Foresters Financial

P.O. Box 179
Buffalo, NY 14201–0179

T 800 828 1540
F 877 329 4631

foresters.com

Certificate Surrender Request Form

Certificate number:

Purpose of this form

Use this form to surrender your Certificate.

Terms used in this form

Foresters Financial™, *Insurer* or *We* mean The Independent Order of Foresters.
You or *your* mean the Owner who is completing and signing this form, unless otherwise specified.
Certificate means a Certificate issued by an Insurer.
Owner includes Certificate Owner and Absolute Assignee.
Social Security Number will be known as SSN and *Tax Identification Number* will be known as TIN.

1. Owner Information

Information about the Certificate Owner.

If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's License, Passport or notarized signature) to accompany this request, unless it has been previously provided. This will ensure that there are no delays in processing.

Owner Name (first, middle initial & last)

SSN/TIN

Address

Date of Birth (mm/dd/yyyy)

Primary Phone Number

Please choose one of these options.

☐ Original Certificate contract is enclosed.
☐ Original Certificate contract has been misplaced or destroyed.

2. Payment Instructions

Please choose one of these two options. If no choice is made, Foresters Financial will mail the check to the address on file.

☐ Check mailed to the Owner's current address on file
☐ Electronic Funds Transfer (Direct Deposit)

Please note, the Electronic Funds Transfer (EFT) option is only available if you are the current Owner/Assignee and Payor and currently paying your premium on a Pre-Authorized Checking Plan (PAC).

3. Replacement Declaration

Failure to complete this section may delay the processing of your request.

a) Have you purchased a new Foresters Financial product in the last 13 months?
☐ Yes ☐ No

b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Certificate?
☐ Yes ☐ No

c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company?
☐ Yes ☐ No

4. Withholding Tax

There may be federal and state income tax consequences associated with surrendering your certificate. Foresters Financial representatives do not provide tax advice. Please consult your tax advisor to understand the potential implications of surrendering your coverage.

If eligible, please check the appropriate option:

☐ Withhold federal and state income tax
☐ Do not withhold federal and state income tax

If no choice is made, Foresters Financial will withhold the applicable federal and state withholding taxes from the taxable portion of the payment, if any.

Under penalties of perjury, by signing below, I certify that:

a. The Social Security Number on this form is my correct taxpayer identification number;
b. I am not subject to backup withholding due to failure to report interest and dividend income;
c. I am a US person (including a US resident alien); and
d. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding. You must cross out item (c) if you are not a US person (including a US resident alien).

Owner's Signature

X

Continue to page 2 for additional signatures; failure to sign page 2 will result in our inability to process your request.

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Continued on next page.

Certificate Surrender Request Form (continued)

Certificate number:

5. Agreements and Authorizations

Please review this section before signing.

I, the Owner, certify that the information provided is true, correct and complete. I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information commits an act of fraud, and is subject to criminal and civil penalties. Additionally I understand that:

- 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.
- In consideration of and exchange for the value, if any, payable under its terms upon surrender, the above-numbered Certificate is hereby surrendered for cancellation. Any value payable upon surrender of the Certificate is accepted in full settlement and complete satisfaction of any rights, claims and demands under that Certificate. It is expressly represented and warranted that no other person, firm or corporation has any interest in that Certificate except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.
- The current beneficiary must sign to release his or her rights if he or she is an Irrevocable Beneficiary.
- The current assignee must sign to acknowledge this transaction.

6. Signature Section

Printed name and signature are both required.

If the Owner, Irrevocable Beneficiary or Collateral Assignee is a company, please submit a letter of direction on company letterhead along with this request authorizing this transaction.

Owner - Print name	Signature of Owner	Date (mm/dd/yyyy)
	X	

I, the Irrevocable Beneficiary, consent to this request.

Beneficiary - Print name (If applicable)	Signature of Beneficiary	Date (mm/dd/yyyy)
	X	

I, the Collateral Assignee, consent to this request.

Assignee - Print name (If applicable)	Signature of Assignee	Date (mm/dd/yyyy)
	X	

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