

Transfer of Ownership Form

Certificate number:

Purpose of this form	Use this form if you wish to transfer Ownership of the above-numbered certificate.
Terms used in this form	<i>Foresters Financial</i>™ and/or <i>Insurer</i> mean The Independent Order of Foresters. <i>You</i> means the Current Owner who is completing and signing this form, unless otherwise specified. <i>Certificate</i> means the above-numbered certificate, issued by an Insurer. <i>Current Owner</i> includes Certificate Owner and Absolute Assignee and Annuitant. <i>New Owner</i> means the individual identified in Section 2. Social Security Number will be known as SSN and Tax Identification Number will be known as TIN.

1. Current Owner Information

Information about the Current Owner.	If the Insured was a minor at issue and is now the Current Owner, we will require a copy of government ID (Driver's License, Passport or notarized signature) to accompany this request. This will ensure that there are no delays in processing. Current Owner Name (first, middle initial & last), or corporation/entity SSN/TIN Date of Birth (mm/dd/yyyy) Primary phone number
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2. New Owner Information

The new Owner assumes all ownership rights and responsibilities of the above-numbered certificate. If you are entering a Corporation as the New Owner, please include the Tax Identification Number (TIN) in place of the Social Security Number (SSN).	New Owner Name (first, middle initial, last), or corporation/entity Date of Incorporation (mm/dd/yyyy) SSN/TIN IRS Business Number Relationship to current certificate owner Mailing address (apartment number, street number and name) City/Town State Zip Code Primary telephone Work or alternate number Email address
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Transfer of Ownership Form (continued)

Certificate number:

3. New Owner's Beneficiary Designation

3.1 New Owner's Beneficiary designation

Please ensure all
Primary beneficiary
designations total 100%.

Please ensure all
Contingent beneficiary
designations total 100%.

Revocable/Irrevocable designations: All beneficiaries are revocable unless stated otherwise.

Once an irrevocable beneficiary has been named, his or her written consent is required for changes affecting the value of the certificate. Please avoid naming a minor as a irrevocable beneficiary, as they cannot give consent to any changes.

☐ I do not wish to change the current beneficiary designations.

Beneficiary 1

Full name (or legal name of corporation/entity)

Date of birth (mm/dd/yyyy)

Address

Relationship to Insured

Social Security Number
(for CA, NY or SD)

Primary telephone

Share %

☐ Primary
☐ Contingent☐ Revocable
☐ Irrevocable

Beneficiary 2

Full name (or legal name of corporation/entity)

Date of birth (mm/dd/yyyy)

Address

Relationship to Insured

Social Security Number
(for CA, NY or SD)

Primary telephone

Share %

☐ Primary
☐ Contingent☐ Revocable
☐ Irrevocable

Beneficiary 3

Full name (or legal name of corporation/entity)

Date of birth (mm/dd/yyyy)

Address

Relationship to Insured

Social Security Number
(for CA, NY or SD)

Primary telephone

Share %

☐ Primary
☐ Contingent☐ Revocable
☐ Irrevocable

Beneficiary 4

Full name (or legal name of corporation/entity)

Date of birth (mm/dd/yyyy)

Address

Relationship to Insured

Social Security Number
(for CA, NY or SD)

Primary telephone

Share %

☐ Primary
☐ Contingent☐ Revocable
☐ Irrevocable

3.2 Trustee Designation

If you have named a Beneficiary who is a minor or a person who is in the care of a Guardian, please name a Trustee to receive any proceeds while under their trust or care.

A Trustee should be named to receive the funds on the minor's behalf.

Trustee of Beneficiary(ies) (if applicable)

Name of Trustee

Relationship to Beneficiary(ies)

Trustee to which Beneficiary:

☐ Beneficiary #1 ☐ Beneficiary #2 ☐ Beneficiary #3 ☐ Beneficiary #4

4. Agreements and Authorizations

Please review this section before signing

By completing this form, the current certificate owner acknowledges that this will be treated as a transfer or disposition for tax purposes and may have significant tax implications. If any person making this change has questions regarding the legal effect of its provisions or the tax implications of this transfer, they should consult with their own independent tax and legal advisor(s) before submitting this request. By signing in section 5, you transfer and set over all your rights and interest under and in connection with the certificate.

Without limitation, this Transfer of Ownership includes monies which may at any time be or become payable under or in connection with, or be derived from the certificate, including bonuses, dividends, additions, profits, indebtedness and other increments and any interest thereon, together with monies otherwise held in connection with or for the purpose of the certificate. Such monies shall include all premiums paid in advance and any interest thereon. This transfer conveys to the new owner the full power to recover, receive and grant receipts for such monies and to surrender and otherwise dispose of or deal with the certificate and Foresters is requested to give effects to the above.

Foresters assumes no responsibility for the validity or effect of this transfer.

The Transfer of Ownership will take effect the date this form is signed, unless otherwise specified by the owner.

If this transfer is to a trust, the Insurer requires a copy of the trust agreement.

By signing below:

- **The current owner** transfers all rights and interest in the insurance certificate listed above to the new owner. Unless otherwise indicated above, this transfer of ownership revokes all existing designations of beneficiaries, trustees and successor/subrogated owners.
- **The existing irrevocable beneficiary** consents to the transfer of ownership and, unless otherwise indicated above, the revocation of all existing designations of beneficiaries, trustees and successor/subrogated owners and, in particular, the termination of his, her or its rights as beneficiary under this insurance.
- **The collateral assignee** releases all rights in the insurance certificate.
- **The new owner** designates the beneficiaries, trustees and successor/subrogated owners listed above.

5. Signature Section

5.1 Current Owner Signature

Initial

If the current 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.

Current Owner - Please print name, and title if signing for a company

Signature of Current Owner

Signed at City/Town, State

Date (mm/dd/yyyy)

5.2 New Owner Signature

New Owner Signature

New Owner - Please print name, and title if signing for a company

Signature of New Owner

Signed at City/Town, State

Date (mm/dd/yyyy)

5.3 Irrevocable Beneficiary(ies)

The current Beneficiary(ies) must sign to release his or her rights if he or she is a irrevocable Beneficiary.

Current Beneficiary(ies) Signature Section (if applicable)

Initial

If the current irrevocable beneficiary(ies) is/are 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.

Beneficiary 1 - Please print name, and title if signing for a company

Signature of Beneficiary 1

Signed at City/Town, State

Date (mm/dd/yyyy)

Beneficiary 2 - Please print name, and title if signing for a company (if applicable)

Signature of Beneficiary 2

Signed at City/Town, State

Date (mm/dd/yyyy)

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5. Signature Section (continued)

5.4 Collateral Assignee Signature (if applicable)

Initial

If the collateral assignee 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.

Assignee 1 - Please print name, and title if signing for a company

Signed at City/Town, State

Signature of Assignee 1

X

Date (mm/dd/yyyy)

Assignee 2 - Please print name, and title if signing for a company (if applicable)

Signed at City/Town, State

Signature of Assignee 2

X

Date (mm/dd/yyyy)