

P.O. Box 179 Buffalo, NY 14201–0179 T 800 828 1540 F 877 329 4631

foresters.com

Payment Instructions Form

Certificate number:

Purpose of this form	Use this form to request a modification to an existing Pre-Authorized Checking Plan (PAC), by way of a new single or recurring payment.					
Terms used in this form	Foresters Financial [™] , means The Independent Order of Foresters. You means the Owner who is completing and signing this form. Certificate means the above-numbered certificate. Owner includes Certificate Owner and Absolute Assignee. MEC means Modified Endowment Contract. TAMRA means the Technical and Miscellaneous Revenue Act.					
Insured Information	Insured Name (first, middle initial & last)					
Instructions	Complete each section that applies. If you are requesting that a new Premium Deposit Fund be created, then you MUST 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					
Single Payment Details	Pre-Authorized Check (PAC) Plan (One-time withdrawal) Requested Withdrawal Date (Cannot be the 29 th , 30 th or 31 st):					
	Payment Type	Payment Amount				
	O Premium Payment	\$				

Payment Type	Payment Amount
O Premium Payment	\$
${f O}$ Flexible Payment Paid-up Additions Rider Payment	\$
${f O}$ Single Payment Paid-up Additions Rider Payment	\$
O Loan Repayment	\$
O Premium Deposit Fund Payment	\$
Total Payn	nent \$

2. Instructions for Recurring Payments

and its subsidiaries.

Recurring Payment Details	Payment Type	Payment Amount	Payment Method	Frequency	Requested PAC Withdrawal Date (Cannot be the 29 th , 30 th or 31 st)		
# Minimum equivalent of \$25.00 per month	O Premium Payment	\$	O PAC O Direct Bill		uarterly nnually		
•	O Flexible Payment Paid-up Additions Rider Payment	\$	O PAC O Direct Bill		uarterly Inually		
	O Loan Repayment ‡	\$	O PAC O Direct Bill		uarterly Innually		
	O Premium Deposit Fund Payment	\$	O PAC O Direct Bill		uarterly nnually		
	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.						
Premium Depos	it Fund Instructi	ons					
will be in effect until new instructions, acceptable to Foresters Financial, are received.	 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: To automatically, on the certificate's anniversary, 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: 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			Payer's name (if c	Payer's name (if other than the owner)		
	Signature		Date (mm/dd/y	L /yyy) Signature	 Date (mm/dd/yyyy)		
	Х			X			
Foresters Financial and Foresters	are trade names and trademar	ks of The Independe	ent Order of Foreste	rs (a fraternal benefit society, 7	789 Don Mills Road, Toronto, Canada M3C 1T9)		