

Charity Benefit Designation Form

Certificate number:

Purpose of this form	Use this form to designate a charitable organization to receive the Charity Benefit, if any, payable under the above-numbered certificate or to change such prior designation. The Charity Benefit is only offered on certain certificates. Only use this form on certificates which have this benefit.
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Terms used in this form	<p><i>Foresters Financial</i>TM means The Independent Order of Foresters.</p> <p><i>You</i> or <i>your</i> mean the Owner who is completing and signing this form, unless otherwise specified.</p> <p><i>Owner</i> includes Certificate Owner, Absolute Assignee and Annuitant.</p> <p><i>Eligible beneficiary</i> means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.</p>
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Information about the Certificate Owner	<p>Owner Name (first, middle initial & last)</p> <input type="text"/>						
	<table style="width: 100%;"> <tr> <td style="width: 33%;">SSN/Tax Identification Number</td> <td style="width: 33%;">Date of Birth (mm/dd/yyyy)</td> <td style="width: 33%;">Primary Phone Number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SSN/Tax Identification Number	Date of Birth (mm/dd/yyyy)	Primary Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN/Tax Identification Number	Date of Birth (mm/dd/yyyy)	Primary Phone Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

Information about the Insured	<p>Insured Name (first, middle initial & last)</p> <input type="text"/>
Only complete if different than Owner.	

Charity Benefit Designation	<p>Charitable Organization Name</p> <input type="text"/>	<p>Tax Identification Number</p> <input type="text"/>
Use this section to designate an Eligible beneficiary.	<p>Street Address</p> <input type="text"/>	
	<p>City/Town</p> <input type="text"/>	<p>State</p> <input type="text"/>
	<p>Zip Code</p> <input type="text"/>	

Agreements and Authorizations	<p>By signing below, you:</p> <ul style="list-style-type: none"> Designate the named charitable organization as the eligible recipient of any benefit payable under the above-numbered certificate's Charity Benefit provision; Hereby revoke any eligible charity designation that was previously made with respect to the benefit payable under the Charity Benefit provision of the above-numbered certificate; and Agree that this designation, or change in designation, will be effective as of the date that this request is signed.
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Owner Signature	<p>Initial <input type="text"/> 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.</p>								
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Owner - Please print name, and title if signing for a company</td> <td style="width: 40%;">Signature of Owner</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="X"/></td> </tr> <tr> <td>Signed at City/Town, State</td> <td>Date (mm/dd/yyyy)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Owner - Please print name, and title if signing for a company	Signature of Owner	<input type="text"/>	<input type="text" value="X"/>	Signed at City/Town, State	Date (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>
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