

Foresters Life Insurance and Annuity Company

Request for Change of Ownership



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

Name of Owner: _____
Name of Annuitant/Insured: _____
Owner's Current Address: _____ (Phone#): _____

Date Received at the
Administrative
office:

A Master Account Agreement (MAA) must be completed by the new owner and accompany this form, unless there is one on file. Please refer to the Instructions page for the appropriate MAA.

The undersigned hereby requests that the ownership of the referenced Policy/Contract be changed and that the following provision be added to and made part of the above Foresters Life Insurance and Annuity Company Policy/Contract:

New Policy/Contract Owner

Name: _____
Relationship: _____
(to the insured/annuitant)
SS#: _____
D.O.B.: _____ Telephone #: _____
Address: _____
City State Zip Code

Is the Ownership Change in connection with a structure or viatical settlement? Yes No

Once the Company receives and accepts this form, the Owner designation will be changed and all other documents pertaining to ownership of the Policy/Contract will be null and void. Once accepted, the new Owner may, during the lifetime of the Insured/Annuitant, without the consent of the Insured/Annuitant and to the exclusion of the Insured/Annuitant, exercise all rights, privileges and options and receive all benefits conferred by the Policy/Contract, anything in the Policy/Contract to the contrary notwithstanding, except that any benefit paid at the death of the Insured/Annuitant shall be paid to the designated Beneficiary(ies), if any, otherwise such benefit shall be paid to the Owner.

It is hereby warranted that the undersigned is Owner of the said Policy/Contract and of all the right and privileges incident thereto; that here has been no assignment of the Policy/Contract or any part thereof, and that no proceedings in bankruptcy or insolvency have been filed or are pending against the current or new owner.

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

Signature of New Owner: _____

Signature of Current Owner: _____

Joint/New Owner: _____

Joint/Current Owner: _____

FOR COMPLETION BY ADMINISTRATIVE OFFICE ONLY

The foregoing change of ownership is added to and made part of said Policy/Contract as of the date of execution.

Date at the administrative office, on _____, by _____
Registrar

Carol Springsteen,
President