

# Foresters Life Insurance and Annuity Company Life Insurance 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](http://www.forestersfinancial.com)

Policy Number: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ (Phone#): \_\_\_\_\_  
Owner's Current Address: \_\_\_\_\_

Date Received at the  
Administrative  
office:

**The undersigned hereby applies to Foresters Life Insurance and Annuity Company for the net cash surrender value of the above contract. It is hereby warranted that no insolvency or bankruptcy proceedings are pending against the undersigned. Any request for an automatic premium loan is hereby revoked.**

**A. Please check the type of transaction being processed:**

- Surrender (the check will be made payable F/B/O the policy owner).
- 1035 Exchange (the check will be made payable to the outside company F/B/O the policy owner).
- Internal Replacement
- Internal Conversion

**Please note: Surrenders to third party payee will only be processed via 1035 exchange.**

**B. Select one of the options below:**

- Policy Enclosed
- Policy not enclosed. **Complete section C.**

**C. Lost Policy Declaration:** In consideration of the payment of the above policy's net cash surrender value, the undersigned agrees that the entire liability of Foresters Life Insurance and Annuity Company under this policy shall be discharged and terminated upon receipt of this form at the Home Office of the Company, during the lifetime of the Insured, together with the policy and any other papers which the Company considers necessary to effect surrender of the contract

To the best of the knowledge and belief of the undersigned, these statements are true: (a) The contract has been lost or destroyed. (B) No one has the contract. (c) It is not now assigned, or otherwise transferred to anyone. (d) It is not in any way pledged as a security for money advanced or value received.



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



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

# Foresters Life Insurance and Annuity Company Life Insurance 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](http://www.forestersfinancial.com)

## D. Select the delivery method:

- Regular Mail
- FEDEX Standard overnight (\$18.00 charge)
- FEDEX Saturday Delivery (\$32.00 charge)
- To FIC

## E. Check one of the options for delivery: (N/A for 1035 exchanges)

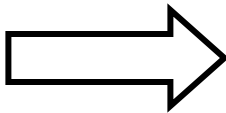
- To the address of record.
- To the following address: \_\_\_\_\_  
(Requires Medallion Signature Guarantee or Manager Signature Guarantee)
- To Foresters Financial Services Account #: \_\_\_\_\_

Please note: The check will be made payable F/B/O the policy 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 surrender request, or if the cash surrender value is greater than \$100, 000.00. (Not applicable for resident 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 #

\_\_\_\_\_  
Principal's Name (print)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

# Foresters Life Insurance and Annuity Company

## Life Insurance Surrender Request Form



INFOFORCE 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)

**F. Tax Information:** 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 \$\_\_\_\_\_ federal income tax from any taxable portion of payments.

**G. 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.



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

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Date



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

\_\_\_\_\_  
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.