

# Policy Change Form (Non-Underwritten)

Policy number:

**Purpose of this form** Use this form to request (a) non-underwritten change(s) on your policy.

**Terms used in this form** *Foresters Financial™, Insurer or We* mean The Independent Order of Foresters or Foresters Life Insurance Company. You or your means the Owner(s) who is/are completing and signing this form, unless otherwise specified. Policy means a certificate, annuity or policy issued by an Insurer and includes each rider that is attached. Owner includes Policy Owner, Absolute Assignee and Annuitant. Social Insurance Number will be known as SIN and Tax Identification Number will be known as TIN.

## 1. Owner Information

|  |   |                            |                      |
|--|---|----------------------------|----------------------|
| <p><b>Information about the owner</b></p> <p>To avoid delays in processing, if the owner was a minor at the date of issue, we will require a copy of government ID (Drivers License, Passport or Notarized Signature) to accompany this request.</p> | Owner 1 Name (first, middle initial & last) |                            |                      |
|  | <input type="text"/>                        |                            |                      |
|  | SIN/TIN                                     | Date of Birth (mm/dd/yyyy) | Primary Phone Number |
|  | <input type="text"/>                        | <input type="text"/>       | <input type="text"/> |
| Owner 2 Name (if applicable) (first, middle initial & last)  |   |                            |                      |
| <input type="text"/>   |   |                            |                      |
| SIN/TIN  | Date of Birth (mm/dd/yyyy)                  | Primary Phone Number       |                      |
| <input type="text"/>   | <input type="text"/>                        | <input type="text"/>       |                      |

## 2. Change Type

|   |   |  |
|---|---|--|
| <p><b>2.1 Policy Change Section</b></p> <p>Select the change(s) you are requesting (Only check the items that apply).</p> | <input type="radio"/> <b>Decrease Face Amount:</b><br>From: <input type="text"/> To: <input type="text"/>   |  |
|   | <input type="radio"/> <b>Delete Rider(s):</b><br>Rider Name: <input type="text"/><br>Rider Name: <input type="text"/><br>Rider Name: <input type="text"/> | <input type="radio"/> <b>Decrease Rider Amount(s):</b><br>Rider Name: <input type="text"/><br>New Rider Amount: <input type="text"/><br>Rider Name: <input type="text"/><br>New Rider Amount: <input type="text"/> |

|   |  |
|---|--|
| <p><b>2.2 Reduced Paid Up Insurance</b></p> | <input type="radio"/> <b>Application for Reduced Paid Up (RPU) Insurance:</b><br>I request that the above policy number be changed to RPU insurance. I understand that the RPU coverage amount will depend on the 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 Policy, this change will not be completed. |
|---|--|

|                                    |  |
|------------------------------------|--|
| <p><b>2.3 Child Term Rider</b></p> | <input type="radio"/> <b>Addition of Child to an existing Child Term Rider (CTR):</b><br>Name of Child <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> Gender: <input type="text"/> |
|------------------------------------|--|

|   |  |
|---|--|
| <p><b>2.4 Premium change</b><br/>(Applies to Universal Life and Annuity Policies only).</p> | <input type="radio"/> <b>Please adjust the amount of the pre-authorized cheque draft:</b><br>From <input type="text"/> To <input type="text"/> Effective Date <input type="text"/> |
|---|--|

# Policy Change Form (Non-Underwritten) (continued)

Policy number:

## 2. Change Type (continued)

**2.5 Date of Birth**

**Date of Birth Correction (if Date of Birth differs from original application):**

Name of individual Date of Birth correction is for:

From:  To:

**2.6 Duplicate Contract**

**Request for Duplicate Contract**

\$25.00 enclosed - Cheque or Money Order only

Please deduct an additional one time payment of \$25.00 from Pre-Authorized Chequing payment plan currently in place.

This is to certify that I have made a diligent search for the above numbered policy and that to the best of my knowledge, it has been lost or destroyed. I hereby wish to apply for a duplicate. I understand that a fee of \$25.00 is required for a complete duplicate. A memorandum of particulars will be provided instead, at no extra charge, for pre-1966 plans.

**2.7 Contact Update**

**Request for Contact Update**

New Address  New Telephone Number

New Email Address

**2.8 Dividend Option**

Complete this section if you wish to change your dividend option.  
(Please select one option only).

**Dividend Options (Your death benefit may be affected as a result of this change.)**

Going forward, please change my current dividend option to:

Paid-Up Additional Insurance

Dividends On Deposit

Pay Premiums (remainder to Paid up Additions)

Pay Loan (remainder to Paid up Additions)

Paid in Cash (cheque)

## 3. Agreements and Authorizations

Please review this section before signing.

You agree to the change(s) requested in this form. You understand that:

- The change(s) you are requesting is/are subject to the terms and conditions of the policy, and will become effective on a date to be determined by Foresters Financial.
- This request is not valid unless all pages have been completed and submitted.
- Any corrections to this form must be initialed by all signing parties.
- The current beneficiary must sign to release his or her rights if he or she is a:

**Preferred Beneficiary:** A preferred beneficiary is a beneficiary who was named prior to July 1, 1962, in all Provinces except Quebec, who is one of the following to the insured person: husband, wife, child, adopted child, grandchild, and child of an adopted child, parent or adoptive parent. However the preferred beneficiary does not have to sign to consent if you are only changing the beneficiary from one preferred beneficiary to another.

**Irrevocable Beneficiary:** An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if:

- The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or
- In Quebec only, a beneficiary who is the spouse or, currently, civil union partner of the owner, if the owner did not specify on the beneficiary designation form that the designation was to be revocable.

**Agreements and release in the event of a Dividend Option Change:**

- I have reviewed my policy's terms and conditions and I am aware of any impact this option change may have towards my coverage/death benefits.

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**4. Signature Section**

**4.1 Owner(s) Signature**

Initial 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.

Owner 1 - Please print name, and title if signing for a company  Signature of Owner 1  X

Signed at City, Province/Territory  Date (mm/dd/yyyy)

Owner 2 - Please print name, and title if signing for a company (If applicable)  Signature of Owner 2  X

Signed at City, Province/Territory  Date (mm/dd/yyyy)

**4.2 Irrevocable/ Preferred Beneficiary(ies) Signature**

The current beneficiary(ies) must sign to release his or her rights if he or she is a Preferred or Irrevocable Beneficiary (for definitions, see Section 3).

**Current Beneficiary Section**

Initial If the current beneficiary 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.

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

Signed at City, Province/Territory  Date (mm/dd/yyyy)

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

Signed at City, Province/Territory  Date (mm/dd/yyyy)

**4.3 Collateral Assignee Signature (If applicable)**

The current assignee must complete this section to acknowledge the change request and its potential impact to the death benefit.

**Collateral Assignee Section**

Initial If the current 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  Signature of Assignee 1  X

Signed at City, Province/Territory  Date (mm/dd/yyyy)

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

Signed at City, Province/Territory  Date (mm/dd/yyyy)

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