

Foresters Life Insurance and Annuity Company Lifeline Application



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: _____ (Phone#): _____
 Owner's Current Address: _____

Date Received at the
 Administrative
 office:

A. Contract(s)/Policy(s) Number and Deposit/Premium Amounts:

<u>Contract/Policy Number</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

B. Bank Information:

Please check one: Checking Savings

 Name of Bank

 Name of Depositor

 Bank's Address

 Name of Joint Depositor

 Bank Account Number

 Transit Routing Number (9 digits)

I request the day of withdrawals or debits to my account to be on or about the _____ of each month

C. Authorization and Signature:

This Authorization is subject to the following terms and conditions:

1. The presentation of withdrawal request forms shall constitute due notices of being due on the policies or policies
2. The privilege of paying premiums under this plan will be revoked by the Company if any withdrawal request is not paid upon presentation, and such action by the bank shall be notice of nonpayment of premium.
3. They payment of premiums under this plan may be discontinued by the Company or undersigned upon thirty (30) days written notice.
4. In the event that the Lifeline plan is terminated for any cause, any unpaid premiums or premiums due shall be paid directly to the Company, the mode of premium payment will be changed to quarterly, and it shall be your responsibility to pay the quarterly premium directly to the Company.
5. If the Lifeline plan is terminated, you may reapply for the Lifeline privileges on your next policy anniversary only.

Authorization Agreement

To Honor Withdrawals by Foresters Life Insurance and Annuity Company, New York, NY

I authorize Foresters Life Insurance and Annuity Company (FLIAC) to initiate debit entries to my bank account listed above. Lifeline payments will be applied to the FLIAC insurance contract(s)/policy(s) as indicated. As a convenience to me, I hereby request and authorize you to honor request for withdrawals on my account by FLIAC provided there are sufficient funds to cover such debits. I further agree that your treatment of such orders will be same as if I personally signed or initiated the debit or draft and that this authority will remain in effect until you receive my written instruction to cancel this service. In addition, I agree that if any such draft or debit is dishonored for any reason, you shall have no liability.

 Signature of Bank Account Owner

 SS#

 Date

 Signature of Joint Bank Account Owner (if any)

 SS#

 Date