

# 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:**

- ISP Choice
- Single Premium Variable Life
- Variable Universal Life
- First Choice Annuity
- First Choice Bonus Annuity

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

- Please change the allocation to the percentages shown in column(2)\* **(Will only affect future deposits/premiums)**
- Please reallocate my Accumulation Value to the percentages shown in column(2) **(Will only affect current value)**
- Please change the allocation and reallocate my Accumulation Value to the percentages shown in column(2) **(Will affect current value and future deposits/premiums)**
- Please rebalance my allocations **(Will only affect current value)**
- Please make a dollar amount transfer shown in column(3) from the Subaccounts shown in column(1) to the Subaccounts shown in column(4) (minimum transfer amount to any one account is \$100 in whole dollar amounts only)

**C. Select Funds:**

(1) Subaccount Series	(2) Allocation %	(3) Transfer Amount	(4) Transfer To
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	_____	_____	_____
Fixed Account^	_____	_____	_____

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**D. Signatures**

\_\_\_\_\_  
 Signature of Owner #1

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner #2

\_\_\_\_\_  
 Date

**\*If the Automated Subaccount Reallocation Option is in effect for your contract/policy, the allocation will become effective on the first Business Day of the Contract Quarter that next follows the date on which we receive the request**

**^Fixed Account**

**1. Single Premium Variable Life**

- a. **Maximum amount 25% or 50% for policies issued before 10/1/08**
- b. **Transfer to the Fixed Account must not cause the ratio of the Fixed Account to the Accumulation Value to exceed 25% or 50% for policies issued after 10/1/08.**
- c. **Transfer from the Fixed Account are limited to the greater of \$1,000 or 25%**
- d. **Limit one transfer to or from per any 12 month period**

**2. ISP Choice, Variable Universal Life, First Choice, & First Choice Bonus**

- a. **Maximum amount 50%**
- b. **Transfer to the Fixed Account must not cause the ratio of the Fixed Account to the Accumulation Value to exceed 50%**
- c. **Transfer from the Fixed Account are limited to the greater of \$1,000 or 25%**
- d. **Limit one transfer to or from per any 12 month period**

**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