



HEALTH SECURITY PLUS APPLICATION TO: Foresters Life Insurance Company, (the "Insurer"). The undersigned applies for insurance to be issued on the basis of statements and answers on this application for critical illness insurance.

1. PROPOSED INSURED PERSON

- a) NAME _____ b) BIRTH DATE _____ c) AGE NEAREST _____
MM/DD/YY
- d) ADDRESS (including Postal Code) _____ e) BIRTH PLACE _____ f) Male Female
- g) E-MAIL ADDRESS _____
- h) Employer Name & Address _____
 Specific Occupation Duties _____

2. OWNER (if other than Proposed Insured Person)

- a) NAME _____ b) MAILING ADDRESS _____
- c) RELATIONSHIP TO PROPOSED INSURED PERSON _____ d) EMAIL ADDRESS _____

3. INSURANCE

- a) PLAN OF INSURANCE - **HEALTH SECURITY PLUS** b) FACE AMOUNT \$ _____
- c) MODE OF PREMIUM PAYMENT Annual Semi-Annual PAC If PAC, attach VOID specimen cheque
- d) PREMIUM PAID WITH APPLICATION \$ _____ e) RIDERS: WP ROP Indexing

4. BENEFICIARY (Applicable in Alberta, British Columbia, Manitoba and Quebec only)

You can designate one or more beneficiaries for the Return of Premium on Death Benefit by completing this section. To name a beneficiary for any other purpose, please complete "Beneficiary Designations for LifeCare and Health Security Plus" form # 105567 CAN (05/12).

For policies in Manitoba only: Any beneficiary you designate is **revocable**. You cannot designate a beneficiary irrevocably.

For policies in Quebec only: If you designate your married or civil union spouse as a beneficiary, that designation is **irrevocable** unless you write "revocable" beside that beneficiary's name.

Other provinces: Beneficiaries are **revocable** unless specified otherwise.

Beneficiary	Date of Birth (mm/dd/yy)	Relationship to Insured Person (In Quebec, to Owner)	Share of Benefit
Shares must total to 100%			100%

5. SMOKING STATUS

- a) Have you used any form of nicotine or marijuana product in the past 12 months? Yes No

6. APPLICABLE TO THE PROPOSED INSURED PERSON (If any of these questions are answered Yes, do not proceed with the application)

- a) Have you ever consulted a Doctor for, been diagnosed with or had any symptoms of:
 - Cancer, tumour or polyp, malignant melanoma, blood disorder or any form of malignant disease? Yes No
 - Any disorder of the breasts requiring biopsy or abnormal mammogram; or abnormal PSA test for prostate cancer? Yes No
 - Chest pain, heart attack, high blood pressure, elevated cholesterol, stroke or transient ischemic attack (TIA), or other heart or circulatory disorder? Diabetes, kidney disease? Hepatitis or any disorder of the liver or colon? Paralysis or any other neurological disorder? Positive HIV test or AIDS? Yes No
 - Have two or more of your immediate family members (father, mother, brother, sister) had heart disease, stroke, Polycystic kidney disease, breast or colon cancer, the ONSET of which was prior to their reaching age 65? Yes No
- b) Have you ever had an application for life, disability or critical illness insurance declined, rated, postponed, cancelled or modified in any way? Yes No

Each undersigned agrees that: (a) the statements and answers contained in this Application are true and complete and form the basis of the contract of insurance applied for or issued; (b) the contract will not take effect until the policy has been delivered to the Owner (or in the province of Quebec, the date the policy is issued) and the first premium has been paid to the Insurer or its agent with no change in the insurability of the Proposed Insured Person from the time of completion of the application to the time of delivery of the policy; (c) no person other than the President or Vice President together with the Secretary or Actuary of the Insurer has the power to change or modify the policy or contract on behalf of the Insurer or to waive the Insurer's rights or requirements and any such change, modification or waiver must be in writing, signed by such officers.

The person or firm advising me on the purchase of this product has provided me with written materials advising (a) about the company(s) they represent; (b) that they receive compensation (such as commissions or salary) for the sale of life and health insurance products; (c) that they may receive additional compensation in the form of bonuses, conference programs or other incentives; (d) of any conflicts of interest they may have with respect to this transaction.

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Foresters Life Insurance Company and its duly sponsored and authorized agents and brokers and its participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be conveyed only to the applicable department, authorized agency or servicing bureau and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to:

Privacy Officer, Foresters Life Insurance Company, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

We may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you.

If you do not wish your information to be used for any of these future offerings, check here or you can write to us at:

Foresters Life Insurance Company, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8, Attn: Privacy Officer.

The language of the policy and all correspondence shall be the same as that of the application unless requested otherwise.

Dated at _____ in the province of _____ this _____ day of _____ 20 _____.

Signature of Proposed Insured Person

Signature of Owner (if other than Proposed Insured Person)

Signature of Witness

AGENT'S REPORT (PLEASE PRINT)

1. ARE YOU RELATED TO THE PROPOSED INSURED PERSON? (IF YES, PLEASE STATE RELATIONSHIP) Yes No

2. MAIN PURPOSE OF INSURANCE _____

3. WAS A FINANCIAL NEEDS ANALYSIS COMPLETED? Yes No If no, why not? _____

4. REMARKS / RECOMMENDATIONS _____

I/We the writing Broker(s) to the best of my/our knowledge and belief affirm that:

a) The answers in this Application are true representations of the facts stated and I am not aware of additional information material to the Proposed Insured Person except as stated above in the space marked "Remarks / Recommendations".

b) I/We am/are properly licensed to do business in the province of _____
Licence No. _____

c) Is replacement intended? Yes No
If replacement is intended I/We declare that all rules and regulations relevant to replacement have been complied with.

d) I confirm that I have provided the disclosure as outlined in the declaration signed by the Proposed Insured Person on the front of this application.

e) I confirm that I have seen the original document of Driver's Licence, Permanent Residence Card, Canadian Citizenship Card
 Birth Certificate Passport Document Number _____ Place/Country of Issue _____

Broker's Signature

Broker's Name

MGA/GA Name

Broker's Name

MGA/GA Name

AMENDMENTS BY THE COMPANY (to be completed by Head Office)

PAYMENT INFORMATION & PRE-AUTHORIZED CHEQUE (PAC) PLAN AGREEMENT (Please Attach a VOID Specimen Cheque)

NOTE: All premiums for coverages applied for in this Application, including initial premium at issue (if not paid with this Application), will be drawn from the account identified on the VOID cheque, unless otherwise instructed below:

Initial premium payment to be made by:	
<input type="checkbox"/> Monthly Pre-Authorized Cheque (PAC) withdrawal	<input type="checkbox"/> Cheque (payable to Foresters Life Insurance Company)
Monthly Withdrawals under this PAC Agreement are:	<input type="checkbox"/> Personal related (default) <input type="checkbox"/> Business related
Withdrawal date requested (Check one):	<input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 22nd
PAC bank account information to be taken from: <input type="checkbox"/> Attached VOID cheque	
or <input type="checkbox"/> Banking information below (complete only if cheque NOT available):	
Transit # (5 digits) _____	Bank # (3 digits) _____ Account # _____
Type of account:	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings
Name of financial institution _____	
Street address _____	
City _____	Province _____ Postal Code _____

PAC Plan Agreement

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

- 1) Foresters Life Insurance Company ("Foresters Life") is authorized to debit deductions monthly under this PAC Plan Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for the insurance contract(s) issued by it in response to this Application for Insurance;
- 2) The financial institution from which payments are to be drawn is authorized to treat each debit by Foresters Life as though the payor made it personally;
- 3) Foresters Life reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the insurance contract(s) issued by it;
- 4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or Foresters Life may do at any time by providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting www.cdnpay.ca;
- 5) Should funds not be available due to insufficient funds, Foresters Life may, at its option, debit from my account on the next scheduled withdrawal date for the insufficient amount applicable to each insurance contract while that insurance contract is in effect;
- 6) I understand I have certain recourse rights if any debit does not comply with this PAC Plan Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC Plan Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- 7) The payor may contact Foresters Life at the address and phone number shown in this application.

The Payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

Signature of Account Holder

Date (mm/dd/yy)

Signature of Joint Account Holder (if applicable)

Date (mm/dd/yy)

Initials of Proposed Life Insured

DISCLOSURE STATEMENT FOR THE PROVINCE OF B. C.

(DETACH AND PRESENT TO PROPOSED INSURED)

Pursuant to the British Columbia Marketing of Financial Products Regulation, the financial product you are being offered is supplied by Foresters Life Insurance Company ("the Company"), a company licensed to carry on business in British Columbia. In relation to any application you make for the acquisition of life insurance, annuities or other financial products,

- a) I am acting as a licensed insurance broker on behalf of the Company,
- b) I will be entitled to receive commission from the Company on successful completion of this transaction. This commission may take the form of an acquisition commission and/or an on-going service commission; and
- c) There is no condition associated with this transaction requiring that you must transact additional or other business with either the Company or myself.

Name and Address of Broker

Signature of Broker

IMPORTANT NOTICE CONCERNING FILES AND PERSONAL INSURANCE

(DETACH AND PRESENT TO PROPOSED INSURED)

In order to ensure the confidentiality of the personal information held concerning you, Foresters Life Insurance Company ("Foresters Life") will establish a Life Insurance file in which the information concerning your application for insurance will be placed, as well as information concerning any insurance claim. Only Foresters Life, its employees, reinsurers and professional consultants, who will be responsible for underwriting, administration and claims, or any other person whom you authorize, in writing, or persons required by law will have access to this file. Your file will be kept by Foresters Life and you are entitled to consult personal information contained in the file and if applicable, to have it corrected by sending a written request to: Privacy Officer, Foresters Life Insurance Company, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

To find out about our Privacy Policy, visit our Web site at www.foresters.com or call 1-800-267-8777 and request that a copy of our Privacy Brochure be sent to you.

If you have any questions about your insurance coverage, please call 1-800-267-8777.



**FORESTERS LIFE INSURANCE COMPANY
1660 TECH AVENUE, SUITE 3
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