is required.

You agree and understand that no conversion will take effect until accepted by the Insurer and documents evidencing that conversion are issued by the Insurer.

If you are a beneficiary or collateral assignee, you consent to the termination of your rights with respect to the insurance to be converted and canceled. You understand that you may not have any rights with respect to the New Insurance Plan.

You agree to the change of coverage requested in this form. You understand that:

- The change you are requesting is subject to the terms and conditions of the policy, and will become effective on a date to be determined by Foresters.
- This request is not valid unless all pages have been completed and submitted, including the required cheque or PAC form where applicable.
- Any corrections to this form must be initialed by all signing parties.
- The current beneficiary must sign to release his or her rights if he or she is a:

Preferred Beneficiary: A preferred beneficiary is a beneficiary who was named prior to July 1, 1962, in all Provinces except Quebec, who is one of the following to the Insured Person: husband, wife, child, adopted child, grandchild, and child of adopted child, parent or adoptive parent. However the preferred beneficiary does not have to sign to consent if you are only changing the beneficiary from one preferred beneficiary to another.

Irrevocable Beneficiary: An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if:

- The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or
- In Quebec only, a beneficiary who is the spouse or, currently, civil union partner of the owner, if the owner did not specify on the beneficiary designation form that the designation was to be revocable.

8.2 Owner(s)

Signed at city/province

Date (mm/dd/yyyy)

Initial

If the current owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please initial here and sign below to confirm.

Signature of Owner 1

Please print name, and title if signing for a company

Signature of Owner 2

Please print name, and title if signing for a company

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8. Agreements and authorizations (continued)

8.3 Insured(s)	Signature of Insured 1	Please print name, and title if signing for a company
	<input type="text" value="X"/>	<input type="text"/>
	Signature of Insured 2	Please print name, and title if signing for a company
	<input type="text" value="X"/>	<input type="text"/>

8.4 Irrevocable Beneficiary(ies)	Signed at city/province		Date (mm/dd/yyyy)
	<input type="text"/>		<input type="text"/>
	<input type="text" value="Initial"/>	If the current beneficiary is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please initial here and sign below to confirm.	
	Signature of Beneficiary 1	Please print name, and title if signing for a company	
	<input type="text" value="X"/>	<input type="text"/>	
	Signature of Beneficiary 2	Please print name, and title if signing for a company	
	<input type="text" value="X"/>	<input type="text"/>	

8.5 Collateral Assignee(s)	Signed at city/province		Date (mm/dd/yyyy)
	<input type="text"/>		<input type="text"/>
	<input type="text" value="Initial"/>	If the current Assignee is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please initial here and sign below to confirm.	
	Signature of Beneficiary 1	Please print name, and title if signing for a company	
	<input type="text" value="X"/>	<input type="text"/>	
	Signature of Beneficiary 2	Please print name, and title if signing for a company	
	<input type="text" value="X"/>	<input type="text"/>	

9. Advisor's report

9.1 Advisor information	Advisor name (first, middle, last)		
	<input type="text"/>		
	Advisor code	Agency code	Split %
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Advisor name (first, middle, last)		
	<input type="text"/>		
	Advisor code	Agency code	Split %
	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.2 Signature of advisor who completed this application and advisor's report	I provided to the Owner(s) and Insured(s) a statement of disclosure outlining the companies I represent, the fact that I receive compensation for the sale of life and health insurance company products, and that I may receive additional compensation in the form of bonuses, conference programs or other incentives. I have also disclosed any conflicts or potential conflicts of interest with respect to this transaction.	
	To the best of my knowledge and belief, the information provided in the application is current, correct and complete. I am not aware of any additional information that is material to the underwriting and acceptance of this insurance application that has not been disclosed in this application or advisor's report.	
	I have verified the identity of the Owner(s). I confirm that the identification details provided in this application match the original identification documents shown to me, and that reasonable effort was exercised to determine if each Owner is acting on behalf of a third party. If I suspect that an undisclosed third party is involved, I will within a reasonable time email details to compliancecda@foresters.com .	
	Signature of advisor	Date (mm/dd/yyyy)
	<input type="text" value="X"/>	<input type="text"/>