

Application for Conversion

Existing Coverage Information	
Policy Number: _____	Owner's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>
Indicate what coverage is being converted.	Amount being converted.
Term Policy	\$ _____ <input type="radio"/> Full Conversion <input type="radio"/> Partial Conversion
Term Rider	\$ _____ <input type="radio"/> Full Conversion <input type="radio"/> Partial Conversion
Child Term Rider	\$ _____ (Up to 5 times the rider benefit amount.)
If a partial conversion, indicate what is to happen to remaining coverage? <input type="radio"/> Maintain Remaining Coverage <input type="radio"/> Cancel Remaining Coverage	
New Coverage Information	
Requesting Conversion to (Specify Product Name): _____	
Premium Payment Period: <input type="radio"/> Pay to Age 100 <input type="radio"/> 20 Pay (Not available on T100)	
With the following riders included: _____ (Only riders in effect on an existing term policy may be included in the conversion request.)	
If a Child Term Rider conversion, complete the following:	
<ul style="list-style-type: none"> <input type="radio"/> Within the last 12 months, has the Insured Converting used, by any means, a substance or product containing tobacco or nicotine (excluding cigars) or smoked (including electronic vaporizer or "vaping") marijuana more than four times per week? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Original document shown to verify the identity of the Insured Converting under the Child Term Rider: <input type="radio"/> Driver's Licence or <input type="radio"/> Other Government Issued Photo ID (Indicate Type): _____ Document Number: _____ Province/Territory of Issue: _____ Expiry Date (MM/DD/YY): _____ 	
Insured Converting	
Name: _____ <input type="radio"/> Male <input type="radio"/> Female <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Name & Number Apartment Number City/Town Province/Territory Postal Code </div>	
Date of Birth (MM/DD/YY): _____	Social Insurance Number: _____ (Not required if converting to T100)
Telephone Primary: _____	Email: _____
Work/Other: _____	
Owner of New Coverage	
Owner is: <input type="radio"/> Insured Converting <input type="radio"/> Other (Complete this section)	
Full legal name of Individual (First, Middle, Last) or Corporation/Entity: _____	
Relationship to the Insured Converting: _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Name & Number Apartment Number City/Town Province/Territory Postal Code </div>	
Telephone Primary: _____	Email: _____
Work/Other: _____	
If an Individual: Date of Birth (MM/DD/YY): _____ Social Insurance Number: _____ (Not required if converting to T100)	
<input type="radio"/> Driver's Licence or <input type="radio"/> Other Government Issued Photo ID (Indicate Type): _____ Document Number: _____ Province/Territory of Issue: _____ Expiry Date (MM/DD/YY): _____	

Owner's International Tax Status (Not required if converting to T100)*You have an obligation to notify us of any change in tax residency status.*Are you a U.S. Resident for tax purposes, or a U.S. citizen, and/or a resident of another country for tax purposes? Yes NoIf YES, provide _____ and/or _____ and _____
U.S. Tax Identification Number Name of Country(ies) Tax Identification Number(s)**Payor**Payor is: Insured Converting Owner Other (Complete this section)

Full legal name of Individual (First, Middle, Last) or Corporation/Entity: _____

Relationship to the Insured Converting: _____

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

Telephone Primary: _____ Date of Birth (MM/DD/YY): _____

Work/Other: _____

Beneficiary*Total % share must equal 100% for Primary and 100% for Contingent Beneficiaries.**Each beneficiary is revocable unless indicated otherwise. However, in Quebec the designation of a legally married spouse of the Owner is irrevocable unless expressly indicated to be revocable.*

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

If a beneficiary is a minor, in all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. In Quebec, the proceeds payable to a minor will be paid to the parent(s) (or legal guardian, if applicable).

Trustee Name: _____ Relationship to Owner: _____

Premium Details*For monthly (PAD) payment method, there is no premium debit for the first month.**For annual payment method, unless the payor authorizes Foresters Life Insurance Company to withdraw the initial premium by credit card, this application must be accompanied by a current dated cheque for the initial premium due, payable to Foresters Life Insurance Company. Annualized premium is less for annual payment method.*Premium payment frequency: Annually Monthly (PAD) Premium for the frequency: \$ _____Premium payment method: Cheque (Payable to Foresters Life Insurance Company; annual payment only.)
 Pre-Authorized Debit (PAD) (Monthly payment only; complete PAD Plan Agreement.)
 Credit Card (Annual payment only; complete Credit Card Payment Details.)Payment method for initial premium for annual payment, if different than payment method indicated above: Cheque Credit Card
(Initial premium for payment must be provided with this Application if annual payment method is chosen.)**Credit Card Payment Details**Card Type: VISA MASTERCARD Cardholder's name as it appears on the card: _____

Card Number: _____ Expiry Date (MM/DD/YY): _____ Signature: _____

Third Party Determination (Not required if converting to T100)*A third party is an individual or entity with an interest in a policy, but is not the Insured Converting, Owner, Payor or trustee for a minor beneficiary. Examples include power of attorney and executor.*Is a third party involved with this application for conversion, or will a third party have the use of, or access to, the cash value of the policy? Yes No

If YES, complete a separate Third Party Determination Questionnaire (Form CPP011) for each third party.

Pre-Authorized Debit (PAD) Plan Information

Each premium for coverage applied for in this Application (if not paid with this Application), will be drawn from the account identified on the attached VOID cheque, or account information provided, unless otherwise instructed.

If a Savings account is used, please ensure it is eligible for pre-authorized payments.

Monthly withdrawals under this PAD Plan Agreement are: Personal Related Business Related

Withdrawal date requested (1st – 28th): _____

PAD bank account information to be taken from: Attached VOID cheque Banking information below (complete if cheque is not attached)

Type of account Chequing Savings

Transit # (5 digits): _____ Account #: _____

Financial Institution # (3 digits): _____ Name of Financial Institution: _____

Address of Financial Institution: _____
Street Name & Number City/Town Province/Territory Postal Code

Pre-Authorized Debit (PAD) Plan Agreement

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

- 1) Foresters Life Insurance Company (“Insurer”) is authorized to make monthly deductions under this PAD Plan Agreement (“Agreement”) from that account or another account later identified or substituted by the payor for premium and insurance charges for each policy issued in response to this Application.
- 2) The financial institution from which deductions are to be made is authorized to treat each deduction by the Insurer as though the payor made it personally.
- 3) The Insurer reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction; subsequent deduction amounts may be variable.
- 4) This Agreement is effective immediately and will continue until terminated, which either the payor or the Insurer may do at any time by providing written 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 PAD Plan Agreement at his/her financial institution or by visiting www.payments.ca;
- 5) Should funds not be available due to insufficient funds, the Insurer may, at its option, draw from the payor’s account on the next scheduled withdrawal date for the insufficient amount applicable to each policy while that policy is in effect.
- 6) The payor has certain recourse rights if any debit does not comply with this Agreement. For example, the payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on recourse rights, the payor may contact his/her financial institution or visit www.payments.ca.
- 7) If the payor is signing this Agreement electronically, the payor agrees that the time period for providing written confirmation of this Agreement, before the first deduction, can be reduced from 15 days to 3 days. If handwriting the signature, written confirmation is not required before the first deduction which can be made at any time.
- 8) The payor may contact the Insurer at its address and phone number:
 Attention: Policyowner Services, Foresters, 250 Ferrand Drive, Suite 1100, Toronto, ON M3C 3G8
 Telephone Number: 1-877-629-9090

The payor waives the right to receive pre-notification of the amount and date of the first deduction and of a change in the deduction amount required as premium or charges for each policy in effect, or a change in amount requested by the payor by whatever means.

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

Signature of Account Holder: **X** _____ Date (MM/DD/YY): _____

Signature of Joint Account Holder (if applicable): **X** _____ Date (MM/DD/YY): _____

Agreements

"Application" means this Application for Conversion and includes additional forms, if any, that are part of this Application. "I/Me" means individually each person identified in this Application as either the insured converting or an owner, and the parent/legal guardian signing this Application if the insured converting is a minor (under age 16 or age 18 in Quebec).

I, as evidenced by my signature(s) in this Application, declare that: 1) I have reviewed this Application. 2) I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. 3) The statements, answers and representations contained in this Application are full, complete and true.

I understand and agree that: 1) The conversion requested in this Application will be processed subject to the terms of the policy or rider being converted and Foresters Life Insurance Company's current administrative rules. 2) The insurance policy issued, as a result of this Application, comes into effect as described in, and subject to, the terms of that insurance policy. There is no conditional or temporary coverage in effect even if an amount was provided, authorized, or collected, as premium. 3) Foresters Life Insurance Company has the right to contest the policy, issued as a result of this Application, based on the evidence of insurability submitted when the policy or rider being converted was issued or reinstated. This means that policy, issued as a result of this Application, may be voided if a material misrepresentation was made with respect to the policy or rider being converted. The time limits for contestability and suicide will run from the date the policy or rider being converted was issued or last reinstated, whichever is later. 4) Coverage, if any, for the insured under the policy or rider being converted will terminate or be reduced, as described in that policy or rider. 5) No advisor, medical examiner or any other person, except for Foresters Life Insurance Company's President or Corporate Secretary, or successor positions, has power on behalf of Foresters to make, modify, or discharge an insurance contract. 6) Foresters Life Insurance Company 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. 7) If I have chosen to provide a current internet email address or other electronic contact information in this Application or choose to provide such address or contact information in the future, the Insurer and its affiliates may use that address or contact information to send messages, information or documents to me electronically relating, directly or indirectly, to this Application and the policy, or to membership, events, benefits, claims, administration or other goods and services.

I expressly agree to have this Application, the policy and any related documents in English. Je demande expressément que ce document ainsi que tous les documents y afférents soient rédigés en anglais.

By checking this box, I consent to receiving written or electronic messages from Canada Protection Plan with information about other products and services that may be of interest to me. I may withdraw my consent at any time.

X _____
Signature of insured converting (If the insured converting is not a minor.) Signed in (Province/Territory) Date (MM/DD/YY)

X _____
Signature of owner of the policy being converted from (If other than insured converting.) Signed in (Province/Territory) Date (MM/DD/YY)

X _____
Signature of owner of new policy (If other than insured converting or owner of the policy being converted from.) Signed in (Province/Territory) Date (MM/DD/YY)

Parent /Legal guardian's full legal name: _____ Signature of parent/legal guardian: **X** _____
(If the insured converting is a minor and an owner is not a parent/guardian.)

Advisor Certification

I, the Advisor, by signing below certify that: 1) I provided to the owner of the new policy a statement of disclosure outlining the companies I represent, the fact that I receive compensation for the sale of life and health insurance company products, and that I may receive additional compensation in the form of bonuses, conference programs or other incentives. I have also disclosed any conflicts or potential conflicts of interest with respect to this transaction. 2) To the best of my knowledge and belief, the information provided in this Application is current, correct and complete. I am not aware of any additional information that is material acceptance of this Application that has not been disclosed in this Application. 3) I have verified the identity of the owner of the new policy. I confirm that the identification details provided in this Application match the original identification documents shown to me, and that reasonable effort was exercised to determine if the owner of the new policy is acting on behalf of a third party. If I suspect that an undisclosed third party is involved, I will immediately email details to compliance@cpp.ca.

Advisor's Name (print full name): _____ Advisor Code: _____

Advisor's signature: **X** _____ Date (MM/DD/YY): _____