The Independent Order of Foresters ("Foresters")
A Fraternal Benefit Society.
789 Don Mills Road, Toronto, ON, Canada M3C 1T9   F. 877 329 4631
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179   T. 800 828 1540   foresters.com

Foresters Financial

US Immigration Questionnaire

Proposed Insured

First name _____ Middle name _____ Last name _____

Date of Birth _____ Reference number (if available)/certificate number:_____
(mmm/dd/yyyy)

Note –   "You" and "your" mean the proposed insured. "Application" means the Application for Individual Life Insurance on the proposed insured.

1.   When did you arrive in the USA? _____
Date (mmm/dd/yyyy)

2.   What is your current immigration status? (Check one)
   a)   Permanent resident alien   O
   b)   Visitor   O
   c)   Student   O
   d)   Refugee claimant   O
   e)   Other (describe): _____

3.   a) If you are not a permanent resident alien, have you applied for this status? Yes O No O

   b) If "Yes", state date of application: _____
Date (mmm/dd/yyyy)
   c) If "No", state reason: _____
   _____

4.   What legal documentation do you currently hold?
   a)   Form I-94 (Arrival-Departure Record)   O
   b)   Form I-551 (Permanent Resident)   O
   c)   Border Biometric Crossing Card (BCC)   O
   d)   Re-entry permit   O
   e)   Refugee travel document   O
   f)   Other (describe): _____

   Submit copies of all documentation where able.

5.   Do you have family members living in the USA? Yes O No O
   If "Yes", state relationship of family member(s): _____
   _____
   _____

6.   Do you have dependents? Yes O No O
   If "Yes", state number and relationship, where they live and the amount of financial support you provide annually: _____
   _____
   _____
   _____
   _____
   _____

7. Do you intend to remain in the USA permanently? Yes O No O

I declare that I have read this US Immigration Questionnaire and represent that the information provided, as shown in this questionnaire, is true and is a complete disclosure of all information requested in this questionnaire, to the best of my knowledge and belief. I understand and agree that this questionnaire is part of and subject to the Application. I also understand and agree that the information provided in this questionnaire will be relied upon as evidence of insurability that will influence the assessment and acceptance of the application by Foresters.

X _____   X _____
       Signature of proposed insured (if the proposed insured is not a juvenile)   Signature of parent/legal guardian (if the proposed insured is a juvenile)

Signed at _____   Signed on _____
                          (City, State)   Date (mmm/dd/yyyy)