

T 416 443 5300 T 877 629 9090 F 416 443 6662

F 416 443 666 foresters.com



APPLICATION FOR CHANGE TO NON-SMOKER RATES

POLICY INFORMATION

ection <u>A</u> Policy Number	Life Insured's Name:	Date of Bir	th (MM/DI)/YYYY)
1 oney 1 (univer			VII (1/11/1/12/12/1	,, ,
Address:			Telephone Number	
antin D				
ection B Question 1			Yes	No
• If your policy nu Within the past 12 containing tobacc	mber begins with CP, CC, CS, DH, MH, on 2 months, have you used by any means, a subso or nicotine (excluding cigars), or have you there or "vaping") marijuana more than four times.	ostance or product smoked (including		
• If your policy nu Within the past 24 nicotine or mariju				
If answered 'Yes', please i	ndicate substance or product type(s) and whe	en did you last use?		
Within the past 24 months, have you used by any means (including electronic vaporizer or "vaping"), a substance or product containing tobacco, nicotine or marijuana? If YES, smoker rates applicable.				
Question 3 Since applying for this policy, have you: (a) Had or been treated for any medical condition(s)? (b) Consulted a physician other than for routine medical exams, received any medical treatment, undergone any medical tests (electrocardiogram, x-ray, blood or other diagnostic tests) or taken medication? If any 'Yes' answers to question 3 or 4, please provide details below in Section C				
Question 4 Have you had any medical tests for which a diagnosis has not yet been reached? If any 'Yes' answers to question 3 or 4, please provide details below in Section C				
Question 5 What is your height and we Has your weight changed i If answered 'Yes', please p	eight? (ft/cms) n the past year?			



T 416 443 5300 T 877 629 9090 F 416 443 6662 foresters.com



Section C

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

Nature of disorder,	Date	Duration of disorder	Results and current	Name of attending
test or investigation			status	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)
		o mar (ir other than Erre Insureu)
		Witness/Agent



T 416 443 5300 T 877 629 9090 F 416 443 6662 foresters.com



NOTICE REGARDING MIB (Applicable for Policies with prefixes CP, CS, DH MH 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