

Section C

If any 'Yes' answers to question 3 or 4 above, please provide details below.

| Nature of disorder, test or investigation | Date | Duration of disorder | Results and current status | Name of attending physician or medical facility |
|---|------|----------------------|----------------------------|---|
| | | | | |

Section D

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, 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) the Company may void the policy.

I authorize any licensed physician, medical practitioner, hospital, clinic, MIB Inc. or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Foresters Life Insurance Company or its reinsurer(s) any such information.

A photocopy of this authorization shall be as valid as the original.

I authorize Foresters Life Insurance Company to make a brief report about my health to MIB Inc., even if this application is cancelled or withdrawn.

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

NOTICE REGARDING MIB (Applicable for Policies with prefixes CP, DH or ET only)

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however make a brief report on it to MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply that company with the information about you in its file. If you question the accuracy of the information about you in the MIB file, you may contact MIB and seek a correction. The address of MIB's information office is: MIB, 330 University Avenue, Toronto, Ontario M5G 1R7. Its telephone number is (416) 597-0590 and website is www.mib.com