

Application for Change to an Existing Life Insurance Policy

Policy No.:	Life Insured, name in full:	Owner, name in full (if other than the Life Insured)
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A. Changes requested

1. Addition of

- Accidental Death Rider (To be used only for policy numbers beginning with CT & CC)
- 1 unit 3 units 5 units (maximum \$250,000 coverage) (complete section B)
- Accidental Death Benefit Rider (To be used only for policy numbers beginning with CP, DH, ET, CS and MH) \$ _____
Minimum: lesser of one times coverage and \$10,000 Maximum: lesser of five times coverage and \$250,000
(complete section B)
- Child Term Benefit \$ _____ Select \$5,000, \$10,000, \$15,000 or \$20,000 coverage (complete form CPP007)
(\$15,000 coverage only available for policy numbers beginning with DH MH& ET)
(\$20,000 coverage only available for policy numbers beginning with MH, ET)
- Hospital Cash Benefit \$ _____ Select \$25, \$50 or \$100 per day
(complete form CPP010 only for policy numbers beginning with CP DH MH & ET)

2. Increase of Benefit Amount:

- Accidental Death Benefit Rider \$ _____ see above for coverage limits
(complete section B only for policy numbers beginning with CP DH, MH, ET & CS)
- Child Term Benefit \$ _____ see above for coverage limits (complete form CPP007)

3. **Decrease life insurance coverage amount (subject to plan minimums):**

- Base Plan New Amount \$ _____
- Rider Type: _____ New Amount: \$ _____

4. **Deletion of Benefit:**

- Accidental Death Benefit
- Child Term Benefit
- Hospital Cash Benefit
- Term Rider

All changes in coverage are subject to eligibility and in certain instances underwriting approval. No increase or addition of coverage is effective until approved in writing by Foresters. Foresters™ is the trade name and a trademark of The Independent Order of Foresters and its subsidiary. Foresters Life Insurance Company, is licensed to use this mark.

B. Complete for life insured for addition of Accidental Death Benefit Rider

Your current occupation: _____

In the past 2 years,	Yes	No
a) Except as a fare paying passenger, have you flown in an aircraft as a pilot, crew member or flight attendant or do you intend to do so in the next 2 years ?	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you engaged in any hazardous activities such as motorized racing, underwater diving, aerial activities, or mountain climbing, or do you intend to do so in the future?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you had your driver's license suspended or have you had 2 or more moving violations?	<input type="checkbox"/>	<input type="checkbox"/>

If answered 'Yes', please provide details:

Declaration and authorization

I declare and agree that:

All statements, representations and answers provided, together with any other additional evidence as may be required by Foresters Life Insurance Company ("Foresters"), are true, full and complete, and are a consideration for and a basis of the change being requested. I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) Foresters may void the policy.

Location signed (City & Province)	Date (MM/DD/YYYY)	Signatures
		Life Insured
		Owner (if other than Life Insured)
		Witness/Agent