

Application for Benefit membership and Annuity Copy of Agreements in Application

I agree and declare:

1. all statements, answers and representations contained in this application are full, complete and true to the best of my knowledge and belief,
2. this application, shall constitute my application for benefit membership in The Independent Order of Foresters ("Foresters™") and with the certificate to be issued to me, Foresters' Instrument of Incorporation and its Constitution, by-law and rules now in force or subsequently enacted shall constitute my entire contract with Foresters,
3. the payment of premiums will constitute consideration to Foresters for the granting of an annuity. Any such payment becomes the absolute property of Foresters,
4. proof of age must be furnished to Foresters before the annuity payments begin,
5. the certificate will take effect on the later of: (i) the date requested by the annuitant/owner if one is made; or (ii) the date the application is approved by Foresters; or (iii) the date the first premium is received in full by Foresters.
6. All statements made in this application shall be representations and not warranties.

Receipt to be completed when any payment is collected.
All premium cheques must be made payable to Foresters.

Received from _____ the sum of \$ _____

being the first full payment in respect of an Application for Benefit Membership and an Annuity Certificate.

Dated at _____ on _____
City (or Town) and Province Date (mmm/dd/yyyy)

(Agent must sign here)

Serial No. _____

Application For Benefit Membership and Annuity

In Court _____ No. _____

1. Annuitant/owner

Name (first, middle, last) _____			<input type="radio"/> Male
			<input type="radio"/> Female
Birth place _____	Age _____	Birth date (mmm/dd/yyyy) _____	
Marital status (if Common Law-length of time residing together) _____		Social insurance number _____	
Home address (use mailing address) _____		Home phone number _____	
City or town, province _____		Postal code _____	
Occupation _____	Exact duties _____	Business phone number _____	
Employer's name, address _____			

For IHQ
use only

Beneficiary - Full Name (First, Middle, Last) _____ Relationship _____

Applicant's/Owner's Maiden Name _____

2. Contributor (if other than the annuitant/owner)

Full Name (First, Middle, Last) _____ Social insurance number _____

3. Type of Annuity

IMMEDIATE ANNUITY PLAN

Submit proof of date of birth for Annuitant/Owner & Second Annuitant/Owner (if any) with this application.

SINGLE PREMIUM IMMEDIATE ANNUITY

PLAN _____ Single Premium Amount \$ _____

ANNUITY OPTION

- Life annuity for Certain Period _____ Years or
 - Joint and Last Survivor Annuity for a certain period _____ Years
- Complete when Joint and Last Survivor Annuity applied for –

_____ Male Female

Second Annuitant's/Owner's Full Name

_____ Male Female

Social insurance number _____ Birth date (mmm/dd/yyyy) _____

4. Tax status

I hereby request that Foresters apply to register this plan as a retirement savings plan under the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec). Yes No

5. Will this proposed annuity replace or change any other insurance or annuities in this or any other company?

Yes No (If "yes", please give details.) Replacement forms completed Yes No

8. Remarks or special requests _____

Agreements

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6. All statements made in this application shall be representations and not warranties.

I have paid to _____ the sum of \$ _____

being the first full payment in respect of an Application for Benefit Membership and an Annuity Certificate.

Dated at _____ on _____
City (or Town) and Province Date (mmm/dd/yyyy)

Witness to Signature of Annuitant/Owner

Signature of Annuitant/Owner (sign name in full)

REPORT OF AGENT

1. At the time the application was taken did you see the Annuitant/Owner? Yes No
2. Have you asked every question and accurately and completely recorded all the answers and information on this application? Yes No

Details of questions answered "NO"

3. Will the Annuity Contract applied for in the above application, to the best of your knowledge, replace any existing life insurance or annuity contract held by the Annuitant/Owner? Yes No

I certify that I have truly and accurately recorded on this application the information supplied by the Annuitant/Owner.

Office Number

FR Number

FR's Signature