

# Authorization for Direct Deposit

Policy number:

Purpose of this form	Please use this form for Disbursement Requests, Policy Loan Requests, and to request an Electronic Transfer of Funds to an account other than what is currently on record
Terms used in this form	<p><i>Foresters Financial™, Insurer or We</i> mean The Independent Order of Foresters or Foresters Life Insurance Company. <i>You or your</i> means the Owner(s) who is/are completing and signing this form, unless otherwise specified. <i>Policy</i> means a certificate, annuity or policy issued by an Insurer and includes each rider that is attached. <i>Owner</i> includes Policy Owner, Absolute Assignee and Annuitant.</p>

## 1. Owner Information

Information about the current Policy Owner	Owner Name (First, Middle Initial & Last)		
	Address (Street, City, Province/Territory)		Primary Phone Number
	Social Insurance Number	Email Address to Send Confirmation (Optional)	

## 2. Transaction Type

Please select one  Loan  Partial Surrender/Full Surrender  Dividend Payout  Maturity Endowment  Premium Deposit Fund

## 3. Terms and Conditions

Please review this section before signing	<ul style="list-style-type: none"> <li>By completing this form, in conjunction with my submitted request, I authorize and direct Foresters Financial to directly deposit the above requested funds into my account identified below. In the event that funds are deposited in error, I hereby authorize my bank to return the funds and authorize Foresters to initiate credit or debit entries on the account for the limited purpose of adjustments to payment of amounts arising from the transaction. Once a deposit occurs, Foresters Financial has five days to withdraw up to the amounts deposited if an error has occurred.</li> <li>This authorization must be accompanied by a completed Disbursement Request and/or Policy Loan Request Form along with a copy of a void cheque from my account into which I would like the funds from the completed transaction to be paid. The account identified must be in the name of the Owner of the Certificate to allow for the Direct Deposit Electronic funds transfer option to be available.</li> <li>If the banking information provided by me below is incorrect in any way, Foresters will not be accountable if the funds are deposited and not retracted. I agree to indemnify and /or hold Foresters harmless in such event.</li> <li>Upon the funds being deposited, Foresters shall send confirmation of the deposit to the above provided email address to advise me of the completed request. If the email address I provide is incorrect, I will not receive the email confirmation.</li> <li>If the form is incomplete in any way, if a void cheque is not attached below or if the account holder and Certificate Owner are not the same person, then the Direct Deposit Electronic Fund Transfer option will not be applied and the requested funds will be sent to the Owner's address on file using regular postal service delivery.</li> <li>In the event that in my original request for payment form I requested payment by cheque, the completion of this form amends and overrides such request in favour of a direct deposit to my account identified below.</li> </ul>
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## 4. Agreement of Use

Owner Signature	<p>I have read and agree to the terms and conditions noted above. Please complete the requested transaction and deposit the funds into my account associated with the attached void check.</p> <p>Signature of Policy Owner <span style="float: right;">Date (mm/dd/yyyy)</span></p> <p style="text-align: center; color: red;"><i>Please print form and sign here</i></p>
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## 5. Account Information

Please choose only one option as your preferred method of payment  Deposit funds into the account that is currently on record  Deposit funds into the account to which the void cheque was provided for below

**Please affix a cheque marked "VOID" in this area to confirm banking information**

If you do not have a chequing account, please ask your bank for a counter cheque

If you will be faxing your request, please fax to 1-877-329-4631