

Certificate Partial Surrender Request Form

Certificate number:

Purpose of this form	Use this form to request a partial surrender of 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 an Insurer. <i>Owner</i> includes Certificate Owner and Absolute Assignee. <i>Social Security Number</i> will be known as SSN and <i>Tax Identification Number</i> will be known as TIN.</p>

1. Owner Information

Information about the Certificate Owner.	<p>If the Insured was a minor at issue and is now the current 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>Owner Name (first, middle initial & last) <input type="text"/> SSN/TIN <input type="text"/></p> <p>Address <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Primary Phone Number <input type="text"/></p>
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2. Requested Amount

Partial Surrender Request	<p><input type="radio"/> Maximum available amount</p> <p><input type="radio"/> I request a Partial Surrender for the amount of: \$ <input type="text"/></p> <p>If the partial surrender requested exceeds the maximum available, then only the maximum available amount will be granted.</p> <p>For certificates with multiple fund accounts only: If you would like the partial surrender to be taken from a specific fund account(s), please indicate below which account(s) and, if more than one, the amount to be taken from each account. Note that the partial surrender will be taken on a pro-rata basis from all fund accounts unless you indicate otherwise.</p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p> <p>Account Name: <input type="text"/> Dollar amount to be taken from account: \$ <input type="text"/></p>
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3. Payment Instructions

<p>Please choose one of these two options. If no choice is made, Foresters Financial will mail the check to the address on file.</p>	<p><input type="radio"/> Check mailed to the Owner's current address on file</p> <p><input type="radio"/> Electronic Funds Transfer (Direct Deposit)</p> <p>Please note, the Electronic Funds Transfer (EFT) option is only available if you are the current Owner/Assignee and Payor and currently paying your premium on a Pre-Authorized Checking Plan (PAC).</p>
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4. Replacement Declaration

<p>Failure to complete this section may delay the processing of your request.</p>	<p>a) Have you purchased a new Foresters Financial product in the last 13 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Certificate? <input type="radio"/> Yes <input type="radio"/> No</p> <p>c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company? <input type="radio"/> Yes <input type="radio"/> No</p>
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Please sign on next page

5. Withholding Tax

There may be federal and state income tax consequences associated with taking a partial surrender from your certificate. Foresters Financial representatives do not provide tax advice. Please consult your tax advisor to understand the potential implications of taking a partial surrender from your certificate.

If eligible, please check the appropriate option:

- Withhold federal and state income tax
- Do not withhold federal and state income tax

If no choice is made, Foresters Financial will withhold the applicable federal and state withholding taxes from the taxable portion of the payment, if any.

Under penalties of perjury, by signing below, I certify that:

- a. The Social Security Number on this form is my correct taxpayer identification number;
- b. I am not subject to backup withholding due to failure to report interest and dividend income;
- c. I am a US person (including a US resident alien); and
- d. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding. You must cross out item (c) if you are not a US person (including a US resident alien).

Owner's Signature

Continue to section 7 for additional signatures; failure to sign in section 7 will result in our inability to process your request.

6. Agreements and Authorizations

Please review this section before signing.

I, the Owner, certify that the information provided is true, correct and complete. I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information commits an act of fraud, and is subject to criminal and civil penalties. Additionally I understand that:

- 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.
- It is expressly represented and warranted that no other person, firm or corporation has any interest in the above numbered Certificate except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.
- The current beneficiary must sign to release his or her rights if he or she is an Irrevocable Beneficiary.
- The current assignee must sign to acknowledge this transaction.

I, the Owner, hereby request a partial surrender as indicated in this form. I understand that: the partial surrender will be subject to the terms of the certificate; charges and/or fees may apply to the partial surrender; and that the coverage amount and death benefit may, and certificate values will, be reduced as a result of the partial surrender.

7. Signature Section

Printed name and signature are both required.

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

Owner - Print name <input style="width: 95%; height: 20px;" type="text"/>	Signature of Owner <input style="width: 95%; height: 20px;" type="text" value="X"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>
I, the Irrevocable Beneficiary, consent to this request.		
Beneficiary - Print name (If applicable) <input style="width: 95%; height: 20px;" type="text"/>	Signature of Beneficiary <input style="width: 95%; height: 20px;" type="text" value="X"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>
I, the Collateral Assignee, consent to this request.		
Assignee - Print name (If applicable) <input style="width: 95%; height: 20px;" type="text"/>	Signature of Assignee <input style="width: 95%; height: 20px;" type="text" value="X"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>