

CREDIT CARD AUTHORIZATION FORM

I authorize Foresters Life Insurance Company to make withdrawals from the following account or any account I may designate hereafter. I further authorize any financial institutions with whom I have an account to process such withdrawals as if I had personally signed such instruments of withdrawals to pay premiums (including overdue premiums) for policies listed below and for any policies added at a subsequent date.

I agree that:

- 1) the Pre-Authorization Credit Plan will apply to policy premiums due on or after this authorization;
- 2) this authorization may be cancelled by either party at any time on written notice to the other party;
- 3) if this authorization is cancelled, the unpaid balance of the yearly premium will be due immediately;
- 4) this authorization is given for use solely by Foresters Life Insurance Company and my Financial Institutions.

The pre-authorized Credit Card Plan is for my convenience. The responsibility for payment of policy premiums authorized under this agreement, remains with me at all times and all payments made under the Credit Card Plan are subject to the provisions of the policy or policies.

Print Name as It Appears On Credit Card

Credit Card Type

Master Card [] Visa [] Account # _____ Expiry Date (mm/yy): _____

☐ New Request

☐ Addition to Existing Plan

Policy No.(s)	Name of Policy Owner or Life Insured	Amount of Credit Card Payment	For Head Office Use Only

DATE _____ Signature of Cardholder _____