

Beneficiary Change Form

Certificate number:

Purpose of this form	Use this form to request a change of beneficiary on your certificate.
Terms used in this form	<p><i>Foresters Financial™, Insurer or We</i> mean The Independent Order of Foresters. <i>You or your</i> mean the Owner who is completing and signing this form, unless otherwise specified. <i>Certificate</i> means a Certificate issued by the Insurer. <i>Owner</i> includes Certificate Owner, Absolute Assignee, or Annuitant.</p>

1. Certificate Owner Information

Information about the current Certificate Owner	<p>If the Insured was a minor at issue and is now the Owner, we will require a copy of government ID (Driver's License, Passport or notarized signature) to accompany this request, unless it has been previously provided. This will ensure that there are no delays in processing.</p>
	<p>Certificate Owner Name (first, middle initial & last) <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/></p>
	<p>Address <input type="text"/> Primary Phone Number <input type="text"/></p>

2. Beneficiary Designation

<p>Revocable/Irrevocable designations All beneficiaries are revocable unless otherwise stated. Once an irrevocable beneficiary has been named, his or her written consent is required for changes affecting the value of the certificate. Primary beneficiaries receive the benefits that are payable when the insured dies. Contingent beneficiaries would only receive those benefits if all of the primary beneficiaries die before the insured does. Please ensure all Primary beneficiary designations total 100%. Please ensure all Contingent beneficiary designations total 100%. * Social Security Number is only required if the certificate was issued in the state of New York (NY).</p>	Primary Beneficiary(ies)			
	Name (first, middle initial & last)	Social Security Number*	Date of Birth (mm/dd/yyyy)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	Address	Phone Number	Relationship	Share %
	Name (first, middle initial & last)	Social Security Number*	Date of Birth (mm/dd/yyyy)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	Address	Phone Number	Relationship	Share %
	Name (first, middle initial & last)	Social Security Number*	Date of Birth (mm/dd/yyyy)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	Address	Phone Number	Relationship	Share %
	Contingent Beneficiary(ies)			
	Name (first, middle initial & last)	Social Security Number*	Date of Birth (mm/dd/yyyy)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	Address	Phone Number	Relationship	Share %
Name (first, middle initial & last)	Social Security Number*	Date of Birth (mm/dd/yyyy)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	
Address	Phone Number	Relationship	Share %	

Please check this box if you have attached a letter of direction with additional beneficiary instructions. Please also include all above required beneficiary information.

Please sign on next page

Beneficiary Change Form (continued)

Certificate number:

3. Agreements and Authorizations

Please review this section before signing.

You (being the Owner) agree to the change requested in this form. You agree that:

- You hereby revoke any existing beneficiary designation(s) or direction(s) of payment, including any primary and/or contingent beneficiary designation(s), previously made with respect to proceeds payable upon the death of the insured person or annuitant under the above-described Certificate, and designate the beneficiary(ies) listed above.
- Any corrections to this form must be initialed by all signing parties.
- If any beneficiary named in this form is a minor then a trustee must be named to receive any proceeds that become payable to the child while a minor.
- The current beneficiary must sign to release his or her rights if he or she is an Irrevocable Beneficiary.

An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if the owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under state law.

4. Signature Section

Printed name and signature are both required.

If the Owner or Irrevocable Beneficiary is a company, please submit a letter of direction on company letter head along with this request authorizing this transaction.

A Power of Attorney cannot sign for an owner.

Witness

The witness must be over the age of majority and cannot be a beneficiary or any related party of the contract. If the witness is omitted, this change will not be processed.

The witness must sign and date the form on the same day as the owner.

Certificate Owner - Print name <input type="text"/>	Signature of Certificate Owner <input type="text" value="X"/>	Date (mm/dd/yyyy) <input type="text"/>
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I, the Irrevocable Beneficiary, consent to this change (If applicable - see above).

Beneficiary 1 - Print name <input type="text"/>	Signature of Beneficiary 1 <input type="text" value="X"/>	Date (mm/dd/yyyy) <input type="text"/>
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Beneficiary 2 - Print name (If applicable) <input type="text"/>	Signature of Beneficiary 2 <input type="text" value="X"/>	Date (mm/dd/yyyy) <input type="text"/>
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Beneficiary 3 - Print name (If applicable) <input type="text"/>	Signature of Beneficiary 3 <input type="text" value="X"/>	Date (mm/dd/yyyy) <input type="text"/>
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Witness - Print name <input type="text"/>	Signature of Witness <input type="text" value="X"/>	Date (mm/dd/yyyy) <input type="text"/>
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Relationship to Owner <input type="text"/>	Primary telephone <input type="text"/>
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