Foresters Life and Foresters Application for Insurance: Life and Critical Illness

Foresters

Broker Instructions

This Application for Life Insurance and Critical Illness insurance is a legal document forming part of the insurance contract for Foresters Life Insurance Company ("Foresters Life") or Foresters™ coverage. Both Foresters Life and Foresters products can be applied for on this Application at the same time, and any information provided will be used for the purposes of assessing insurability for each insurer's products.

Please note that this Application is NOT to be used for E-Z Term, Health Security Plus, Annuity Plus, Annuity Plus TFSA or Guaranteed Issue Whole Life.

A VOID cheque is required if PAC mode is selected. If this Application is being used to apply for both Foresters Life and Foresters products, two separate PAC draws will be made to cover monthly premiums for each of the insurers.

Temporary Insurance Note:
Premium should only be collected if the total amount applied for is $500,000 or less for Life for Foresters products, and $500,000 or less for Life and $500,000 for Critical Illness for Foresters Life products. The Application for Temporary Insurance must be completed, as required.

1. For timely issue and compensation payments, please print legibly, ensuring:

- Application is completed in full, except where indicated otherwise
- All questions are asked and answers are recorded completely and accurately
- All questions are answered by the Proposed Insured and Joint Applicant (where applicable)
- Any changes to the information provided are initialed by the Proposed Insured and Joint Applicant, where applicable
- Your name and broker code, and the name of your MGA/GA, are clearly marked on the Broker's Report
- Any additional details or subjective information about your client are noted in the Broker's Report or in a cover letter to accompany this Application
- All disclosure requirements are completed if this Application is replacing existing insurance (Please note: a Foresters Life product replacing a Foresters product or vice versa is considered a replacement)
- All compliance requirements have been satisfied
- The Broker's Report (on page 13) is completed and signed
- An illustration is attached for each product applied for in this Application
- If not meeting the Proposed Insured in person, a paramedical examination is arranged
- If attaching separate sheet(s), be sure to have it (them) signed and dated by each applicant and clearly cross-referenced to this Application

2. Informal Inquiry - If your client is a potential or previously substandard/declined risk or over **age 65**, please:

- Submit a fully completed and signed Application including all medical questions
- Do **not** arrange for any medical evidence
- Do **not** collect any premium
- Do **not** issue the Temporary Insurance Agreement

Upon review of this Application by Foresters Life and/or Foresters, we will confirm any evidence of insurability requirements.

3. Signatures:

- Parent or Guardian must sign this Application if the Proposed Insured is a minor. This includes cases where the applicant is a grandparent.
- Children aged 15 1/2 or older must sign as the Proposed Insured if another person is taking out coverage on their life.
- In the case of corporate-owned coverage, the Proposed Insured must sign beside "Signature of Proposed Insured" and a signing officer of the company must sign beside "Signature of Owner(s)". This applies even if the Proposed Insured and signing officer are the same.
- For multiple policies, please complete separate applications for each Proposed Insured.

4. To expedite policy issue, please check what is being applied for in this Application:

Life Insurance:	☐ from Foresters Life	☐ from Foresters
Critical Illness Insurance:	☐ from Foresters Life	
This Application is for:	☐ Single Life	☐ Joint Life

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1. Proposed Insured

☐ Male ☐ Female

TITLE | FIRST | MIDDLE | LAST | ALTERNATE NAME | GENDER

DATE OF BIRTH (MM/DD/YY) / / | AGE | COUNTRY OF BIRTH (If not Canada, advise how long in Canada)

ADDRESS | CITY | PROVINCE | POSTAL CODE

HOME TEL. # ( ) - | BUSINESS TEL. # ( ) -

CELL # ( ) - | EMAIL ADDRESS (Optional)

DRIVER'S LICENCE # (or Gov't Issued Photo ID # and Type) | PROVINCE OF ISSUE | DATE OF ISSUE (MM/DD/YY) / /

OCCUPATION (Please list specific duties) | ANNUAL INCOME | NET WORTH - -

EMPLOYER & ADDRESS | LENGTH OF EMPLOYMENT THERE? | SOCIAL INSURANCE NUMBER (Complete only if Owner)

2. Joint Applicant

(Complete only if applying for joint first or joint last-to-die coverage on a Foresters Life product, or for a Foresters Spouse Rider.)

This Joint Applicant is to be added to the following product(s) applied for: _____

Joint coverage type: ☐ First-to-die ☐ Last-to-die ☐ Spouse Rider (only available with UL/WL products)

☐ Male ☐ Female

TITLE | FIRST | MIDDLE | LAST | ALTERNATE NAME | GENDER

DATE OF BIRTH (MM/DD/YY) / / | AGE | COUNTRY OF BIRTH (If not Canada, advise how long in Canada)

ADDRESS | CITY | PROVINCE | POSTAL CODE

HOME TEL. # ( ) - | BUSINESS TEL. # ( ) -

CELL # ( ) - | EMAIL ADDRESS (Optional)

DRIVER'S LICENCE # (or Gov't Issued Photo ID # and Type) | PROVINCE OF ISSUE | DATE OF ISSUE (MM/DD/YY) / /

OCCUPATION (Please list specific duties) | ANNUAL INCOME | NET WORTH - -

EMPLOYER & ADDRESS | LENGTH OF EMPLOYMENT THERE? | SOCIAL INSURANCE NUMBER (Complete only if Owner)

In this Application, the "Insurer" means Foresters Life Insurance Company ("Foresters Life") and/or The Independent Order of Foresters ("Foresters"), depending on what type(s) of insurance you choose in section 5.

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3. Owner

(Do not complete if applying for Advantage Series Whole Life or Passport Universal Life products)

If you do not specify an owner in this section, the owner(s) will be the Proposed Insured and, if there is a Joint Applicant, the Joint Applicant unless s/he is to be insured under a Spouse Rider.

NAME _____ RELATIONSHIP TO PROPOSED INSURED _____

BILLING ADDRESS _____ SOCIAL INSURANCE NUMBER - -

4. Payor Details

Payor for all coverages applied for is: ☐ Proposed Insured (PI) ☐ Joint Applicant (JA) ☐ Owner
☐ Other (If Other, complete section below)

☐ Male ☐ Female

TITLE FIRST NAME MIDDLE LAST ALTERNATE NAME GENDER

RELATIONSHIP TO PROPOSED INSURED DATE OF BIRTH (MM/DD/YY) COUNTRY OF BIRTH

ADDRESS CITY PROVINCE POSTAL CODE

( ) - ( ) -
HOME TEL. # BUSINESS TEL. #

( ) -
CELL # EMAIL ADDRESS (Optional)

DRIVER'S LICENCE # (or Gov't Issued photo ID # and type) PROVINCE OF ISSUE DATE OF ISSUE (MM/DD/YY)

- -
SOCIAL INSURANCE NUMBER

5. Insurance Products Applied For

Attach an illustration for each product applied for.

Legend

Important: Not all Riders are available with all products. Please prepare an illustration to ensure that any Riders selected are available with products applied for.

ADB	Accidental Death Benefit	**P10**	Premier 10 Rider
CTR	Children's Term Rider	**SP10**	Spouse Premier 10 Rider
FPB	Family Provider Rider	**STR**	Spousal Term Rider
GIR	Guaranteed Insurability Rider	**WPB**	Waiver of Premium Benefit
GPO	Guaranteed Purchase Option Rider	**WMD**	Waiver of Monthly Deductions Rider
MBR	Member's Benefit Rider	**WSA**	Waiver of Specified Amount Rider
ROP	Return of Premium Rider	**RPU**	Reduced-Paid Up
WDB	Waiver of Disability Benefit	**APL**	Automatic Premium Loan Provision

FORESTERS LIFE PRODUCTS:

☐ Term 5 $ _____ ☐ LifeCare T10 $ _____ ☐ Life Option Enhanced $ _____
☐ Term 10 $ _____ ☐ LifeCare T75 $ _____ Duration _____
☐ Term 15 $ _____ APL? (Check one) ☐ YES ☐ NO
☐ Term 20 $ _____ (If YES, overdue premium may be deducted from and become a loan against available cash value)
☐ Term 25 $ _____
☐ Term 30 $ _____ TOTAL FACE AMOUNT $ _____

Riders:

☐ WPB ☐ ADB: Amount $ _____ ☐ CTR: Amount $ _____ ☐ Indexing (on T10 only)
☐ Juvenile Rider (LifeCare only): Amount $ _____ ☐ ROP/RPU Rider (for LifeCare and Life Option Enhanced)

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FORESTERS PRODUCTS:

Is the Proposed Insured a Foresters member? ☐ Yes ☐ No - Applying for membership

Product	Options	Riders: (See Legend above)	
Advantage Series Whole Life: (Choose one) ☐ **Advantage Base Plan** ☐ **Advantage 1** ☐ **Advantage 2** ☐ **Advantage 3**	**Dividend Option:** ☐ Paid-Up Additions (must select with Advantage 1, 2, 3) ☐ Paid in Cash ☐ Reduce Premiums ☐ On Deposit with Interest	☐ ADB: Amount $ _____	☐ CTR: Amount $ _____
		☐ FPB: ___ 20 yrs ___ 30 yrs ___ to 45 yrs _____ units	
		☐ GIR	☐ MBR
		☐ STR	☐ WMD
Automatic Premium Loan Provision elected? (Check one) ☐ YES ☐ NO (If "YES", overdue premium may be deducted from and become a loan against available cash value.)			
Total Modal Premium $	**Total Annual Premium $**	**Face Amount $**	

Product	Options	Riders: (See Legend above)	
☐ **Passport Universal Life**	**Death Benefit Option:** ☐ Level Insured Amount ☐ Insured Amount plus Total Account Value **Cost of Insurance Option:** ☐ Level ☐ Yearly Renewable Term	☐ ADB $ _____	
		☐ CTR $ _____	
		☐ GPO	☐ P10
		☐ SP10	☐ WMD or WSP
Total Modal Premium $	**Total Annual Premium $**	**Face Amount $**	

Allocation of Passport Modal Premium (Must total 100%)	**Account Options**		**Allocation for Lump Sum** (Must total 100%)
%	175	Daily Interest Account	%
%	171	1 Year Guaranteed Interest Account	%
%	172	3 Year Guaranteed Interest Account	%
%	173	5 Year Guaranteed Interest Account	%
%	174	8 Year Guaranteed Interest Account	%
%	181	Canadian Bond Index Account	%
%	182	Canadian Equity Index Account	%
%	183	Canadian Balanced Index Account	%
%	184	American Equity Index Account	%
%	185	International Index Account	%

6. Children's Term Rider Information

Enter information in this section only if applying for a Children's Term Rider (CTR) or LifeCare Juvenile Rider (JR).

Note: List only children under age 17 if applying for a Foresters Life CTR or JR, or children under age 18 if applying for a Foresters CTR.

Name of child(ren) proposed for insurance (first, middle, last)	Gender M/F	Relationship to Proposed Insured	Date of Birth (mm/dd/yy)	Height (cm)	Weight ☐ lb ☐ kg
			/ /		
			/ /		
			/ /		
			/ /		

Child(ren)'s Medical History (Complete for all children listed above)

	Yes	No
1. Is a child currently taking medication or undergoing treatment for a disorder, disease, injury or illness?		
2. Has medication, treatment, or a diagnostic test been advised that has not yet been started, completed, or the results of which are not yet known? (Diagnostic test includes blood work, specialist consultation, x-ray, ultrasound, EKG, CT scan, MRI scan, biopsy and scope)		
3. Has a child been diagnosed with or treated for an acquired or congenital disorder of the: a) Lungs, heart, arteries, blood or kidneys? b) Brain, spinal cord, nerves or muscles?		
4. Does a child have a history of:		
a) Hyperactivity and/or attention deficit disorder or other behavioral disorder?		
b) Down syndrome, autism or other genetic disorder?		
c) Anorexia, bulimia, or a suicide attempt?		
d) Fetal alcohol syndrome?		
e) Testing positive for HIV (Human Immunodeficiency Virus) as part of a test for obtaining insurance?		
f) Cancer?		
g) Seizures?		
h) Chronic Hepatitis, B or C?		
i) Diabetes?		
j) Cystic fibrosis, cerebral palsy or muscular dystrophy?		
For all YES answers, provide details below.		

Question #	Child's Name	Disorder, disease, injury or illness diagnosis, treatment, present condition	Dates of onset/ recovery	Physician's name, address

7. Beneficiary

By completing this section:

(1) for **life insurance**, you name a beneficiary to receive proceeds payable on the death of Proposed Insured Person 1, or upon the applicable death if you have requested joint coverage on Proposed Insured Persons 1 and 2;

(2) for **critical illness insurance**, in Alberta, British Columbia, Manitoba and Quebec only, you name a beneficiary to receive any Return of Premium on Death benefit.

To name beneficiaries for other benefits under critical illness insurance in these provinces, please complete *"Beneficiary Designations for LifeCare and Health Security Plus"* form # 105567 CAN (05/12). You cannot name a beneficiary on critical illness insurance in any other province.

Note: Beneficiary for Foresters coverage must be an immediate family member of the Proposed Insured Person.

Beneficiary Name	Date of Birth (mm/dd/yy)	Relationship*	Share of Benefit	Revocable or Irrevocable**
Must total to 100%			**100%**	

* In Quebec, relationship to owner. Otherwise, relationship to proposed insured person.

**** In Quebec, if you designate your married or civil union spouse as a beneficiary, the designation is irrevocable unless you choose "revocable" beside that beneficiary's name.** In all other cases, the default is revocable. For Manitoba critical illness insurance, beneficiaries are always revocable.

Trustee for Proceeds Payable to a Minor

Except in Quebec, indicate a trustee to receive proceeds payable to any minor beneficiary.

Trustee Name	Relationship to Owner

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8. Issue Instructions

Is the Application for Temporary Insurance being completed? ☐ Yes ☐ No

IMPORTANT: Do not collect premium or release the Temporary Insurance Agreement to the Proposed Insured if:

- Total amount of insurance applied for exceeds $500,000 for Life per insurer, or $500,000 for Foresters Life's LifeCare product.
- Proposed Insured or Joint Applicant is age 65 or older.

Please provide special dating instructions, if any, for all products applied for:

Foresters Life: _____

Foresters: _____

9. Premium Instructions

IMPORTANT: If PAC is selected, and the Application is for both Foresters Life and Foresters products, separate draws will be made for Foresters Life and Foresters premiums. Please attach a VOID cheque, or provide banking information in Section 10 below, if monthly PAC is selected. Only one VOID cheque for PAC is required. All premiums for coverages applied for in this Application, including initial premium at issue (if not paid with this Application), will be drawn from the account identified on the VOID cheque (except if premium at issue is more than $25 higher than premium applied for).

Foresters Life Premium Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Monthly PAC	**Foresters Premium Payment Mode:** ☐ Annual ☐ Semi-Annual ☐ Monthly PAC
Foresters Life premium paid with this Application: $	Foresters premium paid with this Application: $
Total Premium paid by cheque with this Application (payable to Foresters Life/Foresters): $	**OR ☐ None**

10. Payment Information and Pre-Authorized Cheque (PAC) Plan Agreement

Note: The modal premium quoted may change following underwriting review.

Initial premium payment to be made by:

☐ Monthly Pre-Authorized Cheque (PAC) withdrawal ☐ Cheque (payable to the Insurer)

Monthly Withdrawals under this PAC Agreement are: ☐ Personal related ☐ Business related

Withdrawal date requested (Check one): ☐ ***1st*** ☐ ***8th*** ☐ ***15th*** ☐ ***22nd***

PAC bank account information to be taken from: ☐ **Attached VOID cheque**

or ☐ Banking information below **(complete only if cheque NOT available)**:

Transit # (5 digits) _____ Bank # (3 digits) _____ Account # _____

Type of account: ☐ Chequing ☐ Savings

Name of financial institution _____

Street address _____

City _____ Province _____ Postal Code _____

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PAC Plan Agreement

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

1) The Insurer is authorized to deductions monthly under this PAC Plan Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for the insurance contract(s) issued by it in response to this Application for Life Insurance;
2) The financial institution from which payments are to be drawn is authorized to treat each debit by the Insurer as though the payor made it personally;
3) The Insurer reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the product(s) issued by it;
4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or the Insurer may do at any time by providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting www.cdnpay.ca;
5) Should funds not be available due to insufficient funds, the Insurer may, at its option, draw from my account on the next scheduled withdrawal date for the insufficient amount applicable to each policy/certificate while that policy/certificate is in effect;
6) I understand I have certain recourse rights if any debit does not comply with this PAC Plan Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC Plan Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca; and
7) The payor may contact the Insurer at its address and phone number shown on this Application.

The Payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

X _____ _____

Signature of Account Holder **Date (mm/dd/yy)**

X _____ _____

Signature of Joint Account Holder (if applicable) **Date (mm/dd/yy)**

_____ Initials of Proposed Insured _____ Initials of Joint Applicant

11. Other Insurance

☐ **None** **OR** **List other insurance pending or in-force below.**

	Year Issued/ Pending	Type of Insurance	Company	Amount	ADB Amount	Personal or Business?
Proposed Insured						
Joint Applicant						

Complete the following for a Juvenile Applicant.

	Year Issued/ Pending	Type of Insurance	Company	Amount	ADB Amount	Personal or Business?
Parent(s)						
Siblings						

a) Will you stop paying premiums, reduce the face amount of coverage or otherwise discontinue existing life insurance coverage or an annuity if the insurance applied for in this Application is issued? Proposed Insured: ☐ Yes ☐ No
Joint Applicant: ☐ Yes ☐ No

If "Yes", state company, amount and plan and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration (whichever applies to the province in which business is conducted).

_____

b) Has an application for life, critical illness or disability insurance on the Proposed Insured or Joint Applicant ever been:
Proposed Insured: ☐ Rated ☐ Declined ☐ Modified If "NO", check here ☐
Joint Applicant: ☐ Rated ☐ Declined ☐ Modified If "NO", check here ☐

If "YES", check applicable box(es) above and specify below each company, date and final decision: _____

_____

c) Have you ever declared bankruptcy? Proposed Insured: ☐ Yes ☐ No Joint Applicant: ☐ Yes ☐ No
Details _____
If so, please provide date it was discharged _____

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12. Height and Weight

Proposed Insured	Joint Applicant
a) Height ___' ___" feet/inches OR _____ cm b) Weight _____ pounds OR _____ kg c) Has there been an increase or decrease of more than 10 pounds (4.5 kg) in the past year? Yes ☐ No ☐ Amount of loss ☐ / gain ☐ _____ If 'Yes' state reason for loss/gain _____	a) Height ___' ___" feet/inches OR _____ cm b) Weight _____ pounds OR _____ kg c) Has there been an increase or decrease of more than 10 pounds (4.5 kg) in the past year? Yes ☐ No ☐ Amount of loss ☐ / gain ☐ _____ If 'Yes' state reason for loss/gain _____

13. Lifestyle History

PLEASE PROVIDE FULL DETAILS OF ANY "YES" ANSWERS IN THE SPACE BELOW.

	Proposed Insured		Joint Applicant	
	Yes	No	Yes	No
a) Have you used a substance or product containing tobacco, nicotine or marijuana within the past 12 months? (If YES, type of product and amount used daily)				
b) Have you used a substance or product containing tobacco, nicotine or marijuana within the past 24 months? (If YES, type of product and amount used daily)				
c) In the past 3 years have you engaged in aviation activity other than as a passenger, or other hazardous sport or activity, or do you intend to do so within the next 12 months? (If YES, give details below)				
d) In the last 10 years, has your driver's licence been suspended or revoked, or have you been convicted of 3 or more moving violations? (If YES, provide details below, including dates, and indicate Driver's Licence Number)				
e) Have you ever been charged or convicted of a criminal offence?				
f) Are you planning to travel, work or live outside of North America for more than 1 month? (If YES, give details on frequency, location and length of stay)				
g) Do you drink alcoholic beverages? (If YES, indicate weekly quantity and type)				
h) Have you ever been treated for or received advice pertaining to your use of drugs or alcohol or been asked to reduce your use of alcohol?				
i) Have you ever used heroin, narcotic, barbiturate, psychoactive drug, cocaine or similar substance?				

Details of YES answers for questions 13(a) to 13(i). Indicate question # and give full details including date, duration, etc.:

Proposed Insured

Joint Applicant

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Health History

Please provide details of all YES answers to questions 14 to 18 on page 10.

14. For 14a) through 14j) below, do you currently have, have you ever had, been told you had or received treatment or advice for:	Proposed Insured		Joint Applicant	
	Yes	No	Yes	No
a) abnormal blood pressure, coronary artery disease, elevated cholesterol, heart murmur, Transient Ischemic Attack (TIA), stroke or any other disorder or disease of the heart, blood vessels or cardiovascular systems?				
b) cancer, tumour, polyp or any other growth or malignancy?				
c) diabetes, thyroid disorder, anemia, hepatitis, or hepatitis carrier state, or any other blood or glandular disorder or disease?				
d) a nose, throat, lung or any other respiratory disorder or disease?				
e) a disorder or disease of the stomach, intestines, rectum, liver or pancreas?				
f) an injury to, or disorder or disease of the bones, muscles, joints, eyes, ears or skin?				
g) Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease), Motor Neuron Disease, Huntington's Chorea, Multiple Sclerosis, epilepsy, seizures, brain disorder, or any other disorder or disease of the nervous system?				
h) anxiety, depression, chronic fatigue, suicide ideation, or an emotional, behavioral, mental or nervous disorder or disease?				
i) abnormal PSA, mammogram, or PAP smear or a disorder or disease of the kidney, bladder, or genital organs or system?				
j) AIDS (Acquired Immune Deficiency Syndrome), positive HIV test, or another immunological disorder or disease?				
15. Have you ever been under observation, had medical or surgical advice or treatment, or been hospitalized for a disorder, disease, or for an injury or illness not mentioned above?				
16. Have you ever requested or received a pension, benefit or payment because of a disorder, disease, injury or illness?				
17. Are you now under medical observation, investigation or taking medical treatment?				
18. Are you aware of a symptom, injury, illness or complaint that you have not yet consulted a physician about or for which a test, consultation or treatment has been recommended or scheduled but not yet been completed or the results of which are not yet known?				
19. Have any of your immediate family members (father, mother, siblings) had Heart Disease, Stroke, Cancer (specify type), Diabetes, Kidney Disease, Mental Illness, Alcoholism, Huntington's Chorea, Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease), Parkinson's Disease, Motor Neuron Disease, Multiple Sclerosis, Alzheimer's Disease, or any hereditary disorder or disease?				

Proposed Insured's Family Member (Mother, Father, Siblings, etc.)	Age if Living	Age at Death	If Living – Details of Health Concerns If Deceased – Cause of Death	Age at Onset

Joint Applicant's Family Member (Mother, Father, Siblings, etc.)	Age if Living	Age at Death	If Living – Details of Health Concerns If Deceased – Cause of Death	Age at Onset

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20. Proposed Insured	Joint Applicant
Date and reason of last consultation with a physician or other medical practitioner (provide details below):	**Date and reason** of last consultation with a physician or other medical practitioner (provide details below):
Physician or medical practitioner's information:	Physician or medical practitioner's information:
Name	Name
Address	Address
Phone	Phone
Was treatment or medication given, or recommended? ☐ None or provide details:	Was treatment or medication given, or recommended? ☐ None or provide details:
Primary care physician name, address, if different than above:	Primary care physician name, address, if different than above:
# of years attended:	# of years attended:

Details of "YES" answers to questions 14 to 18, above. Indicate question # and give full details including date, duration, treatment given, tests completed or scheduled, name and address of doctor/hospital, etc.

Proposed Insured

Joint Applicant

Please attach a separate sheet for any additional information, as required, to be signed and dated by all persons signing this Application.

21. Agreement

Each person signing in the Signature Section of this Application as either the Proposed Insured, Joint Applicant, Parent/Legal Guardian and/or Owner agrees that: (a) the statements and answers contained in all parts of this Application and any other evidence of insurability are true and complete and form the basis of the insurance contract(s) applied for or issued; (b) each contract will not take effect until that insurance contract has been delivered to the Proposed Insured/Owner and the first premium has been paid to the Insurer or its agent, and will only take effect if there was no change in the insurability of each person proposed for insurance in this Application from the time of completion of the Application to the time of delivery of that insurance contract; (c) no broker, agent, medical examiner or any other person has power to make, modify, or discharge an insurance contract (i) on behalf of Foresters Life, except the President, together with the Secretary or Actuary or successor position, or (ii) on behalf of Foresters, except Foresters Executive Secretary or successor position; (d) Foresters Instruments of Incorporation and Constitution now in force or subsequently amended shall form part of the entire contract with Foresters; and (e) any person who signs this Application with respect to a child confirms that the person has the to consent to insurance on the child's life, and consents to the insurance described in this Application.

The language of the insurance contract(s) and all correspondence shall be the same as that of this Application. Foresters Life and Foresters will review this application to ensure that the Proceeds of Crime (Anti-Money Laundering Act) regulations have been satisfied. In the event they have not been satisfied, this Application will be rejected forthwith and any Temporary Insurance applied for will be void from inception.

This Application and related documents may be completed, signed and/or submitted to the Insurer by voice and/or electronic means, including but not limited to, e-mail and facsimile transmission. The Insurer 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 a current internet e-mail address in this Application or choose to provide one in the future, the Insurer may use that address to send messages or documents to me electronically.

If you do not wish your information to be used for future offerings, please check here ☐
or write to: Chief Privacy Officer, Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9.

22. Authorization

I AGREE AND UNDERSTAND THAT IT MAY BE NECESSARY TO OBTAIN ADDITIONAL PERSONAL INFORMATION IN CONNECTION WITH THIS APPLICATION AND IF SO, I AUTHORIZE FORESTERS LIFE INSURANCE COMPANY AND/OR THE INDEPENDENT ORDER OF FORESTERS TO OBTAIN A CONSUMER REPORT OR MOTOR VEHICLE REPORT/DRIVER RECORD.

Each undersigned acknowledges receipt of a form describing the MIB, Inc. (formerly known as Medical Information Bureau) and AUTHORIZES MIB to give the Insurer and its reinsurers any information in its files. Each undersigned AUTHORIZES the Insurer and its duly sponsored and authorized agents, brokers and service providers to use, collect and disclose information about him/her, needed for underwriting or administration, to each other from and with any person or organization, including health professionals, hospitals, medically related facilities, government agencies, provincial health care plans, institutions, MIB, investigative agencies, law enforcement agencies, insurers and reinsurers. The Insurer may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you.

A photocopy of this authorization shall be as valid as the original. The Insurer and its duly sponsored and authorized agents, brokers and participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA), and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be disclosed only to the applicable department, authorized agency, servicing bureau, service providers, parent company and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to: Chief Privacy Officer, Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9.

Authorization to access your personal information:
Medical information may be gathered to assist us in the assessment of this Application for insurance to the Insurer. By checking the box below, you authorize the Insurer to advise your broker that our decision was impacted by information related to this Application, your medical history, family history or lifestyle.

If you do not wish us to disclose this information to your broker, please do not check the box below.
☐ **I authorize Foresters Life Insurance Company and/or The Independent Order of Foresters to disclose the reasons for the assessment of my Application for insurance to my broker as outlined above.**

Signatures Section

Applies to pages 2 to 11 of this Application.

Dated at _____ this _____ day of _____ , 20 _____

Signature of Proposed Insured

Signature of Joint Applicant

Signature of Owner

Signature of Parent/Legal Guardian (required if not the Owner, and Proposed Insured or Joint Applicant is a minor)

Signature of Witness to all signatures

Broker Name

Broker Code #

Agency / Code #

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23. Application for Temporary Insurance

(Not available for Informal Inquiries)

No broker or agent is authorized to waive, amend or modify any of the terms or provisions in this Application for Temporary Insurance or in the Temporary Insurance Agreement (TIA). Temporary Insurance will only come into effect if all pre-conditions are met as described in the TIA, including "NO" answers to each of the questions below and each "NO" answer is truthful.

To be answered by the Proposed Insured and Joint Applicant (if any). There is no coverage under this agreement if there is fraud or material misrepresentation of an answer to these questions.	**Proposed Insured**		**Joint Applicant**	
	Yes	**No**	**Yes**	**No**
1. Have you ever been treated for or had an indication, sign/symptom of cancer, cyst, polyp, tumour, stroke, heart disease, disorder or disease of the immune system, positive HIV test, blood vessel disorder or disease, diabetes, elevated blood pressure, current or recurring kidney, liver, lung disorder, or disease or disorder of the nervous system?				
2. Have you been hospitalized (except for childbirth) within the last two years?				
3. Within the last 6 months, has any disorder, disease, injury or illness prevented you from performing your regular activities or caused you to be absent from work for more than 7 consecutive calendar days?				
4. Are you over age 65?				
5. Has an application for insurance on your life ever been rated, declined or modified in any way?				
6. Are you aware of a symptom, illness or complaint for which you have not yet sought medical advice, tests treatment or for which treatment or test is recommended, planned or pending?				

"Applicant" means each of the Proposed Insured and the Joint Applicant, if any, applying for temporary insurance in this Application for Temporary Insurance. "Company" means individually each of Foresters Life Insurance Company and The Independent Order of Foresters. An Applicant is only eligible to be considered for temporary insurance if under the age of 65 years. The amount of temporary insurance provided to an Applicant by the Company, while the Temporary Insurance Agreement is in effect, shall be the aggregate amount of insurance applied for under the insurance product(s) of that Company, in the Application for Insurance, for that Applicant, subject to the maximum per Company of $500,000 of life insurance coverage and $500,000 of covered impairment coverage per Applicant. This Application for Temporary Insurance may be completed only with this Application for Insurance and payment of at least 1/12 of the total annual premium for all products applied for must be received on that same date.

This Application for Temporary Insurance forms part of, and is relied upon to provide, the Temporary Insurance Agreement. Temporary insurance is subject to the terms, limitations and conditions of the Temporary Insurance Agreement.

I agree that the Temporary Insurance is subject to this Application for Temporary Insurance on page 12, above, and the Terms, Limitations and Conditions in Section 28, Temporary Insurance Agreement & Receipt (pages 15 - 16).

Dated at _____ this _____ day of _____ , 20 _____

_____ Signature of Proposed Insured

_____ Signature of Joint Applicant

_____ Signature of Owner

_____ Signature of Parent/Legal Guardian (required if Applicant is a minor)

Note: If an Applicant is a minor, a parent or legal guardian must sign above, if not the Owner.

_____ Signature of Witness to all signatures

_____ Broker Name

_____ Broker Code #

_____ Agency / Code

I confirm that I have reviewed and explained the Temporary Insurance Agreement in Section 28 of this Application and have left a copy of it with the Owner.

_____ **Broker Initials.**

Foresters

24. Broker's Report

PLEASE COMPLETE ALL QUESTIONS BELOW.

a) How long have you known each of the Proposed Insured and Joint Applicant?
Proposed Insured: _____ years Joint Applicant: _____ years

b) Have you seen any proof of identity of the Proposed Insured, Joint Applicant and Payor (if different from the Proposed Insured or Joint Applicant)?
☐ Yes ☐ No (if YES, provide details below)

	Government Issued Photo ID Type	Document Number	Place of Issue
Proposed Insured			
Joint Applicant			
Payor			

c) Are you related to the Proposed Insured or Joint Applicant? ☐ Yes ☐ No

d) Have you provided the Temporary Life Insurance Agreement? ☐ Yes ☐ No
If no, do not detach Temporary Insurance Agreement and Receipt from this Application.
NOTE: Premium cannot be accepted if the total amount applied for exceeds $500,000 per Insurer for all Life Insurance coverage, and $500,000 for all of Foresters Life's LifeCare product, or if any life to be insured is age 65 or older.

e) Please indicate any underwriting requirements ordered:
☐ Paramedical ☐ Medical ☐ Urine Specimen (including HIV)
☐ Blood Chemistry Profile (BCP) ☐ Resting ECG ☐ Stress ECG
☐ Motor Vehicle Report (MVR) ☐ Vitals ☐ Chest X-Ray
Name and address of Physician or Paramedical Service _____
Date arranged for: _____ Service Provider Order #: _____

f) An Inspection Report may be conducted for consideration of this Application. Please indicate:
Who should be contacted? _____ Best time to contact? _____

g) Personal finances:

(For Juvenile Applicant, complete the personal finances on the Parent(s) or Legal Guardian.)

	Proposed Insured	Joint Applicant
Net Worth	$	$
Earned Income	$	$
Other Income % Sources:	$	$

h) Business finances (complete only if insurance is for business reasons):
Nature of Business: _____
_____
Percentage of business owned by each of the Proposed Insured (PI) Joint Applicant (JA): (PI) _____ % (JA) _____ %
How long has this business been operating? _____

Total Assets $ _____ Total Liabilities $ _____ Net Worth $ _____
Gross Sales $ _____ Last Year $ _____ Year Before $ _____
Net Income After Taxes $ _____ Last Year $ _____ Year Before $ _____
Are other business owners being insured? ☐ Yes, by (name of carrier) _____
☐ No. If no, why not? _____

i) If the Proposed Insured is a homemaker, how much is the spouse insured for? _____

j) Who initiated this Application? _____

k) Did you personally meet the Proposed Insured and Joint Applicant? ☐ Yes ☐ No
If no, explain why not _____
NOTE: If not met, please order a paramedical exam.

l) Did you complete a Needs Analysis for this Application? ☐ Yes ☐ No

m) Premium Calculation Details:

	Basic Annual Premium $	Annual Policy Fee $	Other Premium $	Total Annual Premium $	Amount Paid With App $	Premium Mode
Foresters Life Products						
Foresters Products						

n) Have you provided the Owner with a copy of the policy illustration(s)? ☐ Yes ☐ No

o) Policy/Certificate date shall be: Proposed Insured: ☐ Date issued ☐ To save insurance age
Joint Applicant: ☐ Date issued ☐ To save insurance age

p) **Notes to the Underwriter:**
Include how amount was determined; comment on special circumstances relevant to the Proposed Insured/Joint Applicant and include information regarding optional coverage requested or special quotes.

_____

_____

_____

☐ **I am familiar with the Duty of Care requirements for agents, brokers and advisors and have satisfied them. I certify that I have seen proof of age of the child(ren) proposed for coverage under this Application.**

Broker Name _____ % _____ Code # _____

Broker Name _____ % _____ Code # _____

Broker Name _____ % _____ Code # _____

MGA/GA Name _____ Code # _____

_____
Signature of Broker(s) Date

_____
Contact Information for handling this Application Email Address Phone

Foresters

25. Disclosure Statement for the Province of B.C.

DETACH AND PROVIDE TO APPLICANT(S) IF APPLICATION COMPLETED IN B.C.

Pursuant to the British Columbia *Marketing of Financial Products Regulation,* the financial product(s) you are being offered is/are supplied by Foresters Life Insurance Company ("Foresters Life") and/or The Independent Order of Foresters ("Foresters"), depending on which product(s) you applied for. See section 5 of the Application for details. In relation to any application you make for the acquisition of life insurance, annuities or other financial products, a) I am acting as a licensed insurance broker on behalf of the company, b) I will be entitled to receive commission from the company on successful completion of this transaction. This commission may take the form of an acquisition commission and/or an on-going service commission; and c) There is no condition associated with this transaction requiring that you must transact additional or other business with either insurer or myself.

Name and address of Broker

X
Signature of Broker(s)

26. Important: MIB Pre-Notice

DETACH AND PROVIDE TO APPLICANT(S)

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however make a brief report thereon to the MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information on its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction. The address of the Bureau's information office is:
MIB, 330 University Avenue, Toronto, Ontario M5G 1R7. Telephone (416) 597-0590.
We, or our reinsurers, may also release information in your file to other life insurance companies to whom you may apply for life, disability or health insurance or to whom a claim for benefits is submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

27. Important Notice Concerning Files and Personal Information

DETACH AND PROVIDE TO APPLICANT(S)

In order to ensure the confidentiality of the personal information held concerning you, The Independent Order of Foresters ("Foresters") and/or its subsidiary Foresters Life Insurance Company ("Foresters Life") will establish a life insurance file in which the information concerning this Application for insurance will be placed, as well as information concerning any insurance claim. Only Foresters, Foresters Life, their employees, reinsurers, service providers and professional consultants, who will be responsible for underwriting, administration and claims, or any other person whom you authorized in writing, or persons permitted or required by law, will have access to this file. Your file(s) will be kept by Foresters and/or Foresters Life, depending on which product(s) you have applied for. You are entitled to consult personal information contained in the file, and if applicable, to have it corrected by submitting a written request to the applicable insurer. For Foresters products write to the Chief Privacy Officer, Foresters, 789 Don Mills Road, Toronto, Ontario, M3C 1T9. For Foresters Life products, write to Privacy Officer, Foresters Life, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

28. Temporary Insurance Agreement (TIA) and Receipt

DETACH AND PROVIDE TO OWNER IF TIA HAS BEEN COMPLETED

TERMS, LIMITATIONS AND CONDITIONS
PRE-CONDITIONS
Temporary insurance will be provided to each Applicant if each of the following pre-conditions are met: (a) Each Applicant is older than 30 days and younger than 65 years on the date the Application for Insurance is signed by the Applicant(s). (b) Each of the questions in the Application for Temporary Insurance section in this Application for Insurance are answered "no" and the "no" answers shown are truthful. (c) At least 1/12th of the total annual premium for each product applied for is paid on the date this Application for Insurance is signed by the Applicant(s) and the cheque or pre-authorized withdrawal submitted as this payment is honoured on presentation. (d) In this Application for Insurance, no more than a total of $500,000 of life insurance coverage is applied for per Applicant per Company and no more than a total of $500,000 of coverage is applied for under Foresters Life's LifeCare product. If one or more pre-condition is not met no temporary coverage takes effect even if this Temporary Insurance Agreement was left with an Applicant or owner and/or premium was paid with the Application for Insurance.
DATE COVERAGE BEGINS
If each pre-condition is met, temporary insurance under this Agreement will begin on the date this Agreement is signed by the broker below, but only if the Application for Insurance has been completed on that same date.
DATE COVERAGE TERMINATES - 90 DAY MAXIMUM
Temporary Insurance under this Agreement will terminate automatically on the earliest of the following:
a) 90 days from the date this coverage begins;
b) the date that insurance takes effect under the insurance contract applied for;
c) the date an insurance contract, other than applied for, is offered;
d) the date the Company mails notice of termination of coverage under this Agreement to the owner's mailing address shown in the Application for Insurance.

SPECIAL LIMITATIONS
1) There is no temporary insurance under this Agreement if there is fraud or material misrepresentation of an answer to the Temporary Insurance questions, or in the Application for Insurance, or a questionnaire completed in connection with the Application for Insurance. No benefit is payable if a Covered Impairment, as defined in the LifeCare product, or death or disability is, while the insured person is sane or insane, self-inflicted or directly or indirectly caused by a drug or alcohol-related condition or an intentional act of self-destruction.
2) If the LifeCare product is applied for and this temporary insurance is in effect for Covered Impairments, that temporary coverage shall be subject to the terms of that product except that there is no temporary coverage for the following: (i) Cancer; (ii) A Covered Impairment due to a benign brain tumour; or (iii) Any other Covered Impairment if the Applicant is diagnosed with that Covered Impairment while the temporary coverage is in effect but does not survive 30 days from the date of the diagnosis of that other Covered Impairment.
3) If death of an Applicant under this Agreement results from suicide, while sane or insane, all temporary insurance terminates and premiums paid will be refunded.
4) No broker or agent is authorized to waive, amend or modify any of the terms or provisions in this Application for Temporary Insurance or in the Temporary Insurance Agreement.

The amount of temporary insurance provided to an Applicant by the Company, while this Temporary Insurance Agreement is in effect, shall be the aggregate amount of insurance applied for under the insurance product(s) of that Company, in this Application for Insurance, for that Applicant, subject to the maximum per Company of $500,000 of life insurance coverage and $500,000 of Covered Impairment coverage per Applicant.

(Section 28 - Continued)

BENEFIT PAYMENT
The maximum total amount payable per Applicant, by each Company, shall be $500,000 for death and $500,000 for Covered Imparirment(s) under this Agreement and under all other temporary insurance and applications with that Company. Subject to these maximums, if all pre-conditions are met and subject to the terms of this Agreement:

a) If life insurance coverage is applied for in the Application for Insurance by an Applicant from a Company, and that Applicant dies while this Agreement is in effect the benefit amount provided by that Company under this Agreement shall be the aggregate amount of life insurance coverage applied for on the life of that Applicant, in the Application for Insurance, from that Company;
b) If the Foresters Life LifeCare product is applied for in the Application for Insurance by an Applicant, the benefit amount provided by Foresters Life, under this Agreement, for that Applicant's Covered Impairment, as defined in and subject to the terms of that product and this Agreement, shall be the amount of coverage applied for by that Applicant under that product.

The amount payable under this Agreement shall be paid according to the beneficiary designation(s) in the Application for Insurance.

It is acknowledged that the sum of $ _____ was paid with the Application for insurance when it was completed and signed.

_____ **X** _____

Date Signature of Broker(s)