

# Foresters Life Insurance and Annuity Company Subaccount Reallocation Form for Life and Annuities



INFORCE SERVICES DEPARTMENT Raritan Plaza I, P.O. Box 7836 Edison, New Jersey 08818-7836 1-800-832-7783 [www.forestersfinancial.com](http://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:**

- Insured Series Policy
- Tax Tamer I
- Tax Tamer II

**B. Select the option that applies to your request:**

- Please change the allocation to the following: **(Will only affect future deposits/premiums)**
- Please reallocate my Accumulation Value to the following: **(Will only affect current value)**
- Please change the allocation and reallocate my Accumulation Value to the following:  
**(Will affect current value and future deposits/premiums)**
- Please rebalance my allocations

**C. Select Funds:**

Up to 5 subaccounts may be selected; each percent must be a whole number not less than 10%; total percent allocated equal 100%

<u>Subaccount Series</u>	<u>Allocation %</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	_____

**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

SRF-LA1 (10/16)