

Foresters Life Insurance and Annuity Company Automated Subaccount Reallocation/ Systematic Transfer Form



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

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

**Date Received at the
Administrative
office:**

A. Please check one of the products below:

- ISP Choice
- Single Premium Variable Life
- Variable Universal Life
- First Choice Annuity
- First Choice Bonus Annuity

B. Select the option that applies to your automated transfer request:

- I wish to elect the Automated Subaccount Reallocation Option **(If desired allocation is different from allocation on file make the selections in column(2) of section C.)**
- Please discontinue the Automated Subaccount Reallocation Option
- I wish to elect the Systematic Transfer Option shown in column(3) and column(4) of section C.
I would like the Systematic Transfer to occur at the following intervals:

Monthly
 Quarterly
- Please discontinue the Systematic Transfer Option

C. Select Funds:

	(1)	(2)	(3)	(4)
<u>Subaccount Series</u>	<u>Allocation %</u>	<u>Transfer Amount Out</u>	<u>Transfer Amount In</u>	
Balanced Income	_____	_____	_____	_____
Covered Call Strategy	_____	_____	_____	_____
Equity Income	_____	_____	_____	_____
Fund For Income	_____	_____	_____	_____
Government	_____	_____	_____	_____
Govt Cash Management	_____	_____	_____	_____
Growth & Income	_____	_____	_____	_____
International	_____	_____	_____	_____
Investment Grade	_____	_____	_____	_____
Ltd Dur HQ Bond	_____	_____	_____	_____
Opportunity	_____	_____	_____	_____
Real Estate Fund	_____	_____	_____	_____
Select Growth	_____	_____	_____	_____
Special Situations	_____	_____	_____	_____
Total Return	_____	_____	_____	_____

D. Signatures

Signature of Owner #1 _____ Date _____

Signature of Owner #2 _____ Date _____

For FFS Reps Only: I certify that all signatures that require a signature guarantee in this form are genuine.

Reg. Rep # _____ Registered Representative's Name (print) _____ Registered Representative's Signature _____ Date _____

Reg. Rep # _____ Principal's Name (print) _____ Principal's Signature _____ Date _____