

INSTRUCTION GUIDE FOR POLICY LOAN REQUEST FORM

This instruction guide outlines all required sections **1 to 7** that must be completed in full. The form must be signed in **sections 5 and 7**.

This instruction guide is for **reference only and does not need to be returned** with the completed loan form.

If any of the sections listed below are incomplete, the processing of your loan request would be delayed or we may not be able to process the request.

Be sure to enclose the following items:

- ☐ Policy Loan Request Form.
- ☐ If your address has been changed in the last six months then a clear copy of a Utility Bill or government issued identification that shows the current Mailing address must be submitted.
- ☐ If you were a minor and are now the current Owner of the policy or if your Signature has changed since the time of Issue then a clear copy of Government Issued Identification (examples: Driver's License or Passport) must be submitted with the loan request form.
- ☐ Electronic Funds Transfer will not be available if banking information has been changed in the last six months and/or the Payor is different from the Owner.

The following sections must be completed signed and dated per instructions provided.

Write the policy number in the box provided on top right corner of each page of the form as shown

Policy number:

Section 1: Owner Information – complete in FULL

1. Owner Information

Information about the Policy Owner.

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.

Owner 1 Name (first, middle initial & last)

SIN/TIN

Address

Date of Birth (mm/dd/yyyy)

Primary Phone Number

Owner 2 Name (first, middle initial & last)

SIN/TIN

Address

Date of Birth (mm/dd/yyyy)

Primary Phone Number

Section 2: Payment Instruction- If no option is selected, a check will be mailed to the Owner's current address on file

2. Payment Instructions

Please choose one of these two options. If no choice is made, Foresters Financial will mail the cheque to the address on file.

- ☐ Cheque mailed to the Owner's current address on file
☐ Electronic Funds Transfer (Direct Deposit)

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).

Section 3: Loan Request – if a specific dollar amount is not mentioned, the maximum amount available will be granted

3. Loan Request

Please complete this section if you are requesting a cash loan from the cash value of your Policy.

☐ Maximum available loan amount

☐ I request a cash loan in the amount of: \$

If the actual amount of the loan requested exceeds the maximum available, then only the maximum available loan amount will be granted.

For Foresters Universal Life only—If you wish for this loan to be taken from a specific fund account, please provide us with a letter of direction indicating which account(s) you would like the funds to come from. If more than one account, please specify the dollar amount to be taken from each account. Total must add up to amount requested above.

We encourage you to set up a scheduled loan repayment plan to control the amount of interest accrued and applied towards the cash value of your Policy to control the amount of the debt.

Section 4: Replacement Declaration – This section is mandatory to complete. Answer Yes or No to questions A, B and C.

4. Replacement Declaration

Failure to complete this section may delay the processing of your request.

- a) Have you purchased a new Foresters Financial product in the last 13 months?
☐ Yes ☐ No
- b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Policy?
☐ Yes ☐ No
- c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company?
☐ Yes ☐ No

Section 5: Owner Tax Residency Information - If you are obligated to pay taxes to another country, other than US or Canada, please ensure to select Yes below and complete the requested Tax Information.

5. Owner Tax Residency Information

Owner non-US and Canada tax status

You have an obligation to notify us of any change in tax residency status.

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.

		Owner 1	Owner 2
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):		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Owner 1	Owner 2		
Jurisdiction of tax residence	Jurisdiction of tax residence		
TIN	TIN		
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: <input type="radio"/> A: You have applied for a TIN but have not yet received it <input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents <input type="radio"/> C: Other (please specify reason):	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: <input type="radio"/> A: You have applied for a TIN but have not yet received it <input type="radio"/> B: That jurisdiction of tax residence does not issue TINs to its residents <input type="radio"/> C: Other (please specify reason):		

Section 6: Agreements and Authorizations on page 2– read through this section carefully

Section 7: Signature Section- Owner signature - complete in FULL

7. Signature Section

Printed name and signature are both required.

If the Owner, Preferred/ Irrevocable Beneficiary or Collateral Assignee is a company, please submit a letter of direction on company letter head along with this request authorizing this transaction.

Owner 1 - Print name	Signature of Owner 1	Date (mm/dd/yyyy)
	X	
Owner 2 - Print name (If applicable)	Signature of Owner 2	Date (mm/dd/yyyy)
	X	
I, the Preferred/Irrevocable Beneficiary, consent to the loan and understand that it may impact the amount of the death benefit payable.		
Beneficiary - Print name (If applicable)	Signature of Beneficiary	Date (mm/dd/yyyy)
	X	
I, the Collateral Assignee, consent to the loan and understand that it may impact the amount of the death benefit payable.		
Assignee - Print name (If applicable)	Signature of Assignee	Date (mm/dd/yyyy)
	X	

Preferred/Irrevocable Beneficiary – only complete if applicable

A Preferred/Irrevocable Beneficiary means that any changes affecting the value of the policy require the beneficiary's written consent and their signature is required on this form.

Collateral Assignee – only complete if applicable

Collateral Assignee is applicable if you have assigned your certificate to a financial institution (usually to cover a debt).

Date - Date field in the above section refers to today's date