

Child Term Benefit Questionnaire

Proposed Insured: _____
(as appears on application) First Middle Last

Relationship to Child(ren): _____

Applicable only to unmarried, natural or adopted child of the Proposed Insured who depends on him/her for his subsistence.

Child's Name (First, Last)	Date of Birth (Month/Day/Year)	Age	Sex

	Yes	No
Has any insurance application on any child been declined, postponed or rated?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the children ever received medical care, surgical care or prescribed medications for any of the following conditions: cancer, leukemia, aplastic anemia, congenital or hereditary cardiac or neurological disease, bronchopulmonary dysplasia, cystic fibrosis, chronic kidney disease, Werdnig-Hoffman Disease (Infantile Spinal Muscular Atrophy), Acquired Immune Deficiency (AIDS) or AIDS related complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered "Yes" to any of the questions for any child named above, please indicate the child's name below.
The child named below is excluded from the Children's Term Benefit "

- I declare and agree that:
1. this and all related documents be written in English;
 2. all statements contained herein are true and complete; and
 3. the insurance coverage qualified for commences on the date of this application provided the first premium is paid.

Foresters Life Insurance Company and its duly sponsored and authorized agents and brokers 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, 789 Don Mills Road, Toronto, ON, M3C 1T9.

Foresters Life Insurance Company 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, 789 Don Mills Road, Toronto, ON, M3C 1T9, Attn: Privacy Officer.

Dated at _____ this _____ day of _____, 20_____.

Signature of Insured: _____ Signature of Owner: _____
(If other than Insured)

Agent: _____ Agent Code: _____ Agent Signature: _____