

# Certificate Change Form (Non-Underwritten)

Certificate number:

**Purpose of this form** Use this form to request a non-underwritten change(s) on your certificate.

**Terms used in this form** *Foresters Financial™, Insurer or We* mean The Independent Order of Foresters.  
*You or your* mean the Owner who is completing and signing this form, unless otherwise specified.  
*Certificate* means the above-numbered certificate, issued by an Insurer.  
*Owner* includes Certificate Owner, Absolute Assignee and Annuitant.  
 Social Security Number will be known as SSN and Tax Identification Number will be known as TIN.

## 1. Owner Information

**Information about the Owner** To avoid delays in processing, if the owner was a minor at the date of issue, we will require a copy of government ID (Driver's License, Passport or Notarized Signature) to accompany this request.

Owner Name (first, middle initial & last)

SSN/TIN  Date of Birth (mm/dd/yyyy)  Primary Phone Number

## 2. Change Type

**2.1 Certificate Change Section**  
 Select the change(s) you are requesting (only check the items that apply).

**Decrease Face Amount:**  
 From:  \$  To:  \$

**Delete Rider(s):**  
 Rider Name:   
 Rider Name:   
 Rider Name:

**Decrease Rider Amount(s):**  
 Rider Name:  New Rider Amount:  \$   
 Rider Name:  New Rider Amount:  \$

**2.2 Reduced Paid Up Insurance**  
**Application for Reduced Paid Up (RPU) Insurance:**  
 I request that the above-numbered Certificate be changed to RPU insurance. I understand that the RPU coverage amount will depend on the cash surrender value available and the effective date of this change. All riders, if any, will no longer be in effect. I further understand that if the RPU coverage amount is less than the minimum allowed by the Certificate, this change will not be completed.

**2.3 Child Term Rider**  
**Addition of Child to an existing Child Term Rider (CTR):**  
 Name of Child  Date of Birth (mm/dd/yyyy)  Gender

**2.4 Premium change**  
 (Applies to Universal Life and Annuity Certificates only).  
**Please adjust the amount of the pre-authorized check draft:**  
 From:  \$  To:  \$  Effective Date (mm/dd/yyyy)

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## 2. Change Type (continued)

### 2.5 Date of Birth

Please send government issued identification showing correct date of birth. Please note that correcting date of birth may result in issue age change. If issue age will change as a result of correction, a separate letter will be mailed you

**Date of Birth Correction (if Date of Birth differs from original application):**

Name of individual date of birth correction is for:

From:

To:

### 2.6 Duplicate Contract

Request for Duplicate Contract

\$25.00 enclosed - Check or Money Order only

Please deduct an additional one time payment of \$25.00 from Pre-Authorized Checking payment plan currently in place.

This is to certify that I have made a diligent search for the above-numbered certificate and that to the best of my knowledge, it has been lost or destroyed. I hereby wish to apply for a duplicate. I understand that a fee of \$25.00 is required for a complete duplicate. A memorandum of particulars will be provided instead, at no extra charge, for pre-1966 plans.

### 2.7 Contact Update

**Request for Owner Contact Update**

New Address

New Telephone Number

New Email Address

### 2.8 Dividend Option

Complete this section if you wish to change your dividend option.

(Please select one option only).

**Dividend Options (your death benefit may be affected as a result of this change.)**

Going forward, please change my current dividend option to:

Paid-Up Additional Insurance

Dividends On Deposit

Pay Premiums (remainder to Paid-Up Additional Insurance)

Pay Loan (remainder to Paid-Up Additional Insurance)

Paid in Cash (check)

## 3. Agreements and Authorizations

Please review this section before signing.

You agree to the change(s) requested in this form. You understand that:

- The change(s) you are requesting is/are subject to the terms and conditions of the certificate, and will become effective on a date to be determined by Foresters Financial.
- This request is not valid unless all pages have been completed and submitted.
- Any corrections to this form must be initialed by all signing parties.
- The current Irrevocable Beneficiary and Collateral Assignee must sign to release his or her rights, only if sections 2.1, 2.2, or 2.8 were completed.

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.

**Agreements and release in the event of a Dividend Option Change:**

- I have reviewed my certificate's terms and conditions and I am aware of any impact this option change may have towards my coverage/death benefits.

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## 4. Signature Section

### 4.1 Owner Signature

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 1

Signed at City/Town, State

Date (mm/dd/yyyy)

### 4.2 Irrevocable Beneficiary(ies) Signature

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

#### Current Beneficiary Section

If the current 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/Town, 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 Collateral Assignee(s) Signature (If applicable)

The current assignee must complete this section to acknowledge the change request and its potential impact to the death benefit.

#### Collateral Assignee Section

If the current collateral assignee 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.

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

Signature of Assignee 1

Signed at City/Town, State

Date (mm/dd/yyyy)

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

Signature of Assignee 2

Signed at City/Town, State

Date (mm/dd/yyyy)