

Foresters Life Insurance and Annuity Company Annuity Surrender Request Form

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783. www.forestersfinancial.com

Contract Number: _____

Date Received at
the Administrative
office:

Name of Owner: _____

Name of Annuitant: _____ (Phone#): _____

Owner's Current Address: _____

The undersigned hereby applies to Foresters Life Insurance and Annuity Company for the net cash surrender value of the above contract. It is hereby warranted that no insolvency or bankruptcy proceedings are pending against the undersigned.

A. Please check the type of transaction being processed:

- Surrender (the check will be made payable F/B/O the contract owner).
- 1035 Exchange (the check will be made payable to the outside company F/B/O the contract owner).
- IRA Rollover/IRA Transfer (the check will be made payable to the outside company F/B/O the contract owner).

Please note: Surrenders to third party payee will only be processed via 1035 exchange, IRA Rollover and/or IRA Transfer.

B. Select one of the options below:

- Contract Enclosed
- Contract not enclosed. **Complete section C.**

C. Lost Contract Declaration: In consideration of the payment of the above contract's net cash surrender value, the undersigned agrees that the entire liability of Foresters Life Insurance and Annuity Company under this contract shall be discharged and terminated upon receipt of this form at the Home Office of the Company, during the lifetime of the annuitant, together with the contract and any other papers which the Company considers necessary to effect surrender of the contract

To the best of the knowledge and belief of the undersigned, these statements are true: (a) The contract has been lost or destroyed. (B) No one has the contract. (c) It is not now assigned, or otherwise transferred to anyone. (d) It is not in any way pledged as a security for money advanced or value received.



Signature of Owner #1



Signature of Owner #2 (if any)

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D. Select the delivery method:

- Regular Mail
- FEDEX Standard overnight (\$18.00 charge)
- FEDEX Saturday Delivery (\$32.00 charge)
- To FFS

E. Check one of the options for delivery: (N/A for 1035 exchanges or IRA transfers)

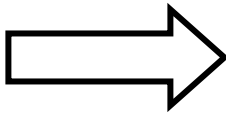
- To the address of record.
- To the following address: _____
(Requires Medallion Signature Guarantee or Manager Signature Guarantee)
- To Foresters Financial Services Account #: _____

Please note: The check will be made payable F/B/O the contract owner, even if it is sent to a different address than the one of record.

A Medallion Signature Guarantee or a Manager Signature Guarantee is required if the proceeds are sent to a different address than the one on record, if the address of record was updated less than 30 days prior to the surrender request, or if the cash value is greater than \$100, 000.00. (Not applicable for residents of New Jersey).

Affix Medallion Signature Guarantee here.

Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



For FFS Reps Only: I certify that all signatures that require a signature guarantee in this form are genuine.

| | | | |
|------------|--|---------------------------------------|------|
| Reg. Rep # | Registered Representative's Name (print) | Registered Representative's Signature | Date |
| Reg. Rep # | Principal's Name (print) | Principal's Signature | Date |

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F. Tax Withholding Information:

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of Federal Income tax.

A withdrawal may result in a taxable gain reportable to the IRS. Generally, Federal withholding applies to taxable payments made from pension, profit sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement arrangements (IRA), and commercial annuities. If you make a withdrawal before you reach age 59½, you also may be subject to a 10% penalty tax on any taxable gain. This would be in addition to any income tax you may be subject to on the taxable gain.

Even if you elect not to have Federal income tax withheld, you are liable for payment of such tax on the taxable portion of your payment.

Please consult your tax advisor for complete details of the rules stated above.

The undersigned understands that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

- Do not withhold federal income tax on any taxable portion of payments.
- Withhold 15% federal income tax on any taxable portion of payments.
- Withhold \$ _____ or _____ % of federal income tax from any taxable portion of payments.

G. Signature (s):

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) above if you are subject to backup withholding. (3) The requested withdrawal may be subject to an additional Contingent Deferred Sales Charge (CDSC) if it exceeds the 10% withdrawal privilege. (Please refer to your contract or prospectus for details)



Signature of Owner #1

SS#

Date



Signature of Owner #2

SS#

Date

Please refer to the chart for signature requirements:

| Policy Owner: | Form must be signed by: | Additional requirements: |
|---------------|-------------------------|--|
| Trust | Trustee | Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority) |
| Minor | Guardian | Letters of guardianship |
| Assignee | Assignee | Corporate resolution |
| Corporation | Corporate officer | Corporate resolution |



The form must be fully completed and mailed to the home office in order to process the request.