

Beneficiary Change Form

Certificate number:

Purpose of this form	Use this form to request a Change of Beneficiary.
Terms used in this form	<p><i>Foresters Financial™ or 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>Owner</i> includes Certificate Owner, Absolute Assignee and Annuitant. <i>Social Security Number</i> will be known as SSN and <i>Tax Identification Number</i> will be known as TIN.</p>

1. Certificate Owner Information

Information about the current Certificate Owner	Owner Name	<input type="text"/>		
	Address	<input type="text"/>		
	City/Town	State	Zip Code	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Beneficiary Designation

Please ensure that you are naming at least one Primary Beneficiary and that the Primary beneficiary designation(s) total 100%.

Please ensure Contingent beneficiary designation(s) total 100%.

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. Please avoid naming a minor as an irrevocable beneficiary, as they cannot give consent to any changes. A Power of Attorney cannot sign for an owner.

Beneficiary 1

Full name (first, middle, last), or corporation/entity Date of Birth (mm/dd/yyyy)

Relationship to Insured Primary Revocable Irrevocable Contingent Share %

Mailing address (apartment number, street number and name) City/Town

State Zip Code SSN

Primary telephone Email address

Beneficiary 2

Full name (first, middle, last), or corporation/entity Date of Birth (mm/dd/yyyy)

Relationship to Insured Primary Revocable Irrevocable Contingent Share %

Mailing address (apartment number, street number and name) City/Town

State Zip Code SSN

Primary telephone Email address

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2. Beneficiary Designation (continued)

Beneficiary 3

Full name (first, middle, last), or corporation/entity Date of Birth (mm/dd/yyyy)

Relationship to Insured Primary Contingent Revocable Irrevocable Share %

Mailing address (apartment number, street number and name) City/Town

State Zip Code SSN

Primary telephone Email address

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

Trustee Designation

If you have named a beneficiary who is a minor or a person who is in the care of a Guardian, please name the Trustee to receive any proceeds while under their trust or care. Please also submit the supporting Documentation.

Trustee of Beneficiary(ies) (if applicable)

Name of Trustee Relationship to Beneficiary

Trustee to which Beneficiary:

Beneficiary #1 Beneficiary #2 Beneficiary #3

3. Agreements and Authorizations

Please review this section before signing.

You agree to the beneficiary change requested in this form. You agree that:

- You hereby revoke any beneficiary or direction of payment that was previously made with respect to proceeds payable upon the death of the insured person or annuitant under the above described certificate.
- The beneficiary change you are requesting is subject to the terms and conditions of the certificate, and will become effective on the date that the request is signed.
- Any corrections to this form must be initialed by all signing parties.
- 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 or on the application that designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under state law; or
- You authorize the named trustee to receive payments for a beneficiary under the age of majority in their state or a person who is in the care of a Guardian and to apply the proceeds solely for the support, maintenance, education and the benefit of such beneficiary at the discretion of the trustee.

4. Signature Section

4.1 Owner Signature

If the Insured was a minor at issue and is now the current Owner or a hand written signature was not provided at the time of the application, we will require a copy of government ID (Driver's License, Passport or notarized signature) to accompany this request.

Initial If the Owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below, and initial the box to the left to confirm.

Owner - Please print name, and title if signing for a company Signature of Owner

Signed at City/Town, State Date (mm/dd/yyyy)

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4. Signature Section (continued)

4.2 Irrevocable Beneficiary(ies) (If applicable)

The current Beneficiary(ies) must sign to release his or her rights if he or she is an irrevocable beneficiary (for definitions, see Section 3).

If the current irrevocable beneficiary is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below, and initial the box to the left to confirm.

Beneficiary 1 - Please print name, and title if signing for a company

Signature of Beneficiary 1

Signed at City, State

Date (mm/dd/yyyy)

Beneficiary 2 - Please print name, and title if signing for a company (if applicable)

Signature of Beneficiary 2

Signed at City/Town, State

Date (mm/dd/yyyy)

4.3 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.

Witness - Please print name

Signature of Witness

Relationship to Owner

Signed at City/Town, State

Date (mm/dd/yyyy)

Primary telephone

Email address