

Request for Change of Beneficiary

Instructions



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

The change of Beneficiary will take effect on the date the enclosed form is received at the Administrative office in good order. A form is considered in good order if the following fields are completed:

- **Top of the form:** Policy/Contract number, Name of the Insured/Annuitant, Name of Owner, Current Owner's Address and Telephone number.
- **Primary Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number.
- **Contingent Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number (if applicable).
- **Signature of Owner:** Note, if joint owners, both owners must sign the form.
- **Current date:** The form must be received at our Administrative office within 60 days of the date the form was signed. If the form is received 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: If the form is not in good order, the request will be rejected.

If the Request for Change of Beneficiary form does not provide enough space, an Additional Sheet for Change of Beneficiary Request form should be submitted for the remaining beneficiaries. Both forms must be signed and currently dated.

Please refer to the chart below for additional requirements needed to complete a change of beneficiary when the change is to a non-natural person.

Foresters Life Insurance and Annuity Company

Request for Change of Beneficiary



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Policy/Contract Number: _____ Owner's Current address: _____
 Name of Insured/Annuitant: _____ Street: _____
 Name of Owner: _____ City, State: _____
 Telephone #: _____ Zip Code: _____

The undersigned hereby requests that (1)all designations of Beneficiary made heretofore be revoked and (2)the Beneficiary on the above Foresters Life Insurance and Annuity Company policy/contract be changed to:

PRIMARY BENEFICIARY(IES):

_____ Name	_____ Percentage	_____ Name	_____ Percentage
_____ Street Address		_____ Street Address	
_____ City, State, Zip Code	_____ Phone #	_____ City, State, Zip Code	_____ Phone #
_____ Relationship	_____ Social Security #	_____ Relationship	_____ Social Security #
_____ Birth Date		_____ Birth Date	

_____ Name	_____ Percentage	_____ Name	_____ Percentage
_____ Street Address		_____ Street Address	
_____ City, State, Zip Code	_____ Phone #	_____ City, State, Zip Code	_____ Phone #
_____ Relationship	_____ Social Security #	_____ Relationship	_____ Social Security #
_____ Birth Date		_____ Birth Date	

CONTINGENT BENEFICIARY(IES):

_____ Name	_____ Percentage	_____ Name	_____ Percentage
_____ Street Address		_____ Street Address	
_____ City, State, Zip Code	_____ Phone #	_____ City, State, Zip Code	_____ Phone #
_____ Relationship	_____ Social Security #	_____ Relationship	_____ Social Security #
_____ Birth Date		_____ Birth Date	

with the right to change this designation without the consent of said Beneficiary. I understand that if this form includes any unnamed Beneficiary(ies), it is my responsibility to inform FLIAC of the name, address, date of birth, social security number and relationship for the unnamed Beneficiary(ies). If I do not so inform FLIAC, any decision FLIAC makes in determining unnamed Beneficiary(ies) based upon written evidence acceptable to FLIAC will be final. I agree that any payment made by FLIAC in good faith pursuant to this Change of Beneficiary designation shall fully discharge FLIAC of its liability under the Policy.

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

Signature of Owner: _____ Signature of Joint Owner: _____

FOR COMPLETION BY HOME OFFICE ONLY

Recorded at the home office of Foresters Life Insurance and Annuity Company, on _____, by _____
Registrar