

Statement of Claim for Death Benefits

On behalf of Foresters Financial™ please accept our condolences for your loss. We understand that this is a difficult time for you and your family. Please know that we will make every effort to process your claim promptly. We strive to provide service of the highest standards and take pride in assisting you with your claim for benefits.

To ensure timely handling of your claim, it is important that your submission contain all necessary information requested in the Claimant's Statement.

Please review the following checklist prior to submitting your claim:

Complete all sections of the Claimant's Statement and sign where required. If there is more than one claimant, please ensure that a separate Claimant's Statement is completed by each claimant. Copies can be made of this document.

If Claimant's name has changed please provide legal documentation supporting the change.

Obtain a certified copy of the decedent's death certificate. Note: Only one certified death certificate is required per decedent with multiple certificates and/or claimants. Include the original certificate, if available. Death Certificates become a part of the claim file and will not be returned.

If the last known beneficiary has died, please provide us with a copy of the beneficiary's death certificate.

If the claim form is to be completed by an Executor, Administrator or a Legal Guardian, a copy of the filed document supporting that appointment must be submitted with the Claimant's Statement.

If the claim form is to be completed by a Trustee, please be sure to include the Tax I.D. of the trust or the Social Security Number of the Trustee. Additionally, please provide a copy of that portion of the trust referring to the successor trustee(s) along with a statement that the trust is currently in effect.

If any portion of the death benefit will be assigned, please include the funeral assignment and a copy of the funeral bill.

Complete only if the death occurred outside the United States or Canada.

Please submit the official death certificate issued in the country where the death occurred and provide a notarized translation of the death certificate. We also require the enclosed Foreign Death Questionnaire be completed and submitted along with a copy of the passport. If the decedent was a U.S. Citizen, we will also need:

- A completed Report of the Death of an American Citizen Abroad (may be obtained from the local US Embassy or Consulate),
- A Physician's Statement, completed and signed by the doctor who certified the death.

Complete only if the death occurred as a result of an accident, suicide or homicide.

Further investigation will be made to confirm the circumstances surrounding the death. Please complete the enclosed Authorization to Release Information. In addition, please submit a copy of the police report, coroner's report and/or toxicology report along with a copy of the decedent's driver's license and any other relevant information that may help us complete our investigation.

Please understand your claim may be delayed if incomplete forms are submitted or if additional information is required by Foresters. We will contact you as soon as reasonably possible in the event additional information is needed. Please print clearly.

SECTION 1: DECEDENT INFORMATION

NAME (FIRST, MIDDLE, LAST)		ANY OTHER NAMES USED
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DATE OF BIRTH	DATE OF DEATH	CAUSE OF DEATH
PLACE OF BIRTH		STATE OF RESIDENCE PRIOR TO DEATH

IF DEATH OCCURRED AS A RESULT OF AN ACCIDENT, SUICIDE OR HOMICIDE, PLEASE PROVIDE DETAILS.
IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET AND SIGN AND DATE.

SECTION 2: CLAIMANT'S STATEMENT AND CERTIFICATE NUMBER(S) BEING CLAIMED

LIST CERTIFICATE NUMBER(S) FOR WHICH YOU ARE MAKING CLAIM:

A)	B)	C)	D)
NAME (FIRST, MIDDLE, LAST)		RELATIONSHIP TO DECEASED	
DATE OF BIRTH		* SOCIAL SECURITY/TAX I.D. NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
TELEPHONE NUMBER		EMAIL ADDRESS	

Proceeds are paid in a lump sum unless otherwise requested. For information on alternative settlement options, please contact Claims Services.

*This information should be filled in by the claimant as it may be required for reporting any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No Number". If the estate of the deceased is the claimant, the deceased's social security number/Tax I.D. number (I.R.S.) should be filled in. If the Taxpayer I.D. or Social Security Number is not supplied, the certificate(s) may be subject to federal and state withholding.

Under penalties of perjury, I certify that:

- (a) The taxpayer ID or Social Security number shown 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; and
- (c) I am a US Citizen (including a US resident alien)

You must cross out any of the above items (letters a through c) that do not apply to you.

Notice For Contracts Issued in and Residents of Illinois Only

Unless a payment is made by the Company on this claim within thirty-one days after receipt of due proof of loss, interest on the claim will accrue at a rate of 10% from the date of the death to the date of the payment for the total amount payable.

Certification (Notarization not required)

I certify that the above answers are full and true to the best of my knowledge and belief. I have read the applicable Fraud Warnings provided in this form.

New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Confidentiality: You can read our Privacy Policy at Foresters.com.

CLAIMANT NAME (PRINT)	CLAIMANT SIGNATURE	DATE
WITNESS NAME (PRINT)	WITNESS SIGNATURE	DATE

FRAUD WARNING NOTICES – PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under the state law

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to fraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: 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 or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false or deceptive information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are [sic] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties.