

Guide to Completing the Multi Service Form

The Multi Service Form is used to request certain changes to an existing in-force certificate. The form is divided into different sections which are described below.

Sections A and F must always be completed.

You will also need to complete the additional part(s) of the form that relate to the change(s) you would like to request. Only complete the part(s) of Sections B to E that relate to the change(s) you would like to request. For example, to request a name change or correction, you would need to complete Section A, Part 2 of Section D, and Section F as well as providing proof of the name change.

The following is a summary of the different sections of this form and the changes that can be requested:

Section A - Existing Certificate information

The certificate number the changes that are being requested must be indicated here as well as the Owners name, address, telephone number and Date of Birth.

Section B - Certificate change section

1. Delete rider(s)
2. Decrease rider amount(s)
3. Decrease Face amount of certificate
4. Apply for reduced paid-up insurance

Section C – Payment section

1. Cancel PAC and switch to direct billing
2. Adjust amount of PAC draft (Universal Life and Annuity certificates only)

Section D – Certificate Administration section

1. Lost Certificate Declaration
2. Name change or correction

Section E – Contingent owner section

This section is completed when the Contingent Owner designation is to be changed.

Section F – Signature section

Depending on the changes requested, all applicable signatures must be signed in this section.

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 Toronto, ON M3C 1T9
 Canada
 T 800 828 1540
 T 416 429 3000
 F 416 429 3896
 US mailing address
 P.O. Box 179
 Buffalo, NY 14201-0179
 foresters.com

Multi Service Form

A) Existing certificate information:

Certificate Number: _____

Owner's name: _____
First Middle Last

Address _____
City State/Province Zip/Postal Code

Home phone number _____

Insured's name _____
 Insured's date of birth (mm/dd/yyyy) _____

Section A – Existing Certificate Information
 The Certificate number and Owner's name, address, telephone number and DOB must be completed.

B) Certificate change section:

1) Delete rider(s): _____
Rider name Rider name

2) Decrease rider amount(s): _____ \$ _____
Rider name New rider amount

_____ \$ _____
Rider name New rider amount

3) Decrease face amount to: \$ _____

4) Application for reduced paid-up insurance:
 I request that the above numbered certificate be changed to reduced paid-up insurance. I understand that the reduced paid-up coverage amount will depend on 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.

Section B – Certificate change section

1. Delete Rider(s).
2. Decrease rider amount(s).
3. Decrease Face amount of certificate.
4. Apply for reduced paid-up insurance.

C) Payment section:

1) Cancel pre-authorized check plan and switch to direct bill (please select direct bill frequency below):

Quarterly
 Semi-annually
 Annually

2) Please adjust the amount of the pre-authorized check draft (Universal Life and Annuity certificates only):

From \$ _____ to \$ _____
 effective _____
Month, year

Section C – Payment section

1. Cancel PAC and switch to direct billing.
2. Adjust amount of PAC draft. (Universal Life and Annuity certificates only)

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Options for submitting the Multi Service Form

Mail

Foresters
P.O. Box 179
Buffalo N.Y.
14201-0179

FAX: 1-877-329-4631 (Attention: Certificate Administration)

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