

INSTRUCTION GUIDE FOR POLICY SURRENDER REQUEST FORM

This instruction guide outlines all required sections **1 to 6** that must be completed in full. The form must be signed in **Section 6**.

This instruction guide is for **reference only** and **does not need to be returned** with the completed Surrender 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 Surrender 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 Certificate 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 License, 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 Name (first, middle initial & last)	SSN/TIN
Address	Date of Birth (mm/dd/yyyy) Primary Phone Number
Please choose one of these options.	<input type="radio"/> Original Certificate contract is enclosed. <input type="radio"/> Original Certificate contract has been misplaced or destroyed.

Section 2: Payment Instructions - 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 check to the address on file.	<input type="radio"/> Check mailed to the Owner's current address on file <input type="radio"/> Electronic Funds Transfer (Direct Deposit)
	Please note, the Electronic Funds Transfer (EFT) option is only available if you are the current Owner/Assignee and Payor and currently paying your premium on a Pre-Authorized Checking Plan (PAC).

Section 3: Replacement Declaration – This section is mandatory. Answer Yes or No to questions A, B and C.

3. Replacement Declaration

Failure to complete this section may delay the processing of your request.	<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 Certificate? <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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Section 4: 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.

4. Withholding Tax

There may be federal and state income tax consequences associated with surrendering your certificate. Foresters Financial representatives do not provide tax advice. Please consult your tax advisor to understand the potential implications of surrendering your coverage.

If eligible, please check the appropriate option:

Withhold federal and state income tax
 Do not withhold federal and state income tax

If no choice is made, Foresters Financial will withhold the applicable federal and state withholding taxes from the taxable portion of the payment, if any.

Under penalties of perjury, by signing below, I certify that:

a. The Social Security Number on this form is my correct taxpayer identification number;
 b. I am not subject to backup withholding due to failure to report interest and dividend income;
 c. I am a US person (including a US resident alien); and
 d. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding. You must cross out item (c) if you are not a US person (including a US resident alien).

Owner's Signature *Continue to page 2 for additional signatures; failure to sign page 2 will result in our inability to process your request.*

Section 5: Agreements and Authorizations on page 2 – read through this section carefully

Section 6: Signature Section - Owner signature - complete in FULL

6. Signature Section

<p>Printed name and signature are both required.</p> <p>If the Owner, 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>	Owner - Print name	Signature of Owner	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>
	I, the Irrevocable Beneficiary, consent to this request.		
	Beneficiary - Print name (If applicable)	Signature of Beneficiary	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>
	I, the Collateral Assignee, consent to this request.		
	Assignee - Print name (If applicable)	Signature of Assignee	Date (mm/dd/yyyy)
	<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

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 Policy (for example, financial institution) (usually to cover a debt).

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