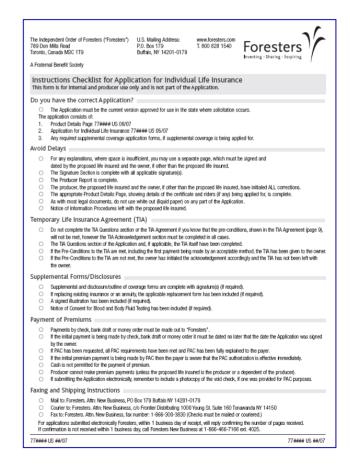


# A Guide to Completing the Application

# **Armor & Strong Foundation**

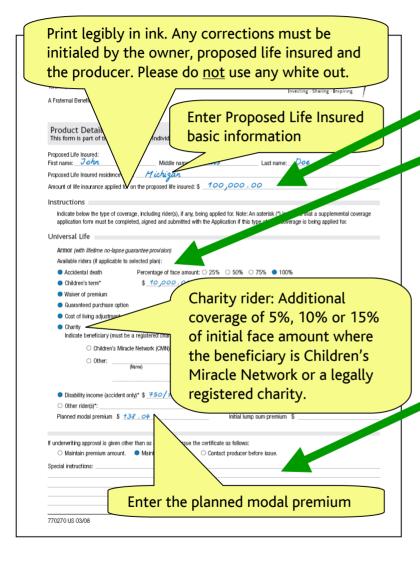
#### NFW

- Application pages reduced to 13 (from 17)
- Minimum pages to be returned reduced to 9 (from 14)
- Only one copy of TIA will be required
- Single-sided application available for download and order
- First premium on PAC (FPOP)
- TIA now available on applications up to \$1M (increased from \$500K)



# Product Details Page - Armor





Reminder

- ☐ A signed illustration is required at time of application
- ☐ Fill in the amount of life insurance
- ☐ If riders are selected, the appropriate circle must be filled in along with an amount (if applicable). For Children's Term and Disability Income Riders, the supplemental forms must be filled

### **Issue Instructions:**

- Provide details on how to issue certificates that are not approved as applied for. For example:
  - Maintain premium amount,
  - Maintain face amount of insurance,
  - Contract Producer before issue
- ☐ If the proposed life insured does not qualify for Simplified Issue the producer will be advised and will be asked if they wish to proceed with the Fully Underwritten product at the minimum Fully Underwritten amount

# Product Details Page - Strong Foundation Foreste



Print legibly in ink. Any corrections must be initialed by the owner, proposed life insured and producer. Please do not use white out. Michigan plied for on the proposed life insured: \$ 100,000,00 Amount of H Indicate below the type of coverage, including rider(s), if any, being applied for, Note: An asterisk (\*) indicates that a supplemental coverage application form must be completed, signed and submitted with the Application if this type of rider coverage is being applied for Strong Foundation Simplified issue Fully underwritten If applying for simplified issue, provide details of the life event: Mortgage amount: \$ 300,000. Name and address of lending institution: ABC Bank. Marriage O Divorce O Birth or adoption of a child O Death of spouse Date of life event: Oct. 1, 2007 Term ○ 10 year ● 15 year ○ 20 year ○ 30 year ○ Other Available riders (if applicable to selected plant: Percentage of face amount: 0 25% 0 50% 0 75% 0 100% Accidental death Waiver of premium Living rewards (not available on 10 year term plans) \$ 10,000,00 \$ 50,000.00 Critical illness (accelerated death benefit)\* \$ 2,000.00 Disability income (accident only)\* O Other rider(s)\*: Universal Life Death benefit option: O Level insured amount. O Level insured amount plus account value Available riders (if applicable to selected plan): Disability waiver O Accidental death \$ Guaranteed purchase option Other rider(s)\* Initial lump sum premium 3 Planned modal premium \$ If underwriting approval is given other than as applied for, issue the certificate as follows: 770331 US 03/08

### **Proposed Life Insured and Residence State:**

☐ Ensure the name and state entered here match the proposed life insured name and state entered on page 1 of the Application for Individual Life insurance.

#### **Product Details:**

- ☐ Fill in the amount and select one term
- ☐ 10 year term not available on non-medical basis

#### **Rider Details:**

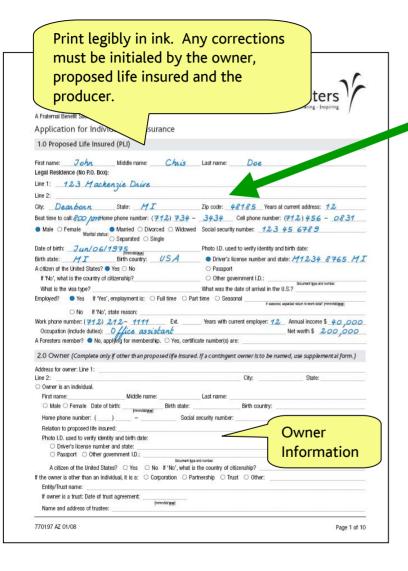
- ☐ Select the desired rider(s) the appropriate circle must be filled in along with an amount (where applicable).
- ☐ For Disability Income, Children's Term and Critical Illness Riders, the supplemental forms must be filled

#### Issue Instructions:

- ☐ Provide details on how to issue certificates that are approved not as applied for.
- ☐ If the proposed life insured does not qualify for Simplified Issue, the producer will be notified and asked if they wish to proceed with the Fully Underwritten product at the minimum FU amount.

# Sections 1 & 2: General Information





### **Record General Information:**

- ☐ Proposed Life Insured:
- Record the responses to every question. If a question is blank or incomplete you may have to contact the proposed life insured for additional information

### **Producer Must be Present:**

☐ Complete the application in the presence of the proposed life insured to verify his/her good health and to witness the signature(s) on the application

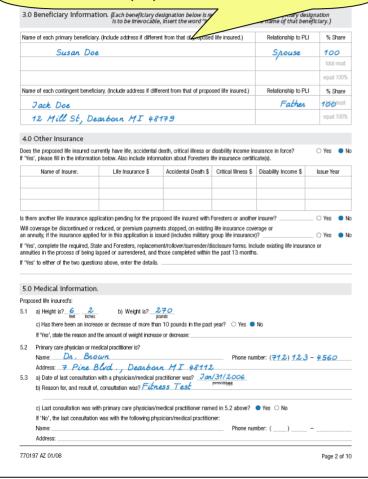
### **Owner**

- ☐ The owner can be the proposed life insured or a 3<sup>rd</sup> party (e.g business, trust or individual with an insurable interest)
- Fill out the owner information only if the proposed life insured is not the owner or when applying for juvenile insurance

# Section 3: Beneficiary Information



Fill out the proposed life insured's beneficiary and contingent beneficiary's address only if different from that of the proposed life insured's.



# **Beneficiary:**

- ☐ The proceeds of the certificate must benefit the proposed insured's surviving family or estate (directly or indirectly). Acceptable beneficiaries are any dependents, spouse, children, 3<sup>rd</sup> party business or designated charities
- ☐ If a 3<sup>rd</sup> party business is designated as a beneficiary you must detail in the Producer Report, how the death proceeds will benefit the family
- ☐ Creditors may have an insurable interest, but they should generally not be named as beneficiaries. A collateral assignment can be completed in favor of the creditor
- ☐ If the beneficiary is a minor, it is advantageous to name a trustee (should the proceeds become payable before the beneficiary's age of majority). State the relationship of the trustee to the proposed life insured

# Sections 4 & 5: Other Insurance and Medical Information



#### 3.0 Beneficiary Information. (Each beneficiary designation below is revocable. If, however, a beneficiary designation is to be irrevocable, insert the word "irrevocable" next to the name of that beneficiary.) Name of each primary beneficiary, (include address if different from that of proposed life insured.) Relationship to PLI % Share Susan Doe 100 Spouse Name of each contingent beneficiary, (Include address if different from that of proposed life insured.) Relationship to PLI % Share Father 155must Jack Doe 12 Mill St, Dearborn MI 48179 4.0 Other Insurance Does the proposed life insured currently have life, accidental death, critical illness or disability income insurance in force? ○ Yes ● No If 'Yes', please fill in the information below. Also include information about Eggetes life insurance certificate(s) Life Insurance \$ Accidental Death \$ Critical Illness \$ Disability Income \$ Is there another life insurance application pending for the proposed life insured with Foresters or another insurer? Will coverage be discontinued or reduced or premium payments stopped on existing life insurance coverage or an annuity, if the insurance applied for in this application is issued (includes military group life insurance)? ○ Yes No If 'Yes', complete the required, State and Foresters, replacement/rollover/surrender/disclosure forms. Include existing life insurance or annuities in the process of being lapsed or surrendered, and those completed within the past 13 months. If 'Yes' to either of the two questions above, enter the details 5.0 Medical Information. Proposed life insured's: 5.1 a) Height is? 6 2 Inches Indicate reasons for and c) Has there been an increase or decrease of more If 'Yes', state the reason and the amount of weight inc results of last doctor's visit. 5.2 Primary care physician or medical practitioner is? Name: Dr. Brown Address: 7 Pine Blvd., Dearborn M. n/31/2006 5.3 a) Date of last consultation with a physician/medical pract b) Reason for, and result of, consultation was? Files c) Last consultation was with primary care physician/medical practitioner named in 5.2 above? • Yes O No If 'No', the last consultation was with the following physician/medical practitioner: Phone number: ( Address: 770197 AZ 01/08 Page 2 of 10

## Other Insurance:

- ☐ Indicate all policies in-force, including group and whether in-force insurance will be replaced
- □ Producers must comply with any replacement laws and regulations and are expected to offer suitable products and services to meet the proposed life insured's needs. Please refer to ezbiz (Tools & Resources -> Toolkit) for details.

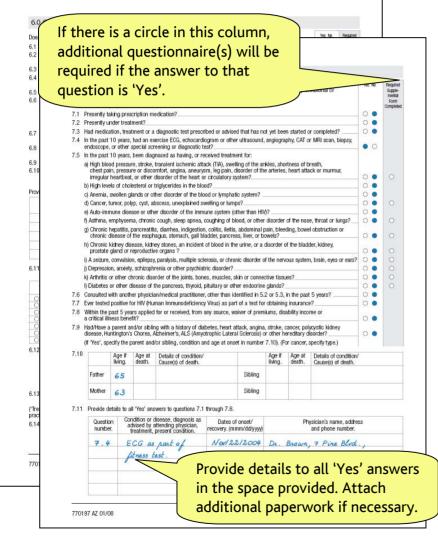
### **Medical Information**

- ☐ Provide the name and address for the proposed life insured's physician
  - ☐ Two addresses will be required if the most recent visit to the doctor was not the primary care physician

Sections 6 & 7: Medical and







# Medical and Personal History:

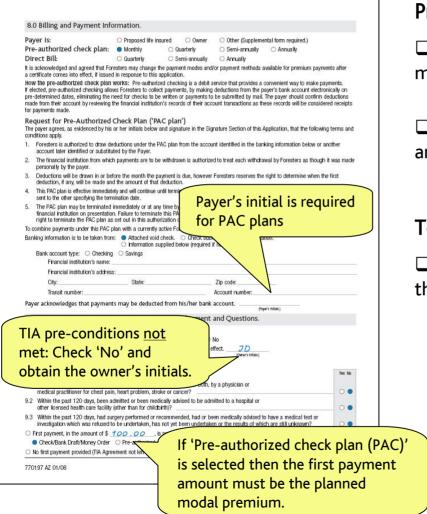
- ☐ Ask each question exactly as worded and record each answer as given by the proposed life insured (even if you know or suspect that a given answer is incorrect. If this happens, alert the underwriter on the Producer Report or in a cover letter)
- □ Recording an accurate and complete health history is extremely important for expediting the underwriting process. Partial or vague declarations often raise more questions which may cause delays in processing the application

### **Tobacco/Nicotine Use:**

☐ Smoking status is based on the date that the proposed life insured last used cigarettes or marijuana

# Sections 8 & 9: Billing and Payment Information & TIA Acknowledgement





# Premium and Billing Information:

- ☐ Pre-authorized Check Plan (PAC) is available on a monthly, quarterly, semi-annual and annual basis
- ☐ Direct billing is only allowed on a quarterly, semiannual and annual basis

# **Temporary Life Insurance**

- ☐ Provides temporary life insurance up to \$500,000 if the following pre-conditions are met:
  - All TIA questions are answered 'No' and these answers are truthful
  - Monthly premium is given to the producer no later than the application date
  - Total coverage applied for (including all riders payable upon death, e.g. ADR and Charity rider) is less than or equal to \$1,000,000
  - Proposed life insured younger than age 71

# Section 10: Agreements



#### 10.0 Agreements

"L/Me" means individually each person identified in this Application as either the proposed life insured or the owner, and the parent/ legal quardian signing this Application if the proposed life insured is a juvenile. I, as evidenced by my signature in the Signature Section of this Application, they reput jundershall caree and declare:

- I have read this Application. I was asked every question that applies to me and provided the answers shown, in this Application, to these
  questions. The statements, answers, and representations contained in this Application are full, complete, and true. All statements made in
  this Application shall be representations and not warranties.
- No person, including a producer, has the authority to waive the disclosure of full, complete and truthful information in response to each question in this Application. Such person also has no authority to write down an answer given to a question in this Application other than the answer that was provided to the producer.
- Medical examination report(s) that may be required by Foresters shall form part of this Application. I will provide full, complete and true
  answers required in medical examination report(s). This Application, Foresters instruments of incorporation and its Constitution now in
  force or subsequently enabled shall form part of the entire contract with Foresters.
- 4. The insuance contract that Foresters issues, if at all, as a result of this Application, is conditional on there being no trange in the insurability of the proposed life insured, or a child identified in this Application, if any, between the date of this Application and the date the certificate is delivered to the owner. The insuance contract issued in response to this Application, if any, comes into effect, if at all, as described in that insurance contract. Changes or corrections made to this Application by Foresters, if any, are ratified by the owner when the insurance contract issued in response to this Application, flany, comes into the application, if any, comes into the contract issued in response to this Application, flany, comes in offer.
- A payment provided to Foresters is not paid to Foresters unless and until the payment is honored by the financial institution of the account from which the payment is to be drawn.
- 6. The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application Services and a partie of address and inaterial facts any result in a loss of coverage and cancellation of the insurance contract. If any address a declaration are used to establish the prenium rate of the insurance provided, if any, and that a material misrepresentation or untrue declaration may render the insurance contract sizued, if any, volidable. All facts should be stewn in this Application.
- No producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to do either a) or b).
  - a) make, modify, or discharge an insurance contract; or
  - b) bind Foresters by making promise(s) regarding the future performance or benefit(s) of an insurance contract issued other than as specifically written in the insurance contract issued, if any, as a result of this Application.
- Any person who knowingly and with intent to defraud Foresters, any other insurer or other person(s) files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of mideading, information concerning and material thereto commits if anouther insurance act, which is a crime and subjects such person to criminal and civil personals. In addition, Foresters may deny payment of insurance benefits if false information materially related to a claim was provided by the proposed life insured or other.
- The terms of the temporary coverage provided, if any, are set out on pages 9 and 10 of this Application, including the pre-conditions and special limitations to temporary coverage and the amount and duration of that temporary coverage.
- 10. This Application is subject to and governed by the laws of the State where this Application was delivered to the owner, if an insurance contract is issued in response to this Application.
- 11. If the amount of a first payment submitted with this Application, by selected mode, is more than the amount of the first modal premium required for the certificate, if any, that comes into effect in response to this Application, the difference between those two amounts will be held by Foresters and applied, without interest, to the next modal to premium or, at Foresters option, refunded without intered.
- This Application, and related documents, may be sent to Foresters by electronic means, including, but not limited to, e-mail and facsimile transmission.
- 13. Foresters may send, to an e-mail address provided to us, if any, information about this Application, a certificate issued as a result of this Application, if any, Foresters and Foresters membership, including member benefits and events.

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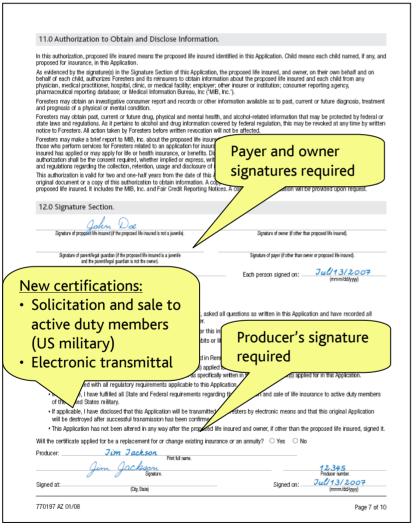
### Agreements:

□ Proposed life insured, owner (if other than then proposed life insured) and parent and/or legal guardian (if juvenile application), must read and understand the agreements

# Section 11: Authorization to Obtain &



# **Disclose Information**



### **Signature Requirements:**

- Proposed life insured, payer and owner (if the proposed life insured is a juvenile or not the owner), must read and sign this page
- Juvenile applications: if the applicant is not the child's parent or legal guardian, in the Producer Report indicate:
  - Relationship of the child and the applicant
  - Purpose of the insurance
  - How often the applicant sees the child (i.e. can the applicant attest to the child's health history)
  - Do the parents and/or legal guardian have knowledge of the insurance purchase and have they agreed to it
  - A parent's and/or legal guardian's signature may be required

# **Producer's Signature:**

 Indicates that you recommend that Foresters accept the coverage risks proposed in this application, and that full and accurate information regarding the applicant has been provided

# Section 12: Notice of Information Procedures



#### 13.0 Notice of Information Procedures This page must be given to the proposed life insured For purposes of this Notice the following words and phrases are defined. The word "Application" means the Application for Individual Life Insurance to which this Notice relates. "Producer" means the licensed individual who signed that Application as the producer. "We", "our", and "us" mean The Independent Order of Foresters. "You" and "your" mean individually the proposed life insured, and each child, if any, identified in that Application Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization. This includes disclosure to consumer reporting agencies hired to prepare investigative reports and insurance companies to which you have applied for coverage or benefits. It also includes those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and The Medical Information Bureau ('MIB, inc.'). Upon written request to us, we will give you more information about these You can make a written request to review personal information about you in our certificate file. However, we will not disclose information to you that was prepared for an anticipated claim or civil or criminal proceeding. You may request a correction. amendment or deletion of the information in our files which you believe to be inaccurate or irrelevant. Upon written request, we will provide you with further information about these procedures. Medical and Personal Information members who have a business need for it. MIB. Inc. may provide The Underwriting process evaluates information about you to us or our reinsurers with a brief report about you. see if you qualify for the insurance you requested. The Upon your written request, MIB, Inc. will arrange for disclosure of information we review may vary with the insurance applied for information it may have in its file about you. If you question the We consider information about you such as your age, accuracy of MIB, Inc.'s information, you may request a correction occupation, and health. We also consider your mode of living, according to the procedures in the Federal Fair Credit Reporting avocation and other personal information Act. Send these requests to The answers in this Application are our principal source of MIR. Inc. PO Box 105. Essex Station, Boston, Massachusetts 02112. information. We may contact other people or institutions personally, by phone or by letter, to confirm or add to the Their phone number is 866 692 6901. information provided in this Application. For example, we may If we order an investigative consumer report, it may include obtain information from a doctor, clinic, hospital, other insurers, information obtained through interviews with your neighbors, or a lending institution. In some cases, a producer or other friends or others you know. You may request a personal interview Foresters representative may obtain information for us. with the agend A medical examination or laboratory tests may be requested to vou. It Producer's office Fair Credit request, w Producer's name information phone number investigat and phone report. You may cont Information ob gency may be kept in its file and request a copy of the later given to oth a business need for it. contents of the repor report. No adverse un ision will be made based The Medical Inform eau (MIB, Inc.) upon an individual's in firmed sexual orientation or MIB, Inc. is a non-prof ation of member life insurers an individual's concern nsultation for AIDS ange for its members. Information which has an informat that is sent to MIB, Inc. by nember may be given to other We hope this notice helps ain our underwriting process. If you have additional questions uss them with your producer or contact us directly. Write to Foresters, Chief Underwriter US Mailing Address 789 Don Mills Road PO Box 179 Toronto, Canada M3C 1T9 Buffalo, NY 14201-0179 Producer name 770197 AZ 01/08 Page 8 of 10

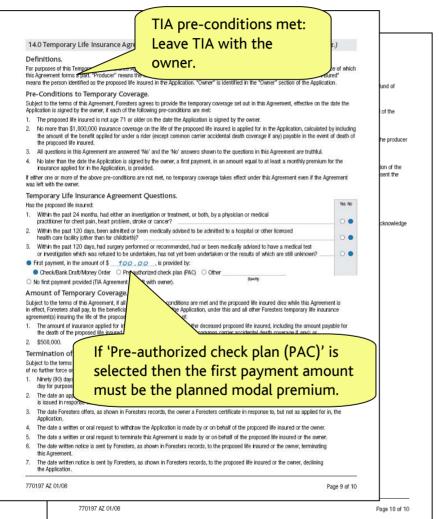
### **Notice of Information Procedures:**

- ☐ The proposed life insured must read this page
- ☐ Leave this page with the proposed life insured
- ☐ This page:
  - Contains the notice of information procedures and Foresters contact information
  - States Foresters privacy policy, underwriting process and Medical Information Bureau (MIB) information
  - Gives a description of some of the additional sources of underwriting information (the proposed life insured consents to the release of this information to the MIB by signing the authorization to obtain and disclose information page). If the proposed life insured requires further information about MIB or their record with them, they should contact MIB directly at the address provided on this page

# Section 14: Temporary Life Insurance



Agreement



# Temporary Life Insurance Agreement (TIA)

### If Pre-conditions Met:

TIA to be left with the owner

### If Pre-conditions Not Met:

- Do not leave the TIA with the owner
- Do not submit these TIA pages to Foresters
- Do not collect 'cash with application'
- Check 'No', the TIA was not left with the owner and obtain the owner's initials on page 5 of the base application

# Supplemental form: Contingent Owner/Other Payer form



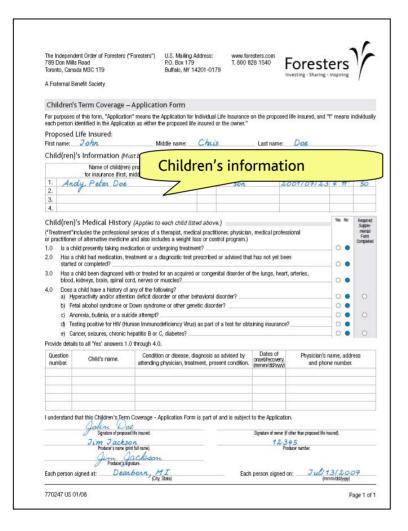


# **Contingent Owner**

- If the owner dies, the contingent owner becomes the owner
- ☐ A Contingent Owner form should only be completed if the proposed life insured is not the owner and a contingent owner is to be named

# Supplemental form: Children's Term Rider form



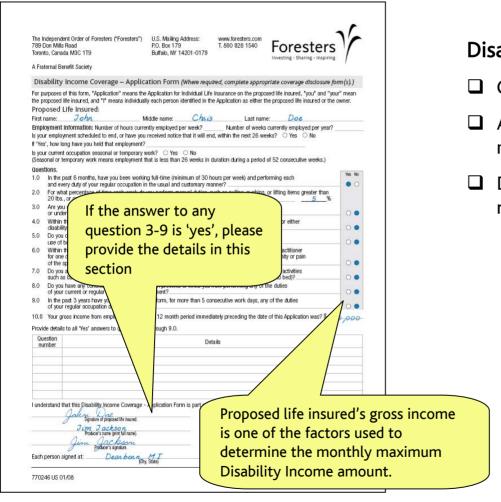


### Children's Term Rider

- Complete only if applying for Children's Term Rider (CTR)
- Do not submit this page to Foresters if not applied for

# Supplemental form: Disability Income Rider form





# **Disability Income Rider**

- ☐ Complete only if applying for the rider
- Additional disclosure forms may be required
- Do not submit this page to Foresters if not applied for

# Supplemental form: Critical Illness Rider (Accelerated Death Benefit)



# Available with Strong Foundation only

## Critical Illness Coverage

- ☐ Complete only if the proposed life insured is applying for this rider
- ☐ Additional disclosure or illustration forms may be required
- ☐ Do not submit this page if not applied for
- ☐ Ensure details to all 'Yes' answers to questions 1.0 through 3.0 are provided where indicated. Attach additional pages and/or paperwork if necessary. Ensure all additional pages are signed and dated by the owner.

# **Contact Information**



- ☐ Shipping Instructions
  - Mail/Courier application to NAA Home Office

- ☐ For more information
  - Foresters Sales Desk: 1-877-622-4249 (1 877 NAA 4Biz)

In order to receive electronic applications for your state please email paperwork@naarep.com indicating for what state the applications are needed in.