

Application for Individual Life Insurance

1. Proposed Insured (Full legal name)				
First name John	Middle name Doug	Last name Doe		
Street address 895 Herr St.		City Englewood	State OH	Zip code 45322
Home phone # (937) 832-1378		Alternate phone/Cell # _____	Date of birth (mmm/dd/yyyy) 11-22-1960	State & Country of birth USA - OH
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female		Height / Weight 5'10 / 220	Used tobacco or nicotine in any form within the past 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No	Social security # 222-22-2222
		Foresters member? <input type="radio"/> Yes <input checked="" type="radio"/> No, applying for membership.		

2. Medical Questions (For purposes of these questions "you" means the proposed insured, "diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner and "terminal illness" means an illness that would reasonably be expected to cause death within 12 months.)

Part A: If a "Yes" answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.

- Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility? Yes No
- Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting? Yes No
- Within the past 12 months, have you:
 - Used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis? Yes No
 - Been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known? Yes No
- Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes? Yes No
- Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease? Yes No
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)? Yes No
 - Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda? Yes No
- Have you ever been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)? Yes No

If all "No" answers in Part A, complete Part B.

Part B: Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

- Within the past 2 years have you been diagnosed with or advised that you still have, or received or been advised to receive treatment or medication for:
 - Alcohol or drug abuse, or have you used illegal drugs? Yes No
 - Complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)? Yes No
- Within the past 2 years have you been diagnosed with or advised that you still have:
 - Angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery? Yes No
 - Stroke or Transient Ischemic Attack (TIA/mini-stroke)? Yes No
 - Brain tumor or aneurysm? Yes No
- Within the past 3 years have you been diagnosed with or advised that you still have cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)? Yes No

If a "Yes" answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 4. If all "No" answers, complete Part C.

Part C: Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies.

- Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:
 - Parkinson's disease or Systemic Lupus (SLE)? Yes No
 - Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)? Yes No
 - Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema? Yes No

If a "Yes" answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 4. If all "No" answers, select Foresters PlanRight (With a level death benefit) in Section 4.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

3. Other Insurance and Financial Questions

Does the proposed insured currently have any life insurance or an annuity in force? Yes No
 Will insurance applied for in this application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? Yes No
 Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (including possible assignment)? Yes No

4. Insurance Applied For

Certificate type: Foresters PlanRight (With a level death benefit.) Foresters PlanRight (With a graded death benefit.) Foresters PlanRight (With a modified death benefit.)
 Insurance amount: \$ 35,000 Premium amount: (based on payment mode) \$ 131.22
 Additional coverage: Accidental Death Rider (only if selecting Foresters PlanRight (With a level death benefit)) \$ 35,000
 Other: _____

Automatic selection, insurance amount and premium adjustment – Owner agrees that if: (i) selecting but not qualifying for, based on the information in this application, Foresters PlanRight (With a level death benefit) the owner is instead automatically applying in this application for Foresters PlanRight (With a graded death benefit); (ii) selecting or applying as per (i) above but not qualifying for, based on the information in this application, Foresters PlanRight (With a graded death benefit), the owner is instead automatically applying in this application for Foresters PlanRight (With a modified death benefit); (iii) the proposed insured qualifies for the certificate selected above but the premium amount paid with this application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Automatic premium loan provision elected? ("Yes" or "No" must be indicated) Yes No
 If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If "No", the certificate's Nonforfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

5. Payment Information

Payer is: Proposed insured Owner (if other than proposed insured) Other (complete Payer ID Form)
 First premium payment provided by: Pre-Authorized Check (PAC) (complete Payment Form) Check Other (complete Payment Form)
 Subsequent premium payments made by: Pre-Authorized Check (PAC) (complete Payment Form) Direct bill Other (complete Payment Form)
 Payment mode: Monthly (PAC only) Quarterly Semi-annually Annually
 Is a specific draft date being requested? No Yes, draft on the _____ day (choose between 1st and 28th) of the month, beginning in _____ (month).

Conversion Notification: Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

6. Beneficiary Information (Each beneficiary below is revocable. If, however, a beneficiary is to be irrevocable, insert the word "irrevocable" next to the name of that beneficiary.)

Full legal name, home phone # and address (street, city, state, zip code) of each primary beneficiary.		Relationship to proposed insured	% Share
Name	Mary A Doe	Wife	Total 100%
Home phone #	937-832-1378		
Address			
same as insured			
Name			must equal
Home phone #			
Address			
Name			100%
Address			
Full legal name, home phone # and address (street, city, state, zip code) of each contingent beneficiary.		Relationship to proposed insured	% Share
Name			Total
Home phone #			must
Address			
Name			equal
Home phone #			
Address			100%

7. Owner (Complete only if other than the proposed insured.)

Full legal name of Individual (First, Middle, Last), Institution or Trust

Street address		City	State	Zip code
Home phone #	Alternate phone/Cell #	E-mail Address (optional)		Social security /Tax ID #
Relationship to the proposed insured			If individual: Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy):

8. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete to the best of my knowledge and belief. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate), if any, issued by Foresters. No information about me will be considered to have been given to Foresters by me unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or the proposed insured's health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, transfer and otherwise use, information provided in this application to offer and issue (including post issue administration), other insurance products to me. Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identification. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. Guaranty Association Notice

FORESTERS™ IS A FRATERNAL BENEFIT SOCIETY LICENSED TO DO BUSINESS IN THIS STATE. AS MEMBERSHIP ORGANIZATIONS, FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE STATE GUARANTY ASSOCIATION. THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, CERTIFICATE HOLDERS MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN CERTIFICATES ISSUED BY THE SOCIETY.

10. Authorization To Obtain And Disclose Information

"Authorized persons" means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among Foresters and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this application. A copy of this authorization shall be as valid as the original. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

11. Signature Section (For purposes of sections 1 to 10. Review entire Application before signing.)

John D Poe Signed on: 3-17-2016 Signed at: Englewood OH
Proposed insured's signature Date (mmm/dd/yyyy) (City, State)

_____ Signed on: _____ Signed at: _____
Owner's signature (if other than the Proposed Insured) Date (mmm/dd/yyyy) (City, State)

12. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded as shown and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? Yes No

Producer's full name: Cody Michael Beck Producer's signature: X Cody M. Beck
Producer number: 77777 Date (mmm/dd/yyyy): 3-17-2016

Payment Information Form

Billing and Payment Information

Proposed Insured: First Name: John Last Name: Doe

Date of birth (mmm/dd/yyyy): 11-22-1960

Reference/certificate number (if available): _____

Payer is: Proposed Insured Owner Other (complete Payer ID form)

PAC Banking Information to be taken from:

Checking Account (attach void check below) Savings Account (complete below) From check submitted with the application

Please:

1) Attach void check here

OR

2) Provide the following banking information (please print):

Name of financial institution: Wright Patt Credit Union

Street Address: 7704 Hoke Rd

City: Clayton State: OH Zip Code: 45315

Transit Number: 242279408 Account Number: 190000

By signing below, I, as payer, verify that I am the account holder of the account identified in this Payment Information Form and I am permitted to provide this authorization, and agree that: 1) Foresters is authorized to draft deductions under the PAC selection(s) made in the application in relation to the above named Proposed Insured, from that account or another account later identified or substituted by me. 2) The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by me. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction according to the coverage(s) and certificate type issued. 4) The PAC plan is effective immediately and will continue until terminated, which either Foresters or I may do at any time by written notice to the other.

John D Doe

Printed name of payer

X John D Doe

Signature of payer

Signed on: 3-17-2016

Date (mmm/dd/yyyy)

John Doe

56-7940/2422

1016


DATE _____

© 2000 FIRST OF SEPTEMBER

PAY TO
THE ORDER OF

W O R D

\$

EXPIRES  Security Features
Detailed on Back

Wright-Patt
CREDIT UNION, INC.
Fairborn, Ohio 45324-6219
Save Better Borrow Smarter Learn A Lot!

MEMO _____

⑆ 242279408⑆ 190000

⑆ 1016

MP

Producer Report (Required)

This form is for internal and producer use only and is not part of the Application.

Producer: Cody Michael Beck Number: 777777
Name: _____

Proposed insured: John Last Name: Doe Date of birth (mmm/dd/yyyy): 11-22-1960
First Name: _____

1. How long have you known the proposed insured? _____ Years
2. Are you related to the proposed insured? _____ Yes No
If 'Yes', what is the relationship? _____
3. a) At the time the Application was taken, did you see the proposed insured? _____ Yes No
b) Did you personally interview and complete the Application in the presence of the proposed insured? _____ Yes No
If 'No' to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the Application? _____ Yes No
If 'No', identify and provide contact information of person who obtained and witnessed the signature(s).

5. Did you personally review each document used to verify identity and birth date? _____ Yes No
If 'No', identify and provide contact information of person who reviewed each document (if different than the person identified in question 4.)

6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number. # 222222
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? _____ Yes No
If 'No', were changes to the Application made and initialed, and a new page 3 signed, in both sections 10 & 11, as required? _____ Yes No *NIA*
8. Did you review and leave the Acknowledgement of First Premium with the owner? _____ Yes No
9. Proposed insured's primary language is English Spanish Other _____
10. Number of people under 25 years of age living in the proposed insured's household? 0
11. Was a copy of the Buyer's Guide provided to the owner at the time of sale? _____ Yes No
12. Are the commissions to be split with another producer? _____ Yes No
If 'Yes', state what the percentage should be for the producer who filled out this Application: _____ %
Name and producer number of producer who will receive the remaining percentage: _____

Note: If the proposed insured has had life insurance with Foresters that was in force within the last 13 months, this will be considered an internal replacement and will affect compensation.

Certificate Issuing Instructions

- Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required) _____ Yes No
- The certificate should be: Mailed directly to owner. Sent to Producer for delivery.

Remarks



APPENDIX A

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES
 (This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

3. The existing policy or contract is being replaced because No Replacement

I certify that the responses herein are, to the best of my knowledge, accurate:

John D. Doe John D. Doe
 Applicant's Signature and Printed Name

3-17-2016
 Date

Cody M. Beck Cody M. Beck
 Producer's Signature and Printed Name

3-17-2016
 Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

IMPORTANT NOTICE:

To be read aloud to the applicant unless he or she has initialed the preceding page indicating he or she does not want this notice read aloud.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?