

Foresters Life Insurance and Annuity Company

Request for Change of Ownership Instructions



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

The change of Ownership will take effect on the date the following form is received at the Administrative office in good order along with any additional requirements listed below. The RCO-IS form is considered in good order if the following fields are completed:

- **Current Owner Information:** Policy/Contract number, Name of Insured/Annuitant, Address, and Telephone number of Owner.
- **New Owner Information:** Name, Address, Relationship, to the insured, SS#, Date of Birth, Address, and Telephone number.
- **Signature of Current Owner:** Note, if joint owners, both owners must sign the form.
- **Signature of New 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 more than 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: The change of ownership does not affect the Beneficiary designation on file. If the new owner wishes to change the Beneficiary designation, a Request for Beneficiary Change form must be completed.

Please remember; while you are able to change the ownership of a policy/contract, the designated insured/annuitant will remain unchanged.

Please refer to the chart below for the requirements needed to do a change of ownership.

Type of Ownership Change	Requirements
To an Individual	<ul style="list-style-type: none"> • Request for change of ownership form • MAAP-SO completed by the new owner.
To a Corporation	<ul style="list-style-type: none"> • Request for change of ownership form. • MAAP-A completed with the EIN number for the corporation, signed by an officer of the corporation. • Corporate resolution.
To a Trust	<ul style="list-style-type: none"> • Request for change of ownership form. Please include the address of the trustee under the new owner information. • Copies of the first and signature pages of the trust. • MAAP-O completed with the Trust ID number for the trust, signed by the trustee.
When insured reaches the age of majority	<ul style="list-style-type: none"> • MAAP-SO signed by the former minor. • Letter of instruction signed by former minor.
Due to Death of the Owner – Only applicable for Life Policies	<ul style="list-style-type: none"> • Certified copy of Death Certificate. • Certified copy of Letters Testamentary or Letters of Administration. • Request for change of ownership signed by the Executor/Executrix of the Estate as the current
Due to the Death of the Owner – Only applicable for Annuity Contracts as a spousal exception. Note: This option is available only in the situation where the spouse is the sole primary beneficiary of the deceased owner/annuitant.	<ul style="list-style-type: none"> • Certified copy of the Death Certificate. • Return of the contract or the Lost Policy Declaration for Beneficiaries form (CL-39). • New application completed by the spouse. • MAAP-SO completed by the spouse.

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Name of Owner: _____

Name of Annuitant/Insured: _____

Owner's Current Address: _____

City State Zip Code

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.

Transfer of ownership may result in a taxable event. Consult your tax advisor if you have questions regarding your situation. The Company is not responsible for the validity or effect of this transfer of ownership.

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 or contract.

Policy/Contract Number: _____

Name: _____

Relationship:
(to the insured/annuitant) _____

SS#: _____

D.O.B.: _____ Phone #: _____

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.

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It is hereby warranted that the undersigned is Owner of the said Policy/Contract and of all the right and privileges incident thereto; that there 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