

A-Z Life Coverage

Application for life insurance

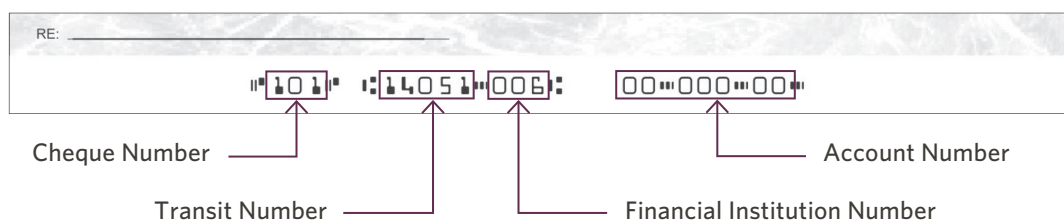


Canada 
Protection Plan®
From Foresters Financial™

Application Checklist

To ensure priority service:

- 1 | Ensure that all applicable questions are completed before submitting. Print legibly in dark ink. Do not use “ditto” marks. Do not draw a line through any questions or answers. Do not make erasures or use liquid paper. If you cross out an error, each person signing the application must initial it.
- 2 | Attach an illustration for each insurance contract applied for.
- 3 | Submit applicable disclosure forms if replacing existing life insurance.
- 4 | Note that the initial premium will be applied on the issue date of the insurance contract, which will be the date the insurance contract is actually issued.
- 5 | If premium payment is annual, ensure that the initial premium is paid with the application. COD applications are NOT allowed.
 - If the initial premium is to be paid by cheque, include a current dated cheque payable to Foresters with the same date as the application.
 - If the initial premium is to be paid by credit card, the frequency of premium payments must be annual.
- 6 | If premium payment is monthly by Pre-Authorized Debit (PAD), include a void cheque or complete the banking information on page 6 (see sample cheque below). For monthly (PAD) payment method, there is no premium debit for the first month.



- 7 | Please do not include credit card information on the application for life insurance.
- 8 | Each Advisor MUST have a valid licence and E&O on file with The Independent Order of Foresters or copies must be attached to this application.
- 9 | Notify your client that they may receive a verification call from the Insurer to verify the information on their application.

Plan Availability

- 1 Maximums shown are for combined coverage under all Plans of the same category.
- 2 Minimum is \$50,000 for a Preferred term plan or rider or a Preferred Elite term rider, and \$500,000 for a Preferred Elite term plan.

Base Plan	Issue Ages	Minimum	Maximum
Guaranteed Acceptance Life	18 – 60	\$10,000	\$50,000
	61 – 75	\$5,000	\$50,000
Deferred Life	18 – 60	\$10,000	\$75,000
	61 – 80	\$5,000	\$50,000
Deferred Elite Life	18 – 60	\$10,000	\$350,000 ¹
	61 – 80	\$5,000	\$350,000 ¹
Simplified Elite Life	18 – 60	\$10,000	\$500,000 ¹
	61 – 80	\$5,000	\$350,000 ¹
Preferred Life	18 – 80	\$50,000	\$1,000,000 ¹
Preferred Elite Life	18 – 80	\$500,000	\$1,000,000 ¹
Base Plan or Rider (available as Deferred Elite, Simplified Elite, Preferred and Preferred Elite)			
10 Year Term	18 – 70	\$25,000 ²	Maximum depends on age and plan — see above
20 Year Term	18 – 60	\$25,000 ²	
25 Year Term	18 – 55	\$25,000 ²	
25 Year Decreasing Term	18 – 60	\$25,000 ²	
Rider Only			
Accidental Death Benefit	18 – 65	Lesser of one times coverage and \$10,000	Lesser of five times coverage and \$250,000
Child Term Benefit	18 – 60 (parent)	\$5,000, \$10,000 or \$15,000	
Hospital Cash Benefit	18 – 65	\$25/day, \$50/day or \$100/day	

INSURED

In this application, Insured means the person proposed to be the insured.

- 1 Must be a Canadian Citizen, Permanent Resident or with a valid work or study permit to apply.

The maximum amount for an Insured on a work or study permit is \$250,000.
- 2 For permanent life insurance, when the Insured is the Owner, if SIN is not provided here, we may ask for it in future, including on surrender of the insurance contract.
- 3 Physician's information is required for all products other than Guaranteed Acceptance Life.

Name <small>First Middle Last</small>			Sex at birth: <input type="radio"/> Male <input type="radio"/> Female		
Date of Birth <small>MM / DD / YY</small>	Country of Birth	<input type="radio"/> Canadian Citizen ¹ <input type="radio"/> Permanent Resident ¹ <input type="radio"/> Work Permit/Study Permit ¹		Telephone Primary	
Address <small>Street Name & Number Apartment Number</small>			Work / Other		
City / Town Province / Territory Postal Code			Best date and time to call for verification, if applicable (be specific): Date Time		
Social Insurance Number ²	Email (Optional)		Occupation		
Driver's Licence (or Gov't Issued Photo ID # and Type) <small>Number (and type) Province / Territory of Issue Expiry Date (MM/DD/YY)</small>			Are you a Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership		
Name of your physician. If no physician, name of the last clinic you were seen at ³		Address of this physician or clinic ³			

OWNER

Complete Owner details only if different than Insured

- 4 If the Owner is a Corporation/Entity:
 - the signature must be accompanied by either the company name and title of the signing officer OR a company seal
 - complete the Identity Verification Corporations and Other Entities (IVCOE) form 105994 CAN and provide a document that verifies the existence of the entity e.g. articles of incorporation.
- 5 For permanent life insurance, if SIN is not provided here, we may ask for it in future, including on surrender of the insurance contract.

Full Legal Name, or Corporation/Entity ⁴		Date of Birth	Owner is: <input type="radio"/> Insured <input type="radio"/> Other — complete this section		
Address <small>Street Name & Number Apartment Number</small>		Telephone <small>Primary</small>			
City / Town Province / Territory Postal Code		Work / Other			
Relationship to Insured	Principal Business or Occupation		Social Insurance Number ⁵		
Driver's Licence (or Gov't Issued Photo ID # and Type) <small>Number (and type) Province/Territory of Issue Expiry Date (MM/DD/YY)</small>			Email (Optional)		

CONTINGENT OWNER

Full Legal Name, or Corporation/Entity Relationship to Owner

BENEFICIARY

Total % share must equal 100% for Primary and 100% for Contingent Beneficiaries.

- ! Important: Each beneficiary is revocable unless indicated otherwise. However in Quebec, the designation of a legally married spouse of the Owner is irrevocable unless expressly indicated to be revocable.

Beneficiary Name	Relationship to Insured (or to Owner in Quebec)	Date of Birth MM/DD/YY	%Share	Revocable (R) Irrevocable (I)	Primary (P) Contingent (C)
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C

If a beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf.

Trustee Name Relationship to Owner

In Quebec, the proceeds payable to a minor will be paid to the parent(s) (or legal guardian, if applicable).

PAYOR

Complete Payor details only if different than Insured or Owner.

For permanent life insurance, if the Payor is Other, complete a separate Third-Party Determination form 105815 CAN.

Payor is: Insured Owner Other — complete this section Relationship to Insured

Full Name Date of Birth
MM / DD / YY

Address
Street Name & Number Apartment Number City / Town Province/Territory Postal Code

Complete only if applying for permanent life insurance.

Are you a U.S. Resident for tax purposes, or a U.S. citizen, and/or a resident of another country for tax purposes? Yes No

If YES, provideand/or.....and.....
 U.S. Tax Identification Number Name of Country(ies) Tax Identification Number(s)

03 Eligibility Questions

For all Eligibility Questions, "You" and "Your" refer to the Insured.

Complete these questions for all applications. Then continue to the next section.

- 1 | Within the last 12 months have you, a. used tobacco or nicotine in any form (excluding 12 cigars or less) or b. vaped or used an electronic cigarette in any form or c. used, more than 6 times per week, marijuana in any form (excluding CBD oil or edibles)?
 If YES, smoker rates apply. Yes No
- 2 | Will premiums be stopped, or coverage be reduced or discontinued, on existing life insurance coverage or an annuity if the insurance applied for in this application is issued?
 If YES, state insurer, amount and plan, and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration required in your province. Yes No
 Insurer..... Amount Plan
- 3 | Do you want to apply for Guaranteed Acceptance without answering the questions in sections A-F? Yes No
 If yes, continue to section 4 (Coverage Details).
- 4 | I understand that in answering the application questions, "treatment" includes, but is not limited to, one or more of the following:
 - Advised to take or taking prescription medication,
 - Advised to have or had a procedure or surgery, or
 - Investigated with a positive or unknown result. Yes No
 If no, you can apply for Guaranteed Acceptance. Continue to section 4 (Coverage Details).

A **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for

Guaranteed Acceptance
Maximum \$50,000

NO If ALL questions in this section are answered NO, continue to section B

Height and Weight Table (Section A, Question 8)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	230 lbs 104 kg
4'11" — 5'1" 148 cm — 155 cm	247 lbs 112 kg
5'2" — 5'4" 156 cm — 163 cm	273 lbs 124 kg
5'5" — 5'7" 164 cm — 170 cm	300 lbs 136 kg
5'8" — 5'10" 171 cm — 178 cm	328 lbs 149 kg
5'11" — 6'1" 179 cm — 185 cm	358 lbs 162 kg
6'2" — 6'4" 186 cm — 193 cm	389 lbs 176 kg
6'5" — 6'7" 194 cm — 201 cm	420 lbs 191 kg

- 1 | Do you require assistance with 2 or more of the activities of daily living, such as, but not limited to, getting up, walking, bathing, showering, washing, toileting, taking medication, dressing, or feeding? Yes No
- 2 | Are you a resident of a long-term care facility, nursing home, nursing facility or assisted living residence? Yes No
- 3 | Are you bedridden or wheelchair bound, regardless of your place of residence? Yes No
- 4 | Have you ever had or been advised to have an organ or bone marrow transplant (excluding corneal transplant)? Yes No
- 5 | Within the last 60 days, have you been admitted to a hospital for more than 48 consecutive hours (excluding pregnancy)? Yes No
- 6 | Within the last 60 days, have you had or been advised of an abnormal test result that recommended new treatment for an ongoing condition, or led to a new diagnosis, or changed existing treatment? Yes No
- 7 | Have you ever been advised to have surgery or a procedure, or an investigation or diagnostic test of any type (excluding regularly scheduled tests with normal results) or to consult with a medical professional or facility, that has not yet started or been completed or the result of which is not yet known or not yet led to a diagnosis? Yes No
- 8 | Referring to the Height and Weight table for this question, is your weight greater than that shown for your height? Yes No
- 9 | Have you ever tested positive for Human Immunodeficiency Virus (HIV) or do you have, ever had, or had treatment for, Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex (ARC), or a disease or disorder of the immune system excluding lupus, rheumatoid arthritis, or type 1 diabetes? Yes No
- 10 | Do you have or ever had a chronic lung or respiratory condition (excluding sleep apnea), such as, but not limited to, Chronic Obstructive Pulmonary Disease (COPD), emphysema, or pulmonary fibrosis, for which you've been told to use, or requires or required the periodic use of oxygen or a steroid (excluding a steroid for asthma)? Yes No
- 11 | Do you have, ever had, or had treatment for:
 - a. metastatic cancer, a recurrence of cancer, or a second diagnosis of cancer (excluding basal cell carcinoma) or Yes No
 - b. dementia, Alzheimer's, memory loss, Muscular Dystrophy, myotonic dystrophy, Parkinson's disease, Huntington's Chorea or Amyotrophic Lateral Sclerosis (ALS) or Yes No
 - c. congestive heart failure, systolic or diastolic heart failure or cardiomyopathy? Yes No
- 12 | Prior to age 40, have you had treatment for, or had, cardiac chest pain (angina), heart attack (myocardial infarction), coronary artery disease, atherosclerosis, stroke (CVA), transient ischemic attack (TIA), chronic kidney disease, an aneurysm anywhere in your body or had heart bypass surgery, angioplasty, or stent insertion? Yes No

- 13 | Within the last 12 months, have you:
 - a. used a narcotic or barbiturate except as prescribed by a medical professional **or** Yes No
 - b. used heroin, a psychoactive drug, cocaine, crack, methadone, fentanyl, or another similar agent, **or** Yes No
 - c. been in a hospital or facility for management of drug or alcohol dependency? Yes No
- 14 | Within the last 24 months, have you been convicted, incarcerated, on probation or parole, or is a charge pending, or are you awaiting sentencing, for a criminal offence? Yes No
- 15 | Have you ever been diagnosed with a life-threatening, critical, or terminal condition for which a medical professional has estimated that you have a reduced life expectancy? Yes No

B **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for **Deferred Life** Maximum \$75,000

NO If ALL questions in this section are answered NO, continue to section C

- 1 | Within the last 2 years, have you had treatment for, or have you had:
 - a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery **or** Yes No
 - b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? Yes No
- 2 | Within the last 12 months, have you had treatment for, or have you had, cancer (of any type excluding basal cell carcinoma) or a malignant tumour? Yes No
- 3 | Within the last 12 months, have you been in a hospital or other facility for more than 24 consecutive hours for a mental health condition such as, but not limited to, depression, anxiety, or psychosis? Yes No
- 4 | Do you have, ever had, or had treatment for:
 - a. chronic kidney disease such as, but not limited to, diabetic nephropathy, polycystic kidney disease (PKD), chronic renal failure at any stage, **or** Yes No
 - b. been advised to be investigated for PKD or have a parental family history of PKD and you have not yet been investigated for PKD? Yes No
- 5 | Within the last 5 years, have you had treatment for, or have you had:
 - a. liver disease, such as, but not limited to cirrhosis or hepatitis (excluding hepatitis A and B), **or** Yes No
 - b. chronic or hereditary pancreatitis? Yes No
- 6 | Are you under age 30 and do you have, ever had, or had treatment for, diabetes or treatment for your blood sugar level (excluding gestational diabetes)? Yes No
- 7 | Do you have, ever had, or had treatment for, diabetes **and** also have or had one or more of the following: coronary artery disease, cardiac chest pain (angina), heart attack (myocardial infarction), stroke (CVA), tingling or burning or loss of sensation in an extremity (neuropathy), peripheral vascular or arterial disease, loss of vision (retinopathy), kidney disease (nephropathy), or had heart bypass surgery, angioplasty, stent insertion or amputation? Yes No
- 8 | Do you have a congenital development disorder such as, but not limited to, Down's Syndrome or Autism? Yes No

C **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for **Deferred Elite** Maximum \$350,000

NO If ALL questions in this section are answered NO, continue to section D.

- 1 | Within the last 5 years, have you had treatment for, or have you had, bipolar disorder, schizophrenia, manic-depression, or psychosis? Yes No
- 2 | Within the last 12 months, have you had a weight loss of 10% or more of your body weight, other than due to intentional dieting? Yes No
- 3 | Within the last 12 months, have you had unexplained blood in your urine or stool? Yes No
- 4 | Within the last 3 years, have you had treatment for, or have you had:
 - a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery **or** Yes No
 - b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? Yes No
- 5 | Within the last 5 years, have you had treatment for or received, or been advised to receive, medical advice or counseling for, or to cease or reduce, the use of, alcohol or drugs? Yes No

Height and Weight Table
(Section C, Question 13)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	185 lbs 84 kg
4'11" — 5'1" 148 cm — 155 cm	199 lbs 90 kg
5'2" — 5'4" 156 cm — 163 cm	215 lbs 98 kg
5'5" — 5'7" 164 cm — 170 cm	235 lbs 107 kg
5'8" — 5'10" 171 cm — 178 cm	260 lbs 118 kg
5'11" — 6'1" 179 cm — 185 cm	282 lbs 128 kg
6'2" — 6'4" 186 cm — 193 cm	305 lbs 138 kg
6'5" — 6'7" 194 cm — 201 cm	333 lbs 151 kg

- 6 | Within the last 5 years, have you:
- a. used a narcotic or barbiturate except as prescribed by a medical professional **or** Yes No
 - b. used heroin, psychoactive drug, cocaine, crack, methadone, fentanyl, or another similar agent **or** Yes No
 - c. been in a hospital or facility for management of drug or alcohol dependency? Yes No
- 7 | Within the last 3 years, have you had treatment for, or have you had, a chronic lung or respiratory condition (excluding asthma), such as, but not limited to, chronic obstructive pulmonary disease (COPD), emphysema or pulmonary fibrosis? Yes No
- 8 | Within the last 3 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing, for a criminal offence? Yes No
- 9 | Were you diagnosed with diabetes before age 30 **and** within the last 12 months had insulin as treatment? Yes No
- 10 | After the age of 40, have you had treatment for, or have you had, a neurological condition such as, but not limited to, multiple sclerosis **or** seizures with loss of consciousness? Yes No
- 11 | Do you have diabetes **and** within the last 6 months:
- a. has insulin been advised, or prescribed as a new treatment **or** Yes No
 - b. has the prescribed dosage of insulin been increased **or** Yes No
 - c. has another form of insulin been added to the treatment plan? Yes No
- 12 | Within the last 5 years, have you had treatment for, or have you had, cancer (of any type excluding basal cell carcinoma) or a malignant tumour? Yes No
- 13 | Referring to the Height and Weight table for this question, is your weight greater than the weight shown for your height? Yes No

D **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for

Simplified Elite
Maximum \$500,000

NO If ALL questions in this section are answered NO, apply for **Simplified Elite OR continue to section E ONLY if you wish to apply for Preferred Plans* or Preferred Elite Plans***

* You may qualify for one of these plans subject to underwriting requirements and approvals.

- 1 | Within the last 12 months, have you had treatment for, or have you had, multiple sclerosis? Yes No
- 2 | Within the last 12 months, for an ongoing condition, has there been a change in your medication or have you been advised to take or prescribed a new medication? Yes No
- 3 | Within the last 2 years, have you been involved in, or within the next year do you expect or plan to engage in, the operation of an aircraft as a pilot or student pilot (scheduled commercial pilots excluded), or a hazardous sport such as, but not limited to, scuba diving, motor vehicle racing, mountain climbing, back country skiing or sky diving? Yes No
- 4 | Within the last 2 years, has your driver's license been suspended or revoked, or within the last 12 months have you had more than 3 moving violations? Yes No
- 5 | Within the last 5 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing for, a criminal offense, or within the last 2 years have you been charged with driving under the influence or impaired driving? Yes No
- 6 | Do you have, ever had, or had treatment for, cancer (of any type, excluding basal cell carcinoma) or a malignant tumour? Yes No
- 7 | Do you have, ever had, or had treatment for, diabetes (excluding gestational diabetes), or within the last 6 months had an A1c greater than 8.5? Yes No
- 8 | Of your immediate family (father, mother, brothers, sisters):
- a. Do **2 or more** of them have, ever had, or had treatment for, cancer, heart disease, stroke (CVA) or transient ischemic attack (TIA), **or** Yes No
 - b. Before the age of 60, have any had treatment for, or had, polycystic kidney disease, Huntington's Chorea, or a hereditary disease or disorder? Yes No
- 9 | Do you plan to travel outside North America, the Caribbean, Australia, the United Kingdom, New Zealand, or the European Union countries for more than 12 consecutive weeks in the next 12 months? Yes No
- If we cannot approve a certificate with information from this application and other information that may be gathered, do you want Guaranteed Acceptance to be issued?** Yes No

E

**MAY BE
SUBJECT TO
UNDERWRITING**

Preferred Plans
Minimum \$50,000
Maximum \$1,000,000

The plan you may be eligible for will be determined by our underwriting department.

1 | Have you ever been prescribed medication for more than 30 consecutive days? Yes No

If YES, please advise the name of each prescription and the nature of the medical condition they were prescribed for.

Details

2 | Date you last consulted a physician

Reason for consult

F

**SUBJECT TO
UNDERWRITING**

Preferred Elite Plans
Minimum \$500,000
Maximum \$1,000,000

The plan you may be eligible for will be determined by our underwriting department.

1 | What is your current height and weight?

Imperialft'in" /lbs Metric cm / kg

2 | Within the past 24 months, have you used by any means (including electronic vaporizer or "vaping"), a substance or product containing tobacco, nicotine or marijuana? *If YES, smoker rates applicable.* Yes No

04 Coverage Details

1 Maximum two term insurance riders

- >> Riders can only be added if base is longer than rider term period (not equal).
- >> Term insurance riders are not available with Guaranteed Acceptance Life, Deferred Life or any 20 Pay plans.

2 Complete Child Term Benefit questions on page 5

- Not available with:
- >> Guaranteed Acceptance Life
- >> Deferred Life

3 Not available with:

- >> Guaranteed Acceptance Life
- >> Deferred Life
- >> Deferred Elite Life
- >> Deferred Elite Term

Permanent Insurance Plan	Premium Payment Period	Amount of Insurance
<input type="radio"/> Guaranteed Acceptance Life (Ages 18-75) <input type="radio"/> Deferred Life (Ages 18-80) <input type="radio"/> Deferred Elite Life (Ages 18-80) <input type="radio"/> Simplified Elite Life (Ages 18-80) <input type="radio"/> Preferred Life (Ages 18-80) <input type="radio"/> Preferred Elite Life (Ages 18-80)	<input type="radio"/> Pay to Age 100 <input type="radio"/> 20 Pay <i>Not available for:</i> >> Guaranteed Acceptance Life >> Deferred Life	\$
Term Insurance Plan	Term Period	Amount of Insurance
<input type="radio"/> Deferred Elite Term <input type="radio"/> Simplified Elite Term <input type="radio"/> Preferred Term <input type="radio"/> Preferred Elite Term	<input type="radio"/> 10 Year (Ages 18-70) <input type="radio"/> 20 Year (Ages 18-60) <input type="radio"/> 25 Year (Ages 18-55) <input type="radio"/> 25 Year Decreasing (Ages 18-60)	\$
Optional Riders	Amount	
<input type="checkbox"/> 10 Year Term ¹ (Ages 18-70) <input type="checkbox"/> 20 Year Term ¹ (Ages 18-60) <input type="checkbox"/> 25 Year Term ¹ (Ages 18-55) <input type="checkbox"/> 25 Year Decreasing Term ¹ (Ages 18-60) <input type="checkbox"/> Accidental Death Benefit (Ages 18-65) <input type="checkbox"/> Child Term Benefit ² (Ages 18-60) <input type="checkbox"/> Hospital Cash Benefit ³ (Ages 18-65)	\$ \$ \$ \$ \$ \$ <input type="radio"/> \$5,000 <input type="radio"/> \$10,000 <input type="radio"/> \$15,000 <input type="radio"/> \$25/day <input type="radio"/> \$50/day <input type="radio"/> \$100/day	

AGREEMENT

I, by signing this Application, agree that:

- 1 | The statements and answers contained in this Application, documents and other evidence of insurability signed or provided by me, are true and complete and will be relied upon by the Insurer in deciding whether to issue an Insurance Contract.
- 2 | For the purpose of determining eligibility for insurance, the Insurer may consider risk characteristics other than those mentioned in the questions in this Application.
- 3 | An Insurance Contract issued, if any, by the Insurer will only come into effect according to the terms of that Insurance Contract, which may include factors such as the date this Application was approved, issue date of the Insurance Contract, payment of the first premium, and provided there is no change in insurability, as described in the Insurance Contract, prior to the date of delivery of the Insurance Contract.
- 4 | The Insurer may void the Insurance Contract in the event of any misrepresentation by me in this Application or in any other documents, information, evidence of insurability or answers delivered to the Insurer in connection with this Application.
- 5 | No advisor, medical examiner or any other person has authority to advise that any untrue or incomplete answer or information is acceptable and no person has the power, except for The Independent Order of Foresters President or Executive Secretary, or successor positions, to make, modify, or discharge a Insurance Contract.
- 6 | I expressly agree to have this Application, the Insurance Contract and any related documents in English. Je demande expressément que ce document ainsi que tous les documents y afférents soient rédigés en anglais.
- 7 | The Insured has received a copy of the Important Notices page.
- 8 | Changes or corrections made to this Application, if any, by the Insurer are ratified by the Owner if the Insurance Contract delivered to the Owner is not returned to the Insurer during the right to examine period.
- 9 | If I have chosen to provide a current internet email address or other electronic contact information in this Application or choose to provide such address or contact information in the future, the Insurer and its parent, subsidiaries and affiliates may use that address or contact information to send messages, information or documents to me electronically relating, directly or indirectly, to them, this Application, the Insurance Contract, or to membership, events, benefits, claims, administration or other goods and services.
- 10 | An Insurance Contract issued, if any, in response to this application, the Insurer's Instruments of Incorporation, Constitution and the respective amendments.

AUTHORIZATION

A photocopy of this authorization shall be as valid as the original.

I, by signing this Application, authorize on my own behalf and on behalf of each Child, the collection, use, and disclosure of Information about us, by, to, or on behalf of, an Authorized Person for an Authorized Purpose, including from any third-party data source such as health information custodian, physician, medical practitioner, hospital, medical facility, clinic; as well as any pharmacy, lab, and other third-parties in possession of health data; as well as from any employer; benefit plan, other insurer or institution; credit bureau or credit scoring agency, public records; or MIB, LLC. I understand such Personal Information may be retained as long as needed, including to provide me with the requested products and services and to meet obligations under applicable laws.

I, by signing this Application, authorize, on my own behalf and on behalf of each Child, an Authorized Person to disclose a brief report about my and each Child's personal health information to MIB, LLC, even if this Application is cancelled or withdrawn. Information may be disclosed: between and among Authorized Persons; to companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Each person providing this authorization may, by written notice to the Insurer, revoke their authorization. Revoking authorization, however, will not affect action(s) begun before receipt of notice or prevent an Authorized Person from using personal information to administer an Insurance Contract, or report to MIB, LLC if previously authorized to do so, or to inform of or administer the benefits of membership.

We agree that technology may be used with our Personal Information to partially or fully automate any aspect of the insurance coverage decision, underwriting process, identify verification, servicing, or any other process or action where permitted by law.

OTHER PRODUCTS AND SERVICES

I consent to receiving information including marketing and promotional materials by any method from the Insurer, its subsidiaries and affiliates about other products and services. If you do not want to provide your consent for that purpose, check here . You may at any time withdraw your consent by writing to our Chief Privacy Officer at: Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9 or at privacy@foresters.com.

SIGNATURES

This Application must be current dated and received at the Foresters Financial Head Office within 14 days of signature date.

I understand and agree that my signature below applies to, and is for the purposes of, this entire Application. I understand the definition of "treatment" as defined in this application. The statements and answers contained in this Application, documents and other evidence of insurability signed or provided by me, are true and complete and will be relied upon by the Insurer in deciding whether to issue an Insurance Contract.

Signature of Insured

Signature of Owner (only if different) Signature of witness to all signatures

Dated at this day of , 20 Advisor's Name

Province/Territory

Advisor's Report

ADVISOR INFORMATION	Advisor Name <i>(first, middle, last)</i>	Advisor Code	Agency Code	Split %

RELATIONSHIP TO INSURED AND DISCLOSURE

When shown original identification documents to verify identity, you must confirm that the documents are authentic, valid and current by reviewing both sides of each document.

- 1 | How long have you known the Insured?
- 2 | Are you related to the Insured? Yes No *If YES, what is the nature of your relationship?*
- 3 | Who initiated this application? Owner Insured Advisor Other *(specify)*
- 4 | Did you meet with the Owner and Insured in person to complete this application? Yes No
If NO, please indicate method for obtaining the answer to the questions in this application: Telephone and/or mail Video conference / Skype
- 5 | Did you verify the identity of the Owner, by confirming that the identification details provided in this application match original identification documents shown to you? Yes No
- 6 | Is an Insured a Foresters employee or a Family Member of a Foresters employee? Yes No
- 7 | Do you know of any information not disclosed in this application that may be important to assessing the insured's eligibility for the plan applied for? Yes No
If YES, please provide details:
- 8 | I confirm that I provided a written Needs Analysis for the client and that I recommended a product consistent with their insurance needs. I have provided or will provide the client with a "Reasons Why" letter. Yes

REQUIREMENTS ORDERED

Preferred Plans and Preferred Elite Plans ONLY

- Blood Chemistry Profile
- Paramedical Exam
- Name of paramedical provider Order Number

SIGNATURE OF ADVISOR WHO COMPLETED THIS APPLICATION AND ADVISOR'S REPORT

I provided to the Insured and the Owner the Important Notices page and a statement of disclosure outlining the companies I represent, the fact that I receive compensation for the sale of life and health insurance company products, and that I may receive additional compensation in the form of bonuses, conference programs or other incentives. I have also disclosed any conflicts or potential conflicts of interest with respect to this transaction.

To the best of my knowledge and belief, the information provided in the application is current, correct and complete. I am not aware of any additional information that is material to the underwriting and acceptance of this application that has not been disclosed in this application or Advisor's report.

Reasonable effort was exercised by me to determine if the Owner is acting on behalf of a third party.

I confirmed the identification details as stated above on the date stated below. If I suspect that an undisclosed third party is involved, I will immediately email details to compliance@foresters.com.

Signature of Advisor Date
MM/DD/YY

Signature of training supervisor where required Date
MM/DD/YY

I have reviewed this application and Advisor's report.

Signature of servicing agent if different from above Date
MM/DD/YY

Important Notices

(Detach and present to Insured)

Respecting your privacy is important to us at Foresters Financial. We will process and maintain your Personal Information in accordance with our Privacy Policy, as well as applicable laws. Your Personal Information will be collected, used and disclosed, on a continuing basis, by Foresters, our employees, reinsurers, agents and representatives, service providers, professional consultants, or any other Authorized Person as defined in the Application, for assessing insurance coverage eligibility, premium amounts and coverage continuation; adjudicating claims, processing payments and responding to inquiries and complaints; supporting Foresters business analysis and operations; record keeping, audit, quality and risk control; verifying identity; preventing, investigating, detecting and reporting fraud and security incidents; providing information about, administering, servicing and offering products, services and member benefits; holding community events and activities and operating Foresters branch network; improving our products and services, underwriting and risk management processes, including through enhanced data analytics, automation and other technological means, and any other purpose as required or permitted by law.

We will restrict access to your Personal Information to our employees, service providers, representatives, affiliates, reinsurers or other Authorized Persons who need the information for the performance of their duties for us and to any person or organization to whom you gave consent. Our employees, service providers, representatives, reinsurers and any of their service providers or other Authorized Persons may be located outside Canada. As such, your Personal Information may be subject to the laws of other jurisdictions and may be disclosed in response to demands or requests from government authorities, courts, or law enforcement in those countries. You may request access to your Personal Information at any time and, when applicable, to have it corrected. You may also ask us not to send you information about our products, services, or member benefits. To do so, please write to: Foresters Financial at 789 Don Mills Road, Toronto, ON, Canada M3C 1T9. To access our most recent Privacy Policy, please visit foresters.com.

NOTICE REGARDING MIB

Information regarding your insurability will be treated as confidential. The Independent Order of Foresters or its reinsurers may, however, make a brief report thereon to MIB, LLC, which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at *866-692-6901 or go to its website at www.mib.com to request disclosure online. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734 or go to its website at Canadadisclosure@mib.com.

The Independent Order of Foresters or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INSURANCE CONTRACT LIMITATIONS

In the case of suicide, within two years from the issue date of the insurance contract, the benefit is limited to a refund of premiums paid.

- **For Guaranteed Acceptance Life**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal to the premiums paid.
- **For Deferred Life**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal to the premiums paid plus 3% interest.
- **For Deferred Elite Life and Deferred Elite Term**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal, in the first year, to the premiums paid plus 3% interest and, in the second year, to 50% of the face amount.
- **For Accidental Death Benefit**, the benefit payable may be limited by factors such as the Insured's age and the cause of death. Please see your insurance contract for detailed terms and conditions.

The insurance contract that may be issued as a result of this application has important terms and limitations. You should review it carefully as soon as you receive it.

R E C E I P T

(Detach and present to Owner ONLY if a cheque was provided for payment of the first annual premium.)

The Independent Order of Foresters acknowledges the receipt of \$..... to be applied in payment of the first premium for insurance on the life of

This payment meets the requirement to provide the first total premium before the Insurance contract is delivered to the Owner, if this payment is honoured when first presented to the financial institution from which it is to be collected, as one of the conditions to be met for coverage to come into effect as described in the Insurance contract.

If the Insurance contract is not received within six (6) weeks of the date of this receipt, please contact Foresters Financial at the address on the back cover.

Dated at this day of, 20.....
City / Province

The Owner has the right to cancel the Insurance contract issued and receive a full refund of premium paid for it by notifying the Insurer in writing and returning the Insurance contract within 10 days of first receiving it.

Thank you for placing your trust in Canada Protection Plan from Foresters Financial.

Along with reliable support and compassionate service, there are many other advantages to apply:

- ✓ Payments start in the second month - applicable on monthly payment plans only
- ✓ You can apply for coverage up to \$500,000 on many no medical, simplified issue plans
- ✓ You can apply for coverage up to \$1 million on all Preferred Plans
- ✓ If you are ages 18 to 80, you can apply
- ✓ Most of our term plans are renewable and convertible
- ✓ Low rates in comparison to similar plans and benefits

A-Z Life Coverage is underwritten by The Independent Order of Foresters, established in 1874, which is a member of Assuris.

You may qualify to enjoy a valuable package of member benefits.¹

From an online document preparation service² for creating customizable wills and powers of attorney to competitive scholarships and more.

Information about member benefits can be found on the foresters.com website. After the Insurance contract has been issued and delivered, you can register at my.foresters.com to access many of the member benefits.

¹ Foresters member benefits are non-contractual, subject to benefit specific eligibility requirements, definitions and limitations and may be changed or cancelled without notice or are no longer available.

² LawAssure is provided by Epoq, Inc. Epoq is an independent service provider and is not affiliated with Foresters. Some features may not be available based on your jurisdiction. LawAssure is not available in the Yukon, the Northwest Territories and Nunavut. LawAssure is not a legal service or legal advice and is not a substitute for legal advice or services of a lawyer. Foresters Financial, its employees and life insurance representatives, do not provide, on Foresters behalf, legal, estate or tax advice.

We stand by you today, so your loved ones are protected for tomorrow.

Canada 
Protection Plan®
From Foresters Financial™

Distributed by
Foresters Financial

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Toronto, ON, Canada
M3C 1T9

Tel: (416) 447-6060
Toll free: 877-447-6060
Fax: (416) 447-9881

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