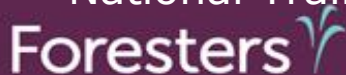




Foresters training

Foresters PlanRight With Voice Signature

Jared Gostanczik
National Training Manager



Disclaimers

- This webinar is not written to be used and it cannot be used for the purpose of avoiding penalties that may be imposed on a taxpayer. Neither Foresters™ nor its Representatives engage in rendering legal, business, estate tax, accounting or tax advice. The information in this seminar is intended as a general overview. Please advise your clients to consult their individual tax or legal advisors regarding their specific situation. This report is not intended to provide advice regarding the sale or purchase of specific investments, financial or insurance products. Circular 230
- All information is intended to be general in nature. All Foresters fraternal requirements need to be considered including the requirement that proceeds must benefit the Foresters member's dependants.
- The information contained in this presentation is for information purposes only. There are other tools available to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable certificate and riders for your state.
- Foresters™ is the trade name and a trademark of The Independent Order of Foresters.

Contents

- Foresters Membership
- Foresters PlanRight
- Foresters PlanRight Voice Signature Process
- Support

Foresters Difference & Member Benefits

Foresters

- Foresters™ is a leading international life insurance provider that is member-based, family-focused and community-spirited
- For 140 years we have been true to our purpose – to support the well-being of families through quality life insurance, unique member benefits and inspiring community activities


Foresters™ is the trade name and a trademark of the Independent Order of Foresters, a fraternal benefit society.

Foresters Financial Strength

- Foresters financial strength, as measured by A. M. Best Company, is rated "A" (Excellent) and has been for 14 consecutive years, most recently updated July 10th, 2014.
- An "A" (Excellent) rating is assigned to companies that have a strong ability to meet their ongoing obligations to policyholders and have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by A.M. Best Company. In assigning our rating, A.M. Best stated that Foresters rating outlook is "stable," which means it is unlikely to change in the near future, assuming our financial strength is maintained and our operations grow. A.M. Best assigns ratings from A++ to F, A++ and A+ being superior ratings and A and A- being excellent ratings.

Foresters Financial Strength

Foresters our shared strength



A careful guardian of our members' interests

Foresters™ is an international financial services provider, with members in the US, Canada and the UK. Our 140-year heritage as a fraternal benefit society — a member-based life insurance provider for everyday families — is the foundation of our guiding principle: enriching the lives of our members, their families and the communities they live in. We're not a faceless institution. We stand for something more. Foresters is an active part of your life, at every stage.

- Assets \$9 billion¹
- Surplus \$1.5 billion²
- "A" (Excellent) rating³

Foresters maintains a strong financial position, with assets of \$9 billion CDN¹ and a surplus of \$1.5 billion CDN². The independent rating agency A.M. Best Company has given Foresters financial outlook an "A" (Excellent)³ rating for excellent balance sheet strength and operating performance for 13 consecutive years.

We focus on strong operational performance, careful management and a conservative investment strategy. Our financial strength has enabled us to weather even the worst business and market conditions.

Like all life insurance providers, Foresters is monitored by federal and state regulators, who can take action when there are solvency concerns. As well, in the US, the National Association of Insurance Commissioners' (NAIC) Risk-Based Capital (RBC) guidelines limit the amount of risk insurers can take and require insurers to maintain enough capital to meet their obligations to policyholders. Foresters ratio exceeds the NAIC guidelines.

Where solvency becomes an issue, State Guaranty Associations offer policyholders some protection. These associations were created by state legislation and funded by assessments made against participating insurers. Foresters, as a membership-based life insurance organization, is not a member of State Guaranty Associations, and has no obligation to pay assessments to deal with the financial situations of other insurers. Instead, Foresters can continue to invest to fund Foresters liabilities, provide benefits of membership to our members and help the communities in which they live. Without coverage from State Guaranty Associations, fraternal benefit society members may be subject to a special assessment. However, Foresters has assessed members only twice, the last time almost 100 years ago when members supported a special assessment to maintain a positive balance sheet during the First World War.

Foresters

140 years

- Strong financial position
- Assets of \$10.5 billion Canadian
- Surplus of \$1.7 billion Canadian

Financial results as at December 31, 2013

Foresters Difference

Foresters
getting
more out
of life

Foresters 

How are Fraternal Benefit Societies different?

- Our customers are our members and apply for membership in the application for insurance
- Share a common bond
- Non-Denominational
- Fraternal Concept: people helping people

Not subject to federal income tax: Foresters instead invests its tax savings for the benefit of our members and their communities

Member Benefits

Benefits available to all eligible insureds, as Foresters members:

- Competitive Scholarships
- Terminal Illness Loan
- Orphan Benefits
- *Everyday* Money
- Legal *Link*
- Community Granting Program

Foresters members include insureds under Foresters certificates. Members' immediate family members may also be eligible to apply for certain member benefits. Foresters member benefits are non-contractual, subject to benefit-specific eligibility requirements and limitations, and may be changed or canceled without notice.


Member Benefit Resources

Foresters
getting
more out
of life





Foresters future leaders



Foresters Competitive Scholarships

We support your well-being
ForestersSM is a leading international life insurance provider that is member-based, family-focused and community-oriented. We support our members through quality life insurance, unique member benefits¹ and inspiring community activities which reflect our commitment to good works.

We believe in the value of education
We believe education can bring greater opportunities to individuals, families and communities. We are proud to help cultivate the next generation of leaders and community volunteers while providing well-deserved financial assistance to students as they work towards their educational goals.

We offer up to 350 scholarships annually
Each year, the Foresters Competitive Scholarship Program² offers up to 350 renewable tuition scholarships worth up to \$8,000 each, for which eligible members and their family members with minimum grades of 70% (Canada) or 2.8 grade point average (US) and a minimum of 40 hours of community service may apply. Five Ken Peterson Awards for Community Service³ are also granted annually to applicants who have demonstrated exceptional leadership and extraordinary effort and ability to overcome adversity. The winners of the Ken Peterson Award may receive up to \$11,000 (\$5,000 in the first academic year and \$2,000 per year thereafter). Children, spouses, grandchildren of members, and children under the care of a legal guardian who is a Foresters member are also welcome to apply.

We've provided millions in financial support
Foresters has awarded over 4,400 tuition scholarships – providing students with more than \$25 million in financial support since the inception of the program. In 2011 alone, Foresters awarded over \$3 million in scholarships.


We help meet educational goals
Whatever your goal, for your first degree/diploma, Foresters Competitive Scholarships can be applied to many kinds of post-secondary education such as vocation and trade schools, community colleges and universities.

Learn more about how to apply at foresters.com/scholarships

For more information about the insurance Foresters may offer you, contact your licensed insurance representative.


Foresters is more than a life insurance provider. We don't have shareholders. Instead, we invest in you, your family and the community where you live.

To learn more about Foresters go to foresters.com




¹ Descriptions of member benefits that you may receive assume that you are a Foresters member. Foresters member benefits are non-contractual, subject to benefit specific eligibility requirements and limitations and may be changed or cancelled without notice.
² This program is administered by International Scholarship and Tuition Services, Inc.
³ Recipients of the Ken Peterson Award for Community Service do not also receive the Foresters Competitive Scholarship.
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Producer guide
to member benefits



Foresters everyday families

Producer use only
Beginning on or after
January 23, 2012



PlanRight

PlanRight

A non-participating whole life product designed to provide for death benefits and guaranteed level premiums as a way to help people pay for the cost of their final expenses

PlanRight Whole Life

- Quick Application Process – no medical exam, no blood profiles, no HOS
- Quick Underwriting – Producers will know medical eligibility prior to leaving client's home
- Quick Issue - quick pay in your pocket
- Face amounts - from \$2,000 to \$35,000
- Note – face amount of \$10,000 or more required to qualify for certain Member Benefits

Foresters members include insureds under Foresters certificates. Members' immediate family members may also be eligible for certain member benefits. Foresters member benefits are non-contractual, subject to specific eligibility requirements and limitations, and may be changed or cancelled without notice.

PlanRight Whole Life – Level Death Benefit

Issue Age (ALB)	Face Amounts	Death Benefit*
50 – 80	\$2,000 - \$35,000	Full Death Benefit
81 – 85	\$2,000 - \$15,000	Full Death Benefit

*Death benefit payable equals 100% of face amount in effect plus unearned premiums minus certificate debt such as outstanding certificate loans.

PlanRight Whole Life – Graded Death Benefit

Issue Age (ALB)	Face Amounts	Death Benefit * Year 1 & 2	Death Benefit* Years 3 and Beyond
50 - 80	\$2,000 - \$20,000	Based on greater of: •Year 1: 30% of face amount; or ROP + 4.5% interest •Year 2: 70% of face amount; or ROP + 4.5% interest	Based on 100% of face amount
81 - 85	\$2,000 - \$10,000	Based on greater of: •Year 1: 30% of face amount; or ROP + 4.5% interest •Year 2: 70% of face amount; or ROP + 4.5% interest	Based on 100% of face amount

*Applicable amount plus unearned premium minus certificate debt, such as certificate loans.

PlanRight Whole Life – Modified Death Benefit

Issue Age (ALB)	Face Amounts	Death Benefit * Year 1 & 2	Death Benefit* Years 3 and Beyond
50 - 80	\$2,000 - \$15,000	ROP + 10% interest	Based on 100% of the face amount
81 - 85	Not Available	Not Available	Not Available

*Applicable amount plus unearned premium minus certificate debt, such as certificate loans.

PlanRight Whole Life

- Premiums
 - Age Last Birthday
 - Rates for Male/Female and Non-Tobacco/Tobacco
 - No Banding
 - Annual, Semi-annual, Quarterly and Monthly modes
- One application for all 3 plans

PlanRight Whole Life Riders

Built-In Protection	Common Carrier Accidental Death Benefit Rider
Extended Protection	Accidental Death Rider (Level Plan Only)

Subject to state availability.

PlanRight Whole Life

Male Non-Tobacco - \$10K - Whole Life - Level Plan Type, Monthly Premiums

Age	Foresters	Americo	Baltimore Life	Forethought	Liberty Bankers	Monumental
50	30.08	32.06	33.30	33.65	30.55	28.80
55	36.17	35.70	39.60	38.84	36.83	36.30
60	44.16	43.68	48.60	42.30	45.84	44.10
65	52.72	55.20	60.30	52.68	59.30	57.50
70	69.58	72.93	78.30	69.98	77.27	76.00
75	96.88	99.51	104.40	95.06	105.34	100.00
80	138.74	145.65	147.60	160.80	146.84	127.70
85	191.52	200.14	N/A	N/A	N/A	174.40

Data in the comparison is based on information available believed to be current as of July 2012, but is subject to change. Not all products are available in all states. Assumes no optional coverages.

PlanRight Whole Life

Female Non-Tobacco - \$10K - Whole Life - Level Plan Type, Monthly Premiums

Age	Foresters	Americo	Baltimore Life	Forethought	Liberty Bankers	Monumental
50	41.68	42.08	43.20	44.03	39.37	35.30
55	50.86	47.96	52.20	51.81	49.70	45.70
60	63.00	59.22	64.80	58.73	63.53	56.90
65	80.85	74.25	81.00	76.03	87.73	76.40
70	101.46	96.80	108.90	105.44	110.94	102.80
75	148.27	125.92	149.40	147.83	156.41	138.20
80	199.76	160.68	203.40	234.33	203.50	182.70
85	266.24	N/A	N/A	N/A	N/A	261.50

Data in the comparison is based on information available believed to be current as of July 2012, but is subject to change. Not all products are available in all states. Assumes no optional coverages.

PlanRight Voice Signature

Contents

Voice Signature (VSOP)

LiveApp

Other Forms

Point-of-Sale Process

Submission Process

Support

PlanRight Voice Signature Process

Voice Signature (VSOP) on PlanRight uses an on-line application and a teleinterview to complete the application and provide you and your client with real-time medical eligibility, a voice signed application, and an electronic submission to Foresters.

PlanRight Whole Life

Process – Voice Signature Over the Phone (VSOP)

- Available in 28 states
- Call shortened by approximately 12 minutes if required disclosures provided to client before the PHI is started with Apptical

PlanRight Voice Signature Process

Qualifying to Use VSOP

- Complete VSOP training
 - Complete training module (this presentation)
 - Review LiveApp User Guide
 - Review PlanRight Producer Guide & Medical Reference Guide
- Producer licensed in the state of residence of the proposed insured at the time of the call
- IMO or NMO up-line submits a PlanRight Voice Sales Eligibility Request Form to Foresters. Once approved, the producer will be provided with a unique LiveApp login ID and password.

PlanRight Voice Signature Process

Qualifying to Use VSOP – PlanRight Voice Sales Eligibility Form

Foresters[®]

PlanRight Voice Sales Eligibility Request Form
Please fax this form to Contracting @ 1-866-289-6656 or email to agencyadmin@foresters.com

Producer Information:

Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____
Full Name: _____	Producer Number: _____

Call Center Agents: ☐ Yes ☐ No

Recruiter/Up-line Approval:

I have conducted the required Foresters Voice Sales on PlanRight training for the above named producer.

Date of Training: _____

Up-line's Name: _____

Producer Number: _____

Notes:

Existing producers – We will be verifying this producer's persistency and placement numbers prior to confirming the eligibility. If the producer is not eligible, you and the producer will be receiving an email.

New producers – This form should be included as part of the contracting package.

Producer Information

- Name & Producer Number
- If Call Center Agents

Upline Enters the Following:

- Date of Training
- Upline Name
- Upline Producer Number

Submit

- Fax: 1-866-289-6656
- Email: agencyadmin@foresters.com

PlanRight Voice Signature Process

Proposed Insured Requirements

- Proposed Insured and Owner are the same person
- The solicitation and sale completed in the Proposed Insured's resident state
 - VSOP approved in that state
 - Proposed Insured is in their state of residence during the teleinterview

PlanRight Voice Signature Process

Solicitation and Replacements

- Solicitation of any VSOP insurance application is a 'direct response solicitation'
 - Solely by phone, mail, internet or other mass communication
- VSOP applications cannot replace, reduce coverage or modify premiums paid for any existing life or annuities in force
- Replacements are not allowed on any applications submitted through the VSOP process

PlanRight Voice Signature Process

Solicitation and Replacements

- Assignments not allowed
- State-specific replacement requirements in certain states cannot support the VSOP process if the Proposed Insured has existing life insurance or annuities in force:
 - Connecticut
 - Maryland
 - South Carolina
 - Texas
 - Virginia
 - West Virginia

PlanRight Voice Signature Process

Payer & Premium Payment Requirements

- Proposed Insured is the Payer
- Premium payments are made via PAC
- Proposed Insured has either a checking or savings account

PlanRight Voice Signature VSOP Technical Requirements

- Computer with a high speed internet connection
- Internet Explorer 9.0 or higher
- Install Microsoft Silverlight
- Ability to host a 3-way conference call with their telephone

LiveApp

PlanRight Voice Signature LiveApp

LiveApp is a simple, easy to use 'step-by-step' on-line application that is completed with the Proposed Insured prior to connecting with Apptical for the teleinterview.

PlanRight Voice Signature LiveApp – Logging In

LiveApp Login

User Name

Password

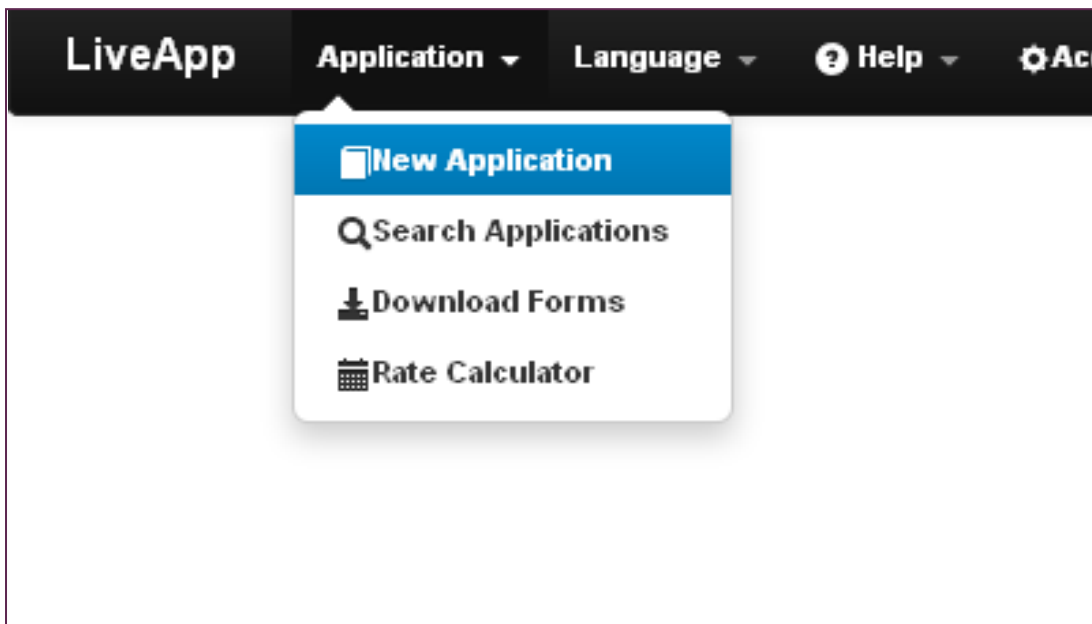
Login

[Forgot your Password? Get Password Help](#)

[Forgot your User Name? Get User Name Help](#)

<https://web.apptical.com/LiveApp/Login/LogOn>
Enter LiveApp User Name and Password

PlanRight Voice Signature LiveApp – Interview Start-Up



Navigate to the 'Application' Tab

Select 'New Application'

PlanRight Voice Signature LiveApp – Interview Start-Up

Application Questions




Start Application

Company **Foresters** ▼

Product **PlanRight Voice Auth Final Expense** ▼

State **Texas** ▼

Language **English** ▼

 Previous  Next  Stop

To Start an Application:

- Select 'Foresters'
- Select PlanRight
- Select state of solicitation and sale
- Language select English

Click 'Next'

PlanRight Voice Signature LiveApp – Rate Calculator

Rate Calculator

Date of Birth: 01/01/1950

Premium Draw Date: ☒ No ☐ Yes 10/15/2014

Age: 64

Gender: ☒ Male ☐ Female

Smoker: ☒ No ☐ Yes

Payment Term: ☒ Monthly

Face Amount: 10,000.00

Premium Amount: 51.00

Accidental Death: ☐ No ☐ Yes

Results:

- ☒ The Monthly premium amount for PlanRight Voice Auth Final Expense (with a Level death benefit) is: 51.00
- ☐ The Monthly premium amount for PlanRight Voice Auth Final Expense (with a Graded death benefit) is: 85.15
- ☐ The Monthly premium amount for PlanRight Voice Auth Final Expense (with a Modified death benefit) is: 90.66

Rate Calculator Based On Client:

- Date of Birth
- Gender
- Tobacco User
- Premium Draft Date (if client is requesting a preferred draft date)

Calculate Options:

- Face amount
- Premium

PlanRight Voice Signature LiveApp – Proposed Insured

Proposed Insured

You are a: M

First Name	John	!
Middle Name		
Last Name	Doe	!
Street Address	123 Street	!
City	Any City	!
State	Ohio	!
Zip Code	55555 - 5555	!
E-mail Address		
Home Phone Number	555 - 555 - 5555	!
Alternate Phone/Cell Number		

Date of Birth is 5/5/1950

Birth State	Ohio	!
Birth Country	United States	!
Social Security Number	000 - 00 - 0000	!
Height	5'11	!
Weight (in lbs.)	180	!

To the question : "Used tobacco or nicotine in any form within the past 12 months" , you answered: No

Is the proposed insured a Foresters member?

No ☒ **!**

Yes ☐

Complete Required Fields
(marked with an "!")

Fields Pre-Populated

- Birth
- State
- Tobacco/Nicotine Use

PlanRight With Voice Signature

Height	Minimum Weight All Plans	Max Weight PlanRight Level	Max Weight PlanRight Graded	Max Weight PlanRight Modified
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

PlanRight Voice Signature LiveApp – Other Insurance

Other Insurance

Your answer to the question “Do you currently have any life insurance or an annuity in force?” was:

No ☒ 

Yes ☐

Your answer to the question “Will insurance applied for in this Application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force?” was:

No ☒ 

Yes ☐

Your answer to the question “Is there an intention that a person or entity, other than you, will obtain a right, title, or interest in a certificate issued (including possible assignment)?” was:

No ☒ 

Yes ☐

Three Questions

- Proposed Insured Answers
“Yes or No*”

- If a “yes” answer to replace/reduce coverage the VSOP process ends for all states

No Assignments or
Replacements via VSOP

*If yes to existing insurance, the VSOP process ends in Connecticut, Maryland, South Carolina, Texas, Virginia and West Virginia

PlanRight Voice Signature

Medical Questions 1-6

Medical Questions 1-6

Are you currently: a resident in a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; receiving, or have been advised to receive, skilled nursing care, hospice care, or home healthcare; confined to a correctional facility?

No ☒ **1**
Yes ☐

Do you require a wheelchair due to a chronic illness or disease, or do you require assistance (from anyone) with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?

No ☒ **1**
Yes ☐

Within the past 12 months, have you:

used, or been advised to use, oxygen equipment to assist with breathing (excluding use for sleep apnea) or had, or been advised to have, kidney dialysis?

No ☒ **1**
Yes ☐

been advised to have surgery, hospitalization or a diagnostic test (excluding tests related to the Human Immunodeficiency Virus (HIV)) which has not yet been started, completed, or for which results are not known?

No ☒ **1**
Yes ☐

Have you ever received, or been advised to receive, an organ or bone marrow transplant, or had an amputation due to complications of diabetes?

No ☒ **1**
Yes ☐

Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:

Amyotrophic Lateral Sclerosis (ALS), congestive heart failure, or any terminal illness or end-stage disease?

No ☒ **1**
Yes ☐

Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?

No ☒ **1**
Yes ☐

Alzheimer's disease or dementia, or been prescribed: Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda?

No ☒ **1**
Yes ☐

Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer; or do you currently have cancer (excluding basal cell skin cancer)?

No ☒ **1**
Yes ☐

If the Proposed Insured answers 'yes' to any of these questions, they do not qualify for PlanRight.

PlanRight With Voice Signature

Medical Questions 7-9

Medical Questions 7-9

Within the past 2 years have you had, or been diagnosed with, or received or been advised to receive treatment or medication for:

alcohol or drug abuse, or have you used illegal drugs?

No ☒ 

Yes ☐

complications of diabetes such as: diabetic coma, insulin shock, retinopathy (eye), nephropathy (kidney), or neuropathy (nerve, circulatory)?

No ☒ 

Yes ☐

Within the past 2 years have you had, or been diagnosed with:

angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory surgery?

No ☒ 

Yes ☐

stroke or Transient Ischemic Attack (TIA/mini-stroke)?

No ☒ 

Yes ☐

brain tumor or aneurysm?

No ☒ 

Yes ☐

Within the past 3 years have you had or been diagnosed with cancer, or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" excludes basal cell skin cancer)?

No ☒ 

Yes ☐

If the Proposed Insured answers 'no' to questions 1-6, but answers 'yes' to any of these questions, they may be eligible to apply for the Modified Death Benefit.

PlanRight With Voice Signature

Medical Questions 10a-10c

Medical Question 10a-10c

Have you ever had, or been diagnosed with, or received or been advised to receive treatment or medication for:

Parkinson's disease or Systemic Lupus (SLE)?

No ☒ 

Yes ☐

Liver or kidney disease or condition (such as chronic hepatitis or cirrhosis of the liver)?

No ☒ 

Yes ☐

Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, or emphysema?

No ☒ 

Yes ☐

If the Proposed Insured answers 'no' to questions 1-9, but answers 'yes' to any of these questions, they may be eligible to apply for the Graded Death Benefit.

PlanRight With Voice Signature Insurance Applied For

Insurance Applied For

You are applying for a Foresters PlanRight life insurance certificate with a: Level death benefit.

With an insurance amount of: \$10000.00

To the Accidental Death Rider option you chose:

No  

Yes ☐

The premium amount per month for that certificate is: \$51.00

Your answer to whether you wanted to elect the automatic premium loan provision was:

No  

Yes ☐

Reviews the Following:

- Insurance applied for
- Face amount
- Accidental Death Rider amount
- Final Premium Amount

Select Automatic Premium Loan Provision

PlanRight With Voice Signature Payment Information

Payment Information

First premium payment provided by:

Pre-Authorized Check PAC  

Subsequent premium payments made by:

Pre-Authorized Check PAC  

Payment mode:

Monthly-PAC only  



Just to confirm: Your answer to the question is a specific draft date being requested was:

No  

Yes ☐

PAC is Voice Signature option

Specific Draft Date Selected

- Confirm Information
- Re-confirm premium based on draft date

PlanRight With Voice Signature Beneficiaries

Beneficiary Section

Your primary beneficiary is: ⓘ

Their relationship to you is: ⓘ

Their address is:

Street Address ⓘ

City ⓘ

State ⓘ

Zip Code ⓘ

Their home phone number is: ⓘ

ⓘ The percentage is: ⓘ

Is this beneficiary Irrevocable? No ☒ ⓘ Yes ☐

Is there an additional beneficiary? No ☒ ⓘ Yes ☐

Is there any contingent beneficiary information? No ☒ ⓘ Yes ☐

Complete required fields
(marked with an "i")

Ensure total percentage for
the primary beneficiaries adds
up to 100%

PlanRight With Voice Signature

Contingent Beneficiary

Contingent Beneficiary

Your contingent beneficiary is:

James Doe

Their relationship to you is:

Children

!

Their address is:

Street Address

125 Any Street

!

City

Any City

!

State

Ohio

!

Zip Code

55555 - 55555

!

Their home phone number is:

555 - 555 - 5555

!

!

The percentage is:

100

!

Is this beneficiary Irrevocable?

No ☒ !

Yes ☐

Is there an additional contingent beneficiary?

No ☒ !


Yes ☐

Complete required fields
(marked with an "!")











Ensure total percentage for
contingent beneficiaries adds
up to 100%

PlanRight With Voice Signature Payment Information Form

Payment Information Form

The payer is the Proposed Insured. Yes ☒ 

The Proposed Insured is:

First Name	<input type="text" value="John"/>	
Last Name	<input type="text" value="Doe"/>	
Name of financial institution	<input type="text" value="The Bank"/>	
Street Address	<input type="text" value="789 Any Street"/>	
City	<input type="text" value="Any Town"/>	
State	<input type="text" value="Ohio"/>	
Zip Code	<input type="text" value="55555 - 5555"/>	
The transit number is:	<input type="text" value="55555"/>	
The account number is:	<input type="text" value="55555555"/>	
Account Type:		
This is a:	<input type="text" value="Checking Account"/>	

Confirm Proposed Insured is Payer

Account Types Accepted

- Checking
- Savings

PlanRight With Voice Signature

Producer Certification

Agent/Producer Certification

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured were recorded and this application was reviewed with him/her before it was signed.

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity?

No ☒ 

Yes ☐

Producer Name

James Doe 

Producer Number

555555 

Today's date is:

10/15/2014  

Answer the producer replacement question

PlanRight With Voice Signature Producer Report

Producer Report	
Producer Name	Mr. Producer !
Producer Number	12345 !
Name of Proposed Insured:	
First Name	John !
Last Name	Doe !
Date of Birth is May 05, 1950	
How long have you known the proposed insured? (Please indicate # of Years)	2 !
Are you related to the proposed insured?	No ! Yes
At any time during the sales process, did you meet, in person, with the proposed insured?	No ! Yes
Was the solicitation of the insurance application made by either: phone, mail, or internet?	No ! Yes
Proposed insured's primary language is:	English !
Number of people under 25 years of age living in the proposed insured's household?	0 !
Are the commissions to be split with another producer?	No ! Yes
NOTE: If the proposed insured has had life insurance with Foresters that was in force within the last 13 months, this will be considered an internal replacement and will affect compensation.	
CERTIFICATE ISSUING INSTRUCTIONS:	
Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required)	No ! Yes
The certificate should be:	Mailed directly to owner !
Remarks:	
Status:	Pending LiveApp User

Complete required fields
(marked with an "!")

PlanRight With Voice Signature Submitting the Application

Status:

LiveApp Pending

Description:

Ready for Interview

Status:

LiveApp Pending

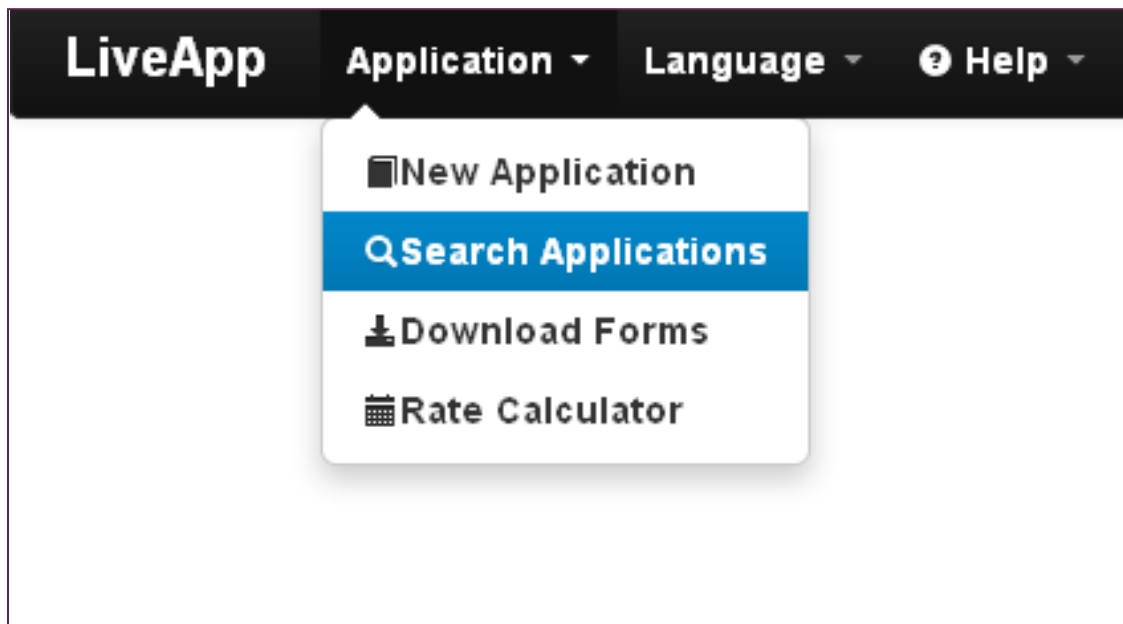
Description:

User Action

- Choices When Application is Complete
 - Complete the Teleinterview
 - > Select “LiveApp Pending” for Status, “Ready for Interview” for Description and click “Finish”
 - “Pend” the Application
 - > Select “LiveApp Pending” for Status, “User Action” in Description and click “Finish”

PlanRight With Voice Signature

Searching Applications



To search through any pending or completed applications, select 'Search Applications' from the 'Application' menu.

PlanRight With Voice Signature

Searching the Application

Applications Search Filter Search Reset

App ID	Client Name	Client S.S.N.	Client Phone	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Lang
1491823	Test Case, Karen	***-**-7447	451-487-4577		08/21/2014 01:27:14 PM		Foresters	PlanRight Voice Auth Final Expense	LiveApp Pending-User Action	Arizona	Engl
1492710	Test Case, Karen	***-**-5467	464-799-8789		08/22/2014 03:47:46 PM		Foresters	PlanRight Voice Auth Final Expense	LiveApp Pending-User Action	Georgia	Engl
1494875	Test, Karen	***-**-4564	131-313-1313		08/27/2014 10:29:08 AM	08/27/2014 12:58:45 PM	Foresters	PlanRight Voice Auth Final Expense	Closed- Knockout Answer	Florida	Engl
1502771	Test, Karen	***-**-6456	464-564-6545		09/10/2014 01:49:45 PM		Foresters	PlanRight Voice Auth Final Expense	LiveApp Pending-User Action	Arkansas	Engl
					09/11/2014			PlanRight Voice Auth	LiveApp		

1 50 Total rows: 12 1 - 12 of 12 items

Conduct Populate/Preview PDF Create Case Done

You can search via 2 ways. Click on “Filter” to search for example by name or creation date range, etc or Click on “Search” records.

Other Forms

PlanRight With Voice Signature Insurance Notification Form & Notices Form

The Independent Order of Foresters (Foresters) – A Fraternal Benefit Society.
786 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters[®]

**Insurance Notification Form
(for purposes of value signature only)**

Part A: Agreement

I, the proposed insured, declare that I have reviewed all of the statements and answers as they pertain to me and that they are true and complete to the best of my knowledge and belief. The statements and answers in this application are the basis for an insurance contract (defined as a certificate and each rider attached to that certificate, if any) issued by Foresters. No information about me will be considered to have been given to Foresters by the unless it is stated in this application. A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or other third party, except Foresters' Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer to this application is acceptable. Foresters will have no liability until an insurance contract is issued based on this application, the first premium due is paid in full on or before the delivery date of that insurance contract, and provided that there has been no change in either an answer to an application question or my health or habits between the date this application was signed and the issue date of that insurance contract. Changes or corrections made to this application by Foresters, if any, are notified by me if the insurance contract delivered, if any, is not returned during the cancellation period. This application, Foresters' instruments of incorporation and its Constitution now in force or subsequently amended, shall form part of the entire contract with Foresters. This application and related documents may be sent by electronic means. Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this application or number(s) that I later provide. If I have chosen to provide an email address in this application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. Foresters may review, re-use and otherwise use information provided in this application for and issue (including post issue administration), other insurance products to me. Before signing an insurance contract, Foresters may require and obtain information about me to validate my identification, other person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Part B: Authorization To Obtain And Disclose Information

"Authorized person(s)" means insurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage continuation and/or benefit claim, I, the proposed insured, authorize The Independent Order of Foresters ("Foresters") and its authorized person(s), to obtain information, including previously retained information, about me from any physician, medical practitioner, hospital, clinic, or medical facility, employer, benefit plan, other insurer or institution, consumer reporting agency, public records, pharmacy, pharmacy benefits manager, or other previously retained services organization, or MIB. Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize Foresters and its authorized person(s), to make a brief report of my personal and/or prescribed health information to MIB. Inc. Information may be disclosed: between among Foresters and its authorized person(s), companies that I have applied or may apply to for life or health insurance, or benefits, as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is irrevocable and continues in full force and effect until the date of this notification shall be as long as the insurance this authorization may be revoked at any time by written notice to Foresters, except that accession(s) taken before expiry of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

Part C: Payment Authorization

By signing below, I, as payer, verify that I am the account holder of the account identified in this Payment Information Form and I am permitted to provide this authorization, and agree that: Foresters is authorized to draft deductions under the PAC election(s) made in the application in relation to the above named Proposed insured, from that account or another account either identified or substituted by me. If the financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by me, the Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction according to the coverages and certificate type issued. At the PAC plan's effective immediately and will continue until terminated, which either Foresters or I may do at any time by written notice to the other.

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Page 1 of 1

500442 (US 07/12)

The Independent Order of Foresters ("Foresters") - A Fraternal Benefit Society.
789 Don Mills Road, Toronto, Canada M3C 1T9
U.S. Mailing Address: P.O. Box 119, Buffalo, NY 14201-0119 T. 800.828.1540 foresters.com

Foresters 

Notices (This page must be given to the proposed insured).

For purposes of these Notices the following words are defined: "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; "Foresters", "we", "our" and "us" mean The Independent Order of Foresters; "you" and "your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 119, Buffalo, NY 14201-0119.

Privacy - Personal information we obtain about you is confidential. As permitted by primary laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, 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 MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to that file that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. - Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. 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, Inc. may, without notice, supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the 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 Stratton Hill Park, Suite 400, Stratton, Massachusetts 02114-0254. Foresters, or its reinsurers, may also release information from 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.

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Point-of-Sale Process

PlanRight With Voice Signature

POS Process

The Point-of-Sale (POS) process for VSOP is similar to the regular POS process for a PlanRight paper application, except that the entire application is reviewed with the Proposed Insured, and the application is signed by voice signature.

PlanRight With Voice Signature

Personal Health Interview

- Conducted by Apptical on behalf of Foresters
- VSOP interviews available in English
- PHI conducted during Apptical's normal hours
 - 8:30 am – 12:00 am ET, M-F
 - 10:00 am – 8:00 pm ET, Sat & Sun
- Producers remain on the line for the entire PHI

PlanRight With Voice Signature

The Personal Health Interview

- The Producer and the Interviewer
- Authorization to Obtain and Disclose Information Recording
(bypassed if Notices page and Insurance Notification form provided in advance)
- Interviewer reviews “Proposed Insured” and “Insurance Applied For”
- Notices Recording
(bypassed if Notices page and Insurance Notification form provided in advance)

PlanRight With Voice Signature

The Personal Health Interview

- Interviewer reviews medical questions
 - MIB, Prescription History & H&W checks done
- Interviewer provides Producer with medical eligibility
- Interviewer reviews the “Insurance Applied For” section
- Interviewer reviews “Payment Information” and “Beneficiary Information” sections

PlanRight With Voice Signature

The Personal Health Interview

- Interviewer will play the “Agreements” recording
(bypassed if Notices page and Insurance Notification form provided in advance)
- Interviewer will ask for Producer’s voice signature
- Interviewer reviews the “Payment Information” form
- Interviewer will play the “Payment Authorization” recording
(bypassed if Notices page and Insurance Notification form provided in advance)
- Insured applies voice signature to Payment Information Form

PlanRight With Voice Signature

Changes to Answers During the Interview

- If there is a change to an answer on the application during the interview, the interviewer will make the change on behalf of the Producer and the Proposed Insured.
- The change will also be confirmed by the Proposed Insured.

Submission Process

PlanRight With Voice Signature Submission Process

- Apptical will submit the voice signed application to Foresters for processing. Submission includes:
 - Voice signed application
 - Producer report
- VSOP applications are typically issued within 2 business days from the date received at Foresters.

PlanRight With Voice Signature Certificate Delivery

Certificates will be mailed directly to the certificate Owner unless producer delivery is requested or required.*

*If you choose producer delivery, the Notices Form must be provided to the client before the call to Apptical.

PlanRight With Voice Signature Certificate Effective Date

- The certificate comes into effect on the certificate issue date if:
 - First premium has been provided and honored
 - No changes in Proposed Insured's insurability between signature date and certificate issue date
- Backdating not available for VSOP applications

PlanRight With Voice Signature

Bank Draft Date

- Premiums drafted on the same day of each month to match certificate issue date
 - Dates of 1st-28th can be accepted
- Specific PAC draft dates can be requested
 - Drafts must be within 45 days from date of Apptical interview

PlanRight Support

PlanRight Support

Foresters getting more out of life

Foresters 

Whole Life Insurance

Solid protection

None of us like to think about our own mortality. But, at some point, concern for your family leads you to wonder how they would cope with the costs if you were to die. That's where your Foresters life insurance can help provide the resources to protect your family and finances. Think about life insurance as something that combines certainty, simplicity and flexibility along with other important advantages.

Benefits of Whole Life Insurance

- Provides you with lifetime (or up to age 121) life insurance coverage
- Guaranteed level premiums
- Allows you to borrow and use the insurance as collateral for a loan (this can reduce the death benefit)
- Provides a generally income tax-free death benefit⁴

Estimate your needs

Funeral Home:	\$ _____
Cemetery Plot:	\$ _____
Marker/Headstone:	\$ _____
Casket:	\$ _____
Vault/Outer case:	\$ _____
Flowers:	\$ _____
Transportation:	\$ _____
Pastoral Services:	\$ _____
Music:	\$ _____
Medical:	\$ _____
Legal/Probate:	\$ _____
Debits:	\$ _____
Cash Needs:	\$ _____
Taxes:	\$ _____
Cash Gifts:	\$ _____
Other:	\$ _____
TOTAL:	\$ _____

Compliments of:

This brochure is provided for information purposes only; it does not form part of the Foreigners' Manpower Insurance contract and is not intended to amend, alter, or change any of the terms and conditions of the contract. Refer to the Foreigners' Manpower contract for your state for these terms and conditions. Contracts are issued by the independent order of Foresters, a fraternal benefit society.

FOREIGN POSTAGE: and its flows may not be available or approved in all states and some variations may apply. FOREIGN POSTAGE: and its flows are filed under the form numbers listed below, where "XX" represents either "U.S." or your state, postal abbreviation, as applicable.

Highlights: WL-PH-XXXX-2009, WL-PHG-XXXX-2009, WL-PRM-XXXX-2009,
 WL-PRC-XXXX-2009, WL-PHG-XXXX-2009, WL-PRM-XXXX-2009,
 WL-PRMAD-CAAC-2009 of WL-PRMAD-CAAC-2009
 Accepted: DRAFT: WL-ADH-XXXX-2009, WL-ADH-XXXX-2009 of
 WL-ADH-XXXX-2009
 Comment: Carried Accepted: DRAFT: WL-CCADH-XXXX-2009, WL-CCADH-XXXX-2009 of WL-CCADH-XXXX-2009

For more information about Foresters go to foresters.com or call us toll-free at 800-828-1540.

The Independent Order of Foresters
789 Don Mills Road
Toronto, Canada M3C 1T9
U.S. Mailing Address:
PO Box 179
Buffalo, NY 14201-0179

CONCLUSIONS

PlanRight Support

Foresters PlanRight Whole Life Insurance

Medical Reference Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.



For producer use only. Current as of July 30, 2022.
The information contained in this guide is general in nature and is subject to the appropriate certificate and rider wording.

5033463 US (07/12)

Foresters PlanRight Whole Life Insurance

Premium Rate Table (per 1,000)



5033771 US (07/12)

Foresters PlanRight Whole Life Insurance

Producer Guide

This guide is for information purposes only and is intended to answer your questions and provide ideas to help you sell Foresters PlanRight Whole Life Insurance. Check Foresters™ producer website for other tools to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable certificate and riders for your state. Products and features may not be available in all jurisdictions, availability may be modified from time to time and certain restrictions may apply. Consult Foresters producer website for more detailed product information and up to date availability.

Foresters, its employees and life insurance representatives do not provide, on Foresters behalf, legal, tax, or estate planning advice. The information here reflects our understanding of current laws and regulations. Prospective purchasers should contact their own legal, tax, or estate planning advisors on their specific situations.

This document is intended for producer use only and should not be disclosed to the public. The information contained in this guide is general in nature and is subject to the applicable certificate and rider wording.

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Voice Signature Support

Foresters PlanRight Whole Life Insurance

Voice Signature Producer Guide

This guide is for information purposes only and is intended to answer your questions and provide ideas to help you sell Foresters PlanRight Whole Life Insurance. Check Foresters™ producer website for other tools to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable certificate and riders for your state. Products and features may not be available in all jurisdictions, available may be modified from time to time and certain restrictions may apply. Consult Foresters producer website for more detailed product information and up to date availability.

Foresters, its employees and life insurance representatives do not provide Foresters behalf, legal, tax, or estate planning advice. The information here reflects our understanding of current laws and regulations. Prospective purchasers should contact their own legal, tax, or estate planning advisors on their specific situations.

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LiveApp User Guide

Logging on to LiveApp & Starting a New Application

1. Visit <https://web.apptical.com/liveapp.asp> x#/Home
2. Enter your LiveApp User Name and Password, and click 'Login'.

3. Navigate to the 'Application' tab, and select 'New Application'.

Interview Start-up and Rate Calculator

1. Select 'Foresters' from the first list.
2. Select the product 'VSOP' from the second list.
3. Select the 'State' from the third list.

For Producer Use Only
Page 1

PlanRight Voice Sales Eligibility Review

Please fax this form to Contracting @ 1-866-289-6656 or email to

Producer Information:

Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____
 Full Name: _____ Producer Name: _____

Call Center Agents: ☐ Yes ☐ No

Recruiter/Up-line Approval:

I have conducted the required Foresters Voice Sales for the above named producer.

Date of Training: _____

Up-line's Name: _____

Producer Number: _____

Notes:

Existing producers – We will be verifying this producer's persistence prior to confirming the eligibility. If the producer is not eligible, you will receive an email.

New producers – This form should be included as part of the application.

The Independent Order of Foresters ("Foresters") - A Fraternal Society
 789 Don Mills Road, Toronto, Canada M3C 1T9
 U.S. Mailing Address: P.O. Box 179, Buffalo, NY 14201-0179

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Notices (This page must be given to the proposed insured)

For purposes of these Notices the following words are defined: "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 the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 179, Buffalo, NY 14201-0179.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, 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 MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

MIB, Inc. - Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. 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 about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6161 (TTY 866-546-3642). If you question the accuracy of the 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 30 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-6734. Foresters, or its reinsurers, may also release information from 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.

Part B: Authorization To Obtain And Disclose

"Authorized persons" means reinsurers, insurance agents and insurance product or benefit claim. For purposes of assessing proposed insured, authorize The Independent Order of Foresters to obtain, use, disclose, and disseminate information, about me from any: physician, medical institution, consumer reporting agency, public records, pharmacy, MIB, Inc. This includes records or other information as to a condition, drug, physical and mental health, and alcohol-related proposed insured, authorize Foresters and its authorized persons, information may be disclosed between and among Foresters or health insurance, or benefits, as required or permitted by law. This authorization is valid for two years from the date of this authorization may be revoked at any time by written notice to copy of this authorization will be provided upon request. I have

Part C: Payment Authorization

By signing below, I, as payer, verify that I am the account holder and authorize this authorization, and agree that: 1) Foresters is authorized to collect the above named Proposed Insured, from that account which payments are to be credited; 2) I am authorized to bind as the right to determine when the first deduction and each subsequent deduction (the coverages) and certificate type issued; 4) The PAC plan may do at any time by written notice to the other.

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770701 US 01/12

PlanRight Whole Life

APPTICAL

1-866-844-9276

Monday-Friday: 8:30 am to Midnight ET

Saturday-Sunday: 10 am to 8 pm ET

Sales Support

1-866-466-7166 (option 1)

Monday-Friday: 8:30 am to 7:00 pm ET

Saturday-Sunday: Closed

Thank you

Foresters PlanRight With Voice Signature

Jared Gostanczik
National Training Manager
Foresters US
800-461-8431 ext. 5990
ustraining@foresters.com

