

Application for Change to an Existing Life Insurance Policy

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

1. Addition of

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

2. Increase of Benefit Amount:

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

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

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

4. Deletion of Benefit:

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

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

Your current occupation: _____

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

If answered ‘Yes’, please provide details:

Declaration And Authorization

I declare and agree that:

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

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