

# Payment Instructions Form

Certificate number:

<b>Purpose of this form</b>	Use this form to request a modification to an existing Pre-Authorized Checking Plan (PAC), by way of a new single or recurring payment.
<b>Terms used in this form</b>	<i>Foresters Financial</i> <sup>TM</sup> , means The Independent Order of Foresters. <i>You</i> means the Owner who is completing and signing this form. <i>Certificate</i> means the above-numbered certificate. <i>Owner</i> includes Certificate Owner and Absolute Assignee. <i>MEC</i> means Modified Endowment Contract. <i>TAMRA</i> means the Technical and Miscellaneous Revenue Act.
<b>Insured Information</b>	Insured Name (first, middle initial & last) <input type="text"/>
<b>Instructions</b>	Complete each section that applies. If you are requesting that a new Premium Deposit Fund be created, then you <b>MUST</b> complete the Premium Deposit Fund Instructions section. If you are providing instructions for payment(s) to an existing Premium Deposit Fund, then the instructions currently in our records will continue to apply, unless you provide new instructions in this form.

## 1. Instructions for a Single Payment

<b>Single Payment Details</b>	Pre-Authorized Check (PAC) Plan (One-time withdrawal) Requested Withdrawal Date (Cannot be the 29 <sup>th</sup> , 30 <sup>th</sup> or 31 <sup>st</sup> ): <input type="text"/>	
Payment Type		Payment Amount
<input type="radio"/> Premium Payment		\$
<input type="radio"/> Flexible Payment Paid-up Additions Rider Payment		\$
<input type="radio"/> Single Payment Paid-up Additions Rider Payment		\$
<input type="radio"/> Loan Repayment		\$
<input type="radio"/> Premium Deposit Fund Payment		\$
<b>Total Payment</b>		<b>\$</b>

## 2. Instructions for Recurring Payments

Recurring Payment Details	Payment Type	Payment Amount	Payment Method	Frequency	Requested PAC Withdrawal Date (Cannot be the 29 <sup>th</sup> , 30 <sup>th</sup> or 31 <sup>st</sup> )
	<input type="radio"/> Premium Payment	\$	<input type="radio"/> PAC <input type="radio"/> Direct Bill	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually	
<input type="radio"/> Flexible Payment Paid-up Additions Rider Payment	\$	<input type="radio"/> PAC <input type="radio"/> Direct Bill	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually		
<input type="radio"/> Loan Repayment	\$	<input type="radio"/> PAC <input type="radio"/> Direct Bill	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually		
<input type="radio"/> Premium Deposit Fund Payment	\$	<input type="radio"/> PAC <input type="radio"/> Direct Bill	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually		

The instructions on this form modify the existing PAC related to the Certificate. If there is no PAC on file for the certificate, then a Foresters PAC Authorization Form 413764 US (07/16) will need to be completed.

## 3. Premium Deposit Fund Instructions

Note: These instructions will be in effect until new instructions, acceptable to Foresters Financial, are received.

Funds, if any, in the Premium Deposit Fund are to be used:

To automatically, on the certificate's anniversary, pay the certificate's annual base premium.

To automatically, on the certificate's anniversary, pay the certificate's total annual premium and make a Flexible Payment Paid-up Additions rider payment of:

To automatically, on the certificate's anniversary, make a Flexible Payment Paid-up Additions rider payment of:

The maximum annual payment amount

The maximum allowable under TAMRA regulations (the MEC limit)

## 4. Signatures

The Owner/Payer, by signing below, verifies that the Owner/Payer is an account holder of the banking account on record with Foresters and is permitted to provide this authorization, and agrees that Foresters Financial is authorized to electronically draft premiums and/or other payments related to the certificate as listed in this form.

Owner's name <input type="text"/>	Payer's name (if other than the owner) <input type="text"/>
Signature <input type="text" value="X"/>	Signature <input type="text" value="X"/>
Date (mm/dd/yyyy) <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>