Foresters Financial

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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. Digital Disbursement Payment Information (Optional)

FOR ELECTRONIC PAYMENTS ONLY. Do not complete this section if you wish to be paid by check.

MyPayChoice is a digital disbursement platform that allows you to accept payments electronically.

If you provide an email address below, and if there are any monies owing to you as a result of this transaction, you will receive 2 emails as follows:

(1) An email from Foresters confirming your transaction has been processed and

(2) An email from notification@thepaychoice.com to select the payment method for receiving your funds electronically.

Email

Note that you may be contacted by Foresters, before receiving the emails, to confirm your request.

Foresters may correct and/or debit your account in the amount of any overpayment, duplicate payment, or otherwise erroneous payment.

If you do not provide your email address, Foresters will send you a check if applicable.

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**

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Continued on next page.

Certificate Surrender Request Form (continued) Certificate number:

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 section 6 for additional signatures; failure to sign in section 6 will result in our inability to process your request.

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.
- By providing my email address, I agree that I will receive funds electronically from notification@thepaychoice.com.

I hereby specifically authorize Foresters to correct and/or debit my account in the amount of any overpayment, duplicate payment, or otherwise erroneous payment.

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

X

Date (mm/dd/yyyy)

I, the Irrevocable Beneficiary, consent to this request.

Beneficiary - Print name (If applicable)

Signature of Beneficiary

X

Date (mm/dd/yyyy)

I, the Collateral Assignee, consent to this request.

Assignee - Print name (If applicable)

Signature of Assignee

X

Date (mm/dd/yyyy)

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