

Foresters Life Insurance and Annuity Company

Annuity Partial Surrender Request Form



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

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

Date Received at the
 Administrative
 office:

A. Please check one of the options below:

- Request a gross partial surrender in the amount of: \$ _____ (Amount before withholding taxes)
- Request a net partial surrender in the amount of: \$ _____ (Amount after withholding taxes)
- Maximum amount allowed without incurring surrender charges.
- Minimum Required Distribution (applicable for IRA contracts).
- Partial 1035 exchange in the amount of: \$ _____
- Partial IRA Rollover or IRA Transfer in the amount of: \$ _____

B. Select the delivery method:

- Regular Mail FEDEX Standard overnight (\$18 charge) FEDEX Saturday Delivery (\$32 charge) To FFS

C. Check one of the options for delivery: (N/A for 1035 exchanges or IRA transfers)

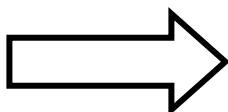
- To the address of record.
- To the following address: _____
(Requires Medallion Signature Guarantee or Manager Signature Guarantee)
- To Foresters Financial Services Account #: _____

Please note: The check will be made payable F/B/O the contract owner, even if it is sent to a different address than the one of record.

A Medallion Signature Guarantee or a Manager Signature Guarantee is required if the proceeds are sent to a different address than the one on record, if the address of record was updated less than 30 days prior to the partial surrender request, or if the partial surrender is greater than \$100,000.00. (Not applicable for residents of New Jersey).

Affix Medallion Signature Guarantee here.

Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



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 #	Registered Representative's Name (print)	Registered Representative's Signature	Date

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D. Tax Withholding Information:

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of Federal Income tax.

A partial withdrawal may result in a taxable gain reportable to the IRS. Generally, Federal withholding applies to taxable payments made from pension, profit sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement arrangements (IRA), and commercial annuities. If you make a withdrawal before you reach age 59½, you also may be subject to a 10% penalty tax on any taxable gain. This would be in addition to any income tax you may be subject to on the taxable gain.

Even if you elect not to have Federal income tax withheld, you are liable for payment of such tax on the taxable portion of your payment.

Please consult your tax advisor for complete details of the rules stated above.

The undersigned understands that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

- Do not withhold federal income tax on any taxable portion of payments.
- Withhold 15% federal income tax on any taxable portion of payments.
- Withhold \$_____ or _____ % of federal income tax from any taxable portion of payments.

E. Signature (s):

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) above if you are subject to backup withholding. (3) The requested withdrawal may be subject to an additional Contingent Deferred Sales Charge (CDSC) if it exceeds the 10% withdrawal privilege. (Please refer to your contract or prospectus for details)

Signature of Owner #1

SS#

Date

Signature of Owner #2 (if any)

SS#

Date

Please refer to the chart for signature requirements:

Policy Owner:	Form must be signed by:	Additional requirements:
Trust	Trustee	Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority)
Minor	Guardian	Letters of guardianship
Assignee	Assignee	Corporate resolution
Corporation	Corporate officer	Corporate resolution



The form must be fully completed and mailed to the home office in order to process the request.