

Is it time for a policy review?

Your life constantly changes, making it important to frequently review your life insurance needs.

Take a moment to share what changed in your family's life along with details about your in-force coverage.



| Income | | Family | | Home | |
|--------------|----------|------------|----------------------------|----------------------|---------------------------|
| Changed jobs | Promoted | Childbirth | Grandchildren | Purchased a new home | Paid off mortgage |
| Laid off | Retired | Adoption | Elderly parents to support | Refinanced | Purchased a vacation home |

| Marital Status | | Health | | Inflation concerns |
|----------------|------------|---------------------------|--------------------------|--|
| Married | Common-Law | Weight loss | Recently stopped smoking | In-force policy more than 10 years old |
| Separated | Divorced | Recent medical conditions | | |

| Business | | Debt | Other |
|--------------------|-------------------|-------------------|-------|
| Started a business | Ownership changes | Incurred new debt | |
| Sold a business | | | |

| Are you interested in learning more about the following? | | | | | |
|--|---------------------------------|--|-------------------------------------|--|--|
| Survivor benefit planning | Retirement planning | | Executive and key employee benefits | | |
| College planning | Planning for elderly parents | | Business continuation | | |
| Estate planning | Building a legacy for a charity | | Other: | | |

Additional concerns or comments?

Personal information

| | | | | | |
|------------------------------|------|--------|------|--------------|--------------------|
| Policy owner name: | | | | | |
| Insured name (if not owner): | | | | Insured DOB: | |
| Address: | | | | | |
| City: | | State: | | Zip code: | |
| Phone: | Home | Cell | Work | Phone #: | Best time to call: |

Insurance type

| | | | | | |
|---|-----------------------------------|-------------------|--------------------------------|---------------------|--------------------|
| Basic information: | | | | | |
| Name of issuing company: | | | | Policy issue date: | |
| Underwriting class: | | | | Amount of coverage: | |
| Type of policy: | Term | Universal Life | Indexed Universal | Whole Life | Variable Life |
| Premium mode: | Monthly | Quarterly | Semi-Annual | Annual | |
| Premium amount: | | | | | |
| Riders: | | | | | |
| Beneficiaries: | | | | | |
| Term insurance specifics: | | | | | |
| Term duration: | Policy convertible? | | Yes | No | Convertible until: |
| Products convertible to (check all that apply): | Universal | Indexed Universal | Whole Life | Variable Life | |
| Permanent insurance specifics: | | | | | |
| Death Benefit option (if applicable): | Level | Increasing | | | |
| Policy cash value: | Years left on surrender charges: | | | | |
| Cash accumulation important: | Yes | No | Specific plans for cash value: | | |
| Current Interest rate: | Guaranteed interest rate: | | | | |
| Policy a Modified Endowment Contract: | Yes | No | | | |
| Outstanding policy loan: | Yes | No | If yes, amount outstanding: | | |
| Loan interest charged: | Loan interest credited to policy: | | | | |

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