

Payment Designation Form

Certificate number:

Purpose of this form	Use this form to request the set up or allocation of a single or recurring payment.
Terms used in this form	<p><i>Foresters Financial</i>[™], <i>Insurer</i> mean The Independent Order of Foresters.</p> <p><i>You</i> means the Owner who is completing and signing this form, unless otherwise specified.</p> <p><i>Certificate</i> means the above numbered certificate, issued by an Insurer.</p> <p><i>Owner</i> includes Certificate Owner and Absolute Assignee.</p> <p><i>Social Security Number</i> will be known as SSN and <i>Tax Identification Number</i> will be known as TIN.</p>

1. Owner Information

Information about the Certificate Owner	Owner Name (first, middle initial & last)	<input type="text"/>		
	SSN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Insured Information

Information about the Insured	Insured Name (first, middle initial & last)	<input type="text"/>		
Only complete if different than Owner.	SSN/TIN	Date of Birth (mm/dd/yyyy)	Primary Phone Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Instructions for Single/Initial Payment

<p>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.</p>	<table border="1"> <thead> <tr> <th>Payment Type</th> <th>Payment Amount</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Premium Payment</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="radio"/> Flexible Payment Paid-up Additions Rider Payment (including 1 time payments)</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="radio"/> Single Payment Paid-up Additions Rider Payment</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="radio"/> Loan Repayment</td> <td>\$ <input type="text"/></td> </tr> <tr> <td><input type="radio"/> Premium Deposit Fund Payment (subject to PDF being available in the State)</td> <td>\$ <input type="text"/></td> </tr> <tr> <td style="text-align: right;">Total Payment</td> <td>\$ <input type="text"/></td> </tr> </tbody> </table>	Payment Type	Payment Amount	<input type="radio"/> Premium Payment	\$ <input type="text"/>	<input type="radio"/> Flexible Payment Paid-up Additions Rider Payment (including 1 time payments)	\$ <input type="text"/>	<input type="radio"/> Single Payment Paid-up Additions Rider Payment	\$ <input type="text"/>	<input type="radio"/> Loan Repayment	\$ <input type="text"/>	<input type="radio"/> Premium Deposit Fund Payment (subject to PDF being available in the State)	\$ <input type="text"/>	Total Payment	\$ <input type="text"/>	
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Notes:

Payment Designation Form (continued)

Certificate number:

4. Instructions for Recurring Payment

If there is an existing PAC plan in effect on the above numbered certificate, then instructions on this form indicating PAC as the payment method will apply to and modify that PAC plan.

If there is no existing PAC plan or to make changes to the current banking information on record, please complete section 6.

‡ Requested Withdrawal Date (Cannot be the 29th, 30th or 31st)

Minimum equivalent of \$25.00 per month

Option applies to Universal Life certificates only

Payment Method: Enclosed Check Pre-Authorized Check (PAC) Plan

Payment Type	Payment Amount	Payment Method	Frequency (If recurring payment)	Requested PAC Withdrawal Date ‡
<input type="radio"/> Premium Payment	\$ <input type="text"/>	<input type="radio"/> PAC <input type="radio"/> Direct Bill	<input type="radio"/> Monthly (PAC Only) <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually	
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Notes:

5. Premium Deposit Fund Instructions

Note: These instructions will be in effect until new instructions, acceptable to Foresters, are received.

Funds, if any, in the Premium Deposit Fund are to be used:

- 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:
 - \$
 - The maximum annual payment amount
 - The maximum allowable under TAMRA regulations (the MEC limit)

6. Request for Pre-Authorized Checking Plan

6.1 Payer Information (Account Holder) – as written on account

Only complete if different than Owner/Insured.

Payer's Name <input type="text"/>		Joint Payer's Name <input type="text"/>	
Address (apartment number, street number and name) <input type="text"/>		Payer's Email <input type="text"/>	
City/Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
Primary telephone (include area code) <input type="text"/>		Work or alternate telephone (include area code) <input type="text"/>	

6.2 Bank Information

Note: Routing numbers starting with 5 will not be accepted

Type of Account: Checking Savings

Select applicable option:

- Void check attached
- Void check is not available. Please use the following banking information:

Name of financial institution:

Routing Number (9 digits)

Account Number

Payment Designation Form (continued)

Certificate number:

6. Request for Pre-Authorized Checking Plan (continued)

6.3 Third Party Determination

Complete this section if the payer named above is not the Owner or the Insured under a Certificate listed on the form.

Full legal name of third party (first, middle, last), or corporation/entity

Date of Birth (mm/dd/yyyy)

Type of third party

Relationship to Owner

Detailed occupation or nature of business

Address (street number and name)

City/Town

State

Zip Code

Registration number if a corporation

Jurisdiction of incorporation

If unable to provide the information above about a third party, provide details as to why:

6.4 Pre-Authorized Checking Plan Agreement

The payer, by signing below, verifies that the payer is an account holder of the account identified in the Bank Information section of this form and is permitted to provide this authorization, and agrees that:

1. Foresters is authorized to electronically draft premiums and/or other payments related to the certificate from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds.
2. The financial institution from which the deductions are to be drafted is authorized to treat each such draft by Foresters as though it was made personally by the payer.
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; subsequent deduction amounts may vary.
4. If a deduction request is not honored when submitted to the financial institution, Foresters may, at its sole discretion, do further resubmits for the deduction.
5. This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time upon request to the other. I understand that Foresters requires at least 30 days prior notice in order to cancel this authorization.

This authorization must be signed by the account holder as his/her name appears on the records for the account provided.

7. Signature Section

7.1 Owner

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 - Please print name and title if signing for a company

Signature of Owner

Signed at City/Town, State

Date (mm/dd/yyyy)

7.2 Payer

Note: If joint account, both payers must sign authorization form (If Different than owner)

Payment deductions under this Agreement are: Personal Business related

Signature of account holder

Date (mm/dd/yyyy)

Signature of joint account holder (if applicable)

Date (mm/dd/yyyy)

For further information contact Foresters Financial at: P.O. Box 179, Buffalo, NY, 14201-0179, Tel: 1-800-828-1540, Email: service@foresters.com

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