

Disbursement Request Form

Certificate number:

Purpose of this form Use this form to request a disbursement of funds from your certificate excluding a loan or claim payout request.

Terms used in this form *Foresters Financial™, Insurer* mean The Independent Order of Foresters.
You means 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 and Absolute Assignee.
 Social Security Number will be known as SSN and Tax Identification Number will be known as TIN.

1. Owner Information

1.1 Information about the certificate owner If the person 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. This will ensure that there are no delays in processing.

Owner Name (first, middle initial & last)

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

1.2 Please indicate the change you are requesting

Please indicate change request(s)	Sections you must complete
<input type="radio"/> Full Surrender <input type="radio"/> Original certificate contract is enclosed <input type="radio"/> Original certificate contract has been misplaced or destroyed	1.2, 2, 4, 5, and 7
<input type="radio"/> Partial Surrender	1.2, 2, 3.1, 4, 5, and 7
<input type="radio"/> Dividend Surrender/Option	1.2, 2, 3.2, 4, 5, and 7

Please ensure that the required sections indicated above, for your specific transaction type, are completed and the form is submitted in its entirety to ensure no delays in processing your request.

2. Payment Instructions

Please choose one of these options

Check mailed to the Owner's current address on file

Electronic Funds Transfer (Direct Deposit)

Please note, the Electronic Funds Transfer (EFT) option is only available if all the following apply:

- You must be currently paying your premiums on a Pre-Authorized Checking Plan (PAC)
- The current Payer and Owner must be the same

If you wish to proceed with the EFT option, but use a different account than what is currently on file, then please complete the Authorization for Direct Deposit form.

3. Disbursement Type

3.1 Partial Surrender Request

Please complete this segment ONLY if you are requesting a Partial Surrender of funds from your cash value of the certificate or funds on deposit, if applicable.

- Maximum Available Amount
 I request a Partial Surrender for the amount of: \$

If the partial surrender requested exceeds the maximum available, then only the maximum available amount will be granted.

If you wish for this partial surrender to be taken from a specific fund account, please indicate below which account(s) you would like the funds to come from. This option may not be applicable for all certificates.

If more than one account, please specify dollar amount to be taken from each account. Total must add up to amount requested above.

Account Name: <input style="width: 200px;" type="text"/>	Dollar amount to be taken from account: \$ <input style="width: 80px;" type="text"/>
Account Name: <input style="width: 200px;" type="text"/>	Dollar amount to be taken from account: \$ <input style="width: 80px;" type="text"/>
Account Name: <input style="width: 200px;" type="text"/>	Dollar amount to be taken from account: \$ <input style="width: 80px;" type="text"/>

3.2 Dividend Payout Request

Please complete this segment if you are requesting a withdrawal of cash Paid-Up Additions/Dividends on Deposit.

You can also use this form if you wish to change your dividend option going forward. Please selection one option only.

- | | |
|--|--|
| <input type="radio"/> Dividends on Deposit | <input type="radio"/> Withdrawal of Cash Paid-Up Additions |
| <input type="radio"/> Maximum Dividends available | <input type="radio"/> Maximum Dividends available |
| <input type="radio"/> Specific Amount: \$ <input style="width: 100px;" type="text"/> | <input type="radio"/> Specific Amount: \$ <input style="width: 100px;" type="text"/> |

Your death benefit may be affected as a result of surrendering some, or all, of your Dividends on Deposit or Paid-up Additions (PUA) from your certificate.

Dividend Options (Choose one option only)

Going forward, please change my current dividend option to:

- Paid-Up Additional Insurance
- Dividends On Deposit
- Pay Premiums
- Pay Loan
- Paid in Cash (check)

4. Replacement Declaration

Replacement/Exchange

This section must be completed to comply with state regulations concerning the replacement of Life Insurance or an Annuity. Failure to complete this section may delay the processing of your request.

- a) Have you purchased a new Foresters Financial product in the last 13 months and will the funds from this request be used to pay premiums on a new or an existing Foresters Financial certificate? Yes No

If 'Yes', please provide the certificate number: and amount to be applied: \$

If you answered 'Yes' to question a), this is a replacement and the appropriate State Replacement Disclosure form is required before we can complete the request. Please contact your Foresters Financial representative for this form.

- b) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company? Yes No

If 'Yes', please provide the company and agent name:

5. Withholding Tax

Please note, There may be federal and state income tax consequences.

Foresters representatives do not provide tax advice. You may want to consult your tax advisor.

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

Please check the appropriate option:

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

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 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

6. Agreements and Authorizations

Please review this section before signing

I, the Owner, certify that the information provided is true, correct and complete. I further 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.

Agreements and Release in the event of a Full Surrender

In consideration of and exchange for its cash value, the above mentioned Certificate is hereby surrendered for cancellation. In accordance with the terms of the Certificate, I hereby agree that any indebtedness thereon the company will be deducted from the Cash Value. The Cash Value is accepted in full settlement and complete satisfaction of any rights, claims and demands under this Certificate. It is expressly represented and warranted that no other person, firm or corporation has any interest in this Certificate except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

I, the Owner, hereby authorize Foresters Financial, to withhold the required tax amount due to the disposition of this Certificate. I understand and agree that the liability of Foresters Financial to pay any benefit under this Certificate, other than the payment due, if any, as a result of this surrender, will terminate at midnight on the date of this request, shown below.

Agreements and Release in the event of a Dividend Payout/Dividend Option Change

By signing below, I, the Owner authorize Foresters Financial to release the requested amount of Dividends to me, in the form of a cash disbursement. I also acknowledge and understand that once the Dividend is paid, it cannot be reversed. Additionally, I have reviewed my Certificate's terms and conditions and I am aware of any impact this payout/option change may have towards my coverage/death benefits.

Agreements and Release in the event of a Partial Surrender

Universal Life Certificates: I, the Owner, hereby request a partial surrender as indicated in this form and understand there is a \$25.00 Change Fee, and a Surrender Charge may apply. I also acknowledge that this transaction may be subject to Surrender Penalties, and understand and agree that the coverage amount may be reduced as a result of this partial surrender.

Annuity Certificates: I, the Owner, understand the amount withdrawn will be increased by the applicable surrender penalty (if any), and also by the withholding tax (if elected).

Additionally, for all requested transactions, I, the owner, agree to the payment requested in this form. I understand that:

- This request is not valid unless all pages have been completed and submitted.
- 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.
- Any corrections to this form must be initialed by all signing parties.
- The current irrevocable beneficiary must sign to release his or her rights.

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 compiled with any applicable formalities required to make the designation irrevocable under State law.

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7. Signature Section

7.1 Owner Signature	<input type="text" value="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 <input type="text"/>	Signature of Owner <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>

7.2 Irrevocable Beneficiary(ies) Signature The current beneficiary(ies) must sign to release his or her rights if he or she is an Irrevocable Beneficiary (for definitions, see Section 6).	Current Beneficiary Section	
	<input type="text" value="Initial"/> 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 <input type="text"/>	Signature of Beneficiary 1 <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>
	Beneficiary 2 - Please print name, and title if signing for a company (if applicable) <input type="text"/>	Signature of Beneficiary 2 <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>

7.3 Collateral Assignee Signature (if applicable) The current assignee must complete this section to acknowledge the disbursement request and its potential impact to the death benefit.	Collateral Assignee Section	
	<input type="text" value="Initial"/> 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 <input type="text"/>	Signature of Assignee 1 <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>
	Assignee 2 - Please print name, and title if signing for a company (if applicable) <input type="text"/>	Signature of Assignee 2 <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>