

The Independent Order Of Foresters ('Foresters')

Head Office: 789 Don Mills Road, Toronto, Ontario, Canada M3C 1T9

U.S. Mailing Address: P.O. Box 179, Buffalo, New York 14201-0179

1-800-828-1540

Insured	John Doe	Certificate Number	1234567
Owner	Jane Smith	Branch Number	1234
Issue Date	Dec 02 2016	State Governing	Alaska
Alaska Department of Insurance telephone number	123-456-7890		

Foresters Your Term

This is a TERM LIFE INSURANCE CERTIFICATE.

It has **GUARANTEED LEVEL PREMIUMS** for the certificate during the initial term period and is annually renewable, with increasing premiums, thereafter to age 100. Premium amounts and years payable are shown in the Certificate Data Pages.

The Independent Order Of Foresters (referred to as we, our, Foresters or us) will, subject to the provisions of this certificate, pay the death benefit upon our receipt of proof of the insured's death. That death must occur while this certificate is in effect.

CONVERTIBLE, to a permanent insurance certificate, subject to the terms of the Conversion provision.

PARTICIPATING, eligible to receive dividends, however dividends are not guaranteed and are not expected or anticipated to be paid by us under this certificate.

In this certificate, you and your mean the owner, as shown above. The owner may change after the issue date as described in this certificate.

This certificate is executed at our head office on the issue date.

PLEASE READ THIS CERTIFICATE CAREFULLY.

Right to Examine – If you are not satisfied with this certificate, you may return it to us within 10 days of first receiving it. You can do this by mailing it to our U.S. mailing address, shown above, or by returning it to one of our authorized representatives.

If this certificate is returned to us during this time period, the insurance contract will be deemed to be void from the issue date. Within 10 days after we receive it, we will refund premiums paid to us for the insurance contract.



Executive Secretary



President & Chief Executive Officer

Foresters Your Term

The certificate is part of a legal insurance contract between the owner and Foresters. The insurance contract sets forth, in detail, the rights and obligations for both you and us. Only the actual insurance contract provisions will control. It is important that you read your insurance contract carefully.

The benefit provided under each rider, if any, is described in that rider.

If you have questions about this certificate or a rider, your understanding of them or about information that you have heard, seen or read relating to them, please call us. Our current toll free number is 1-800-828-1540.

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Certificate Data Pages

Insured	John Doe	Issue Age and Sex of Insured	35 Male
Owner	Jane Smith	Certificate Number	1234567
Issue Date	December 2, 2016	Maximum Termination Age	100
Face Amount	\$50,000.00	Currency	United States
Insurance Class	Non-Smoker	Rating Class	Standard
Total Premium	\$57.02	Payment Mode	Monthly
Branch Number	1234		

Initial Term Period	From December 02, 2016 to December 01, 2046
Renewal Period	From December 02, 2046 to December 01, 2081
Conversion Period	From December 02, 2016 to December 01, 2041

Foresters Your Term Certificate

Provides level term insurance with guaranteed level premiums for the certificate during the initial term period. Annually renewable thereafter subject to the conditions set out in the *Renewal* provision. Convertible, as described in the *Conversion* provision. This certificate is eligible to participate in our divisible surplus, however dividends are not guaranteed and are not expected or anticipated to be paid by us under this certificate.

Each beneficiary is designated in the application. A beneficiary designation may change as described in the *Beneficiaries* provision. The first total premium is due on December 2, 2016.

Summary of Benefits Provided		
Coverage	Benefit Amount	Expiry Date*
Certificate (Face Amount)	\$50,000	December 2, 2081
Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness) Minimum Acceleration Amount – \$4,500 Maximum Lifetime Acceleration Amount – \$500,000 Maximum Administrative Fee – \$500 Residual Face Amount – \$10,000		December 2, 2046
Common Carrier Accidental Death Rider Maximum Accidental Death Amount – \$300,000	\$100,000	December 2, 2046
Family Health Benefit Rider The specific benefit amounts are: • Ambulance Transportation • Hospital Emergency Room Examination • Hospital Stay	\$5,000** \$50 \$100 \$100	December 2, 2046
Accidental Death Rider	\$50,000	December 2, 2046
Children's Term Rider	\$10,000	December 2, 2046
Disability Income Rider (Accident Only)	\$750 ⁺	December 2, 2046
Disability Income Rider	\$750 ⁺	December 2, 2046
Waiver of Premium Rider		December 2, 2046

Each rider listed above, if any, is an attachment to this certificate.

* Latest coverage expiry date, assuming all premiums are paid as due. Coverage may end earlier than the expiry date as described within this certificate or applicable rider, if any.

** This is the maximum family benefit amount.

+ The lesser of the fixed amount of \$750 and 1.5% of the face amount. The Disability Income Rider (Accident Only) waiting period is 90 days and the maximum benefit period is 24 months.

+ The lesser of the fixed amount of \$750 and 1.5% of the face amount. The Disability Income Rider waiting period is 90 days and the maximum benefit period is 24 months.

Certificate Data Pages
Certificate Number 1234567

Premium Schedule		
Coverage	Annual Premium	Years Payable
Certificate (Face Amount)	\$206.00 ^{**}	65
Temporary Extra Rating Charge	xx.xx	x
Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness)	\$0.00	N/A
Common Carrier Accidental Death Rider	\$0.00	N/A
Family Health Benefit Rider	\$0.00	N/A
Accidental Death Rider	\$39.50	30
Children's Term Rider	\$57.10	30
Disability Income Rider (Accident Only)	\$67.35 ⁺⁺⁺	30
Disability Income Rider	\$258.00 ⁺⁺⁺	30
Waiver of Premium Rider	\$23.50	30

To calculate the amount of the premium for the certificate face amount or a rider, for a payment mode other than annual, multiply the annual premium shown for this certificate or that rider by .5100 for semi-annual, .2600 for quarterly and .0875 for monthly.

^{**} This premium amount is applicable during the initial term period only. Renewal premiums apply during the renewal period. Renewal premiums for this certificate, applicable on each renewal date during the renewal period, are shown in the Renewal Premium Schedule.

⁺⁺⁺ This premium amount is subject to increase(s). Refer to the applicable rider.

	Annual	Semi-Annual	Quarterly	Monthly
Total Premium	\$651.45	\$332.25	\$169.38	\$57.02

Each Total Premium shown above is as of the issue date, and will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium changes for a rider. The total premium will also change on each renewal date, as shown in the Renewal Premium Schedule. After the issue date not all payment modes shown may continue to be available

Each Total Premium shown above includes the applicable certificate fee.

	Annual	Semi-Annual	Quarterly	Monthly
Certificate Fee	\$70.00	\$35.70	\$18.20	\$6.13

Certificate Data Pages
Certificate Number 1234567

Renewal Premium Schedule			
Renewal Date	Renewal Premium	Renewal Date	Renewal Premium
December 02, 2046	\$1,617.00	December 02, 2064	\$9,379.00
December 02, 2047	\$1,771.00	December 02, 2065	\$10,370.00
December 02, 2048	\$1,927.00	December 02, 2066	\$11,477.00
December 02, 2049	\$2,095.00	December 02, 2067	\$12,704.00
December 02, 2050	\$2,269.00	December 02, 2068	\$14,044.00
December 02, 2051	\$2,480.00	December 02, 2069	\$15,480.00
December 02, 2052	\$2,716.00	December 02, 2070	\$16,995.00
December 02, 2053	\$3,026.00	December 02, 2071	\$18,576.00
December 02, 2054	\$3,353.00	December 02, 2072	\$20,063.00
December 02, 2055	\$3,697.00	December 02, 2073	\$21,613.00
December 02, 2056	\$4,073.00	December 02, 2074	\$23,248.00
December 02, 2057	\$4,483.00	December 02, 2075	\$24,975.00
December 02, 2058	\$4,959.00	December 02, 2076	\$26,789.00
December 02, 2059	\$5,515.00	December 02, 2077	\$28,449.00
December 02, 2060	\$6,157.00	December 02, 2078	\$30,219.00
December 02, 2061	\$6,857.00	December 02, 2079	\$32,108.00
December 02, 2062	\$7,654.00	December 02, 2080	\$34,124.00
December 02, 2063	\$8,484.00		

The renewal premiums shown above are based upon an annual payment mode and are guaranteed, increasing annually on each renewal date. To calculate the amount of a renewal premium for a payment mode other than annual, multiply the annual premium shown by .5100 for semi-annual, .2600 for quarterly and .0875 for monthly.

Definitions

The following terms have specific meanings for the purposes of your certificate. Where the same term appears in a rider, if any, it also has that same meaning unless there is another definition for that same term in that rider.

Age – The issue age shown in the *Certificate Data Pages* plus the number of completed certificate years.

Application – The application that was completed and signed for this certificate and each attached rider.

Assignee – A person or entity indicated in an assignment as the recipient of the assigned interest.

Attached rider(s) – Each rider, if any, listed in the *Certificate Data Pages*.

Certificate – The cover page and each numbered page that follows it, starting with page number 2 and ending with the page that states, “This is the last page of this certificate”.

Certificate anniversary – The same month and day as the issue date for each calendar year following the issue date, while this certificate is in effect.

Certificate Data Pages – The pages marked as the *Certificate Data Pages* within this certificate at the time that it was delivered to you.

Certificate month – The first day of the first certificate month is the issue date and the last day is the day before the first monthly anniversary. For every other certificate month, the first day of a certificate month is a monthly anniversary and the last day is the day before the next monthly anniversary.

Certificate year – The first day of the first certificate year is the issue date and the last day is the day before the first certificate anniversary. For every other certificate year, the first day of a certificate year is a certificate anniversary and the last day is the day before the next certificate anniversary.

Contingent owner – The contingent owner named, if at all, in the application, unless changed as shown in our records.

Date we delivered – The effective date of delivery being either:

- the day of delivery, if hand delivered to the owner or the owner's address;
- the fifth day after mailing, if sent by mail to the owner's address; or
- the earlier of a) the day successfully transmitted, if sent electronically to a number or address shown for the owner in our records, and b) the day retrieved, if retrieved electronically by the owner, from a site identified by us.

Death benefit – The amount payable as described in the *Death Benefit* provision.

Debt – The amount owed to us under the *Maintenance of Reserves* and *Grace Period* provisions, and the *Loan* provision in a rider.

Designated office – Our head office or any other office, location or address that we notify you of, or publish, as being a designated office for the identified purpose.

Dividends on deposit – The amount determined under option 3 of the *Dividends* provision.

Evidence of insurability - Information we obtain to decide insurability and, if so, on what terms.

Face Amount – The amount shown in the *Certificate Data Pages* as the face amount unless changed as shown in our records.

Grace period – The period of time within which to pay an overdue total premium as described in the *Grace Period* provision.

Insurance contract – This certificate and each rider in effect, if any.

Lapse – This certificate is no longer in effect due to non-payment of overdue total premium during the grace period.

Monthly anniversary – Occurs each month after the issue date, on the same date of each month as the date shown as the issue date.

Our records – The records at our head office and the records stored elsewhere on our behalf, with our consent.

Paid-up additional insurance – The amount of the paid-up additional insurance bought under option 1 of the *Dividends* provision.

Rider(s) – Each attached rider, if any, and each rider added as an attachment, if any, to this certificate after the issue date, as shown in our records.

State governing – The state shown as the state governing on the cover page, which will be the state where the application was signed by the owner.

We, our, us and Foresters – The Independent Order of Foresters.

You, your - The owner of this certificate as shown in the *Certificate Data Pages* subject to change as described in this certificate.

When we refer in this certificate to a provision, unless specifically stated to be a provision in a rider, we mean the provision in this certificate with that title. When we refer in a rider to a provision, unless specifically stated to be a provision in the certificate, we mean the provision in that rider with that title.

Consideration

We issue this certificate and attached rider(s) based on the application signed by the owner and the payment of premiums as described in this certificate.

Entire Contract

The entire contract consists of each of the following:

1. The insurance contract, including agreements and endorsements to it.
2. The application for this certificate and each attached rider, if any.
3. Notifications we send to you confirming changes made to this certificate or a rider.
4. Our Instrument of Incorporation, Constitution, and the respective amendments.

All statements in the application shall be deemed to be representations, not warranties.

No one, including the producer who provided you with this certificate, can make a promise or representation about the entire contract other than what is described in the entire contract. A change to the insurance contract is not valid unless the change is approved by our executive secretary and it is endorsed on, or attached to, the insurance contract.

When this Certificate is in Effect

This certificate comes into effect on the issue date, if each of the following conditions are met:

- At least the first total premium was provided on or before the date we delivered this certificate to you and is honored by the financial institution from which it is to be collected.
- The insurability of the insured did not change between the date the application was signed by the insured and the issue date.
- If required by us you have accepted, and if applicable, signed and returned to us, an amendment to the application, in the manner described within the form used to make such amendment.

Once in effect, this certificate will remain in effect until the earliest of the following dates:

- The expiry date for this certificate.
- The date of death of the insured.
- The day we receive, as shown in our records, your written, signed request to end this certificate.
- The day this certificate lapses, as described in the *Grace Period* provision.
- The day this certificate is converted to a new certificate as described in the *Conversion* provision.

This certificate will not be in effect after the earliest of the above dates. This means our liability, under this certificate, ends and no death benefit would be paid.

Control of Certificate

The owner of the insurance contract may exercise the options or rights provided to them under it, except as limited by law or by the rights of an assignee or irrevocable beneficiary. If the insured is younger than 16 years old on the issue date, these rights will transfer to the insured upon their 16th birthday. Upon this transfer, the insured will become the owner of the insurance contract, regardless of a prior assignment.

You may request a change of owner, while the insured is alive and this certificate is in effect. A change of owner is not effective if prohibited by law. We are not responsible for the validity or effect of a change of owner. Unless otherwise specified by you, the change of owner will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

If the insured is not the owner and if the owner dies or ceases to exist, while this certificate is in effect, the contingent owner becomes the owner of the insurance contract as of the date that the owner died or ceased to exist. This transfer to the contingent owner is not effective if prohibited by law. If there is no surviving contingent owner, the owner's estate (if the owner is a natural person) or the owner's successor in interest (if the owner is a non-natural person) will become the owner.

Assignment

You may assign the insurance contract. An assignment is not effective if prohibited by law. Unless otherwise specified by you, the assignment will be effective as of the date the notice of assignment is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this notice. Under an absolute assignment the assignee becomes the owner of the insurance contract. We are not bound by an assignment unless it is in writing and shown in our records. We are not responsible for the validity or effect of an assignment. Despite the assignment, the insured retains Foresters membership rights and privileges according to our Constitution.

Beneficiaries

There may be designated one or more than one primary or contingent beneficiary. Each primary and contingent beneficiary, if any, is shown in, or in a form accompanying, the application unless changed as shown in our records.

You may request a change of beneficiary, while the insured is alive and this certificate is in effect. If a beneficiary is designated "irrevocable", then that beneficiary must also sign a request that changes that beneficiary's designation or the percentage or amount to be received by that beneficiary. Unless otherwise specified by you, the change of beneficiary will be effective as of the date the request is signed and is subject to payment(s) made or action(s) taken by us prior to our receipt of this request.

Payment to Beneficiary

The death benefit payable will be paid as described in this provision. If no beneficiary survives the insured or if no beneficiary is designated, this payment will be made to you or your estate.

Primary Beneficiary: Each surviving primary beneficiary will be paid their share of the death benefit. That share is shown in the application unless changed, as shown in our records. If a primary beneficiary predeceases the insured, that beneficiary's share will be split among the surviving primary beneficiaries. That split will be based on the ratio of the specified percentages for those surviving beneficiaries to the total percentage for those survivors. If no percentages are specified, then the death benefit will be split equally among the surviving primary beneficiaries.

Contingent Beneficiary: If no primary beneficiary survives the insured, each contingent beneficiary, if designated, surviving the insured, will be paid their share of the death benefit, in the same manner as described above for the primary beneficiary.

Death Benefit

Payment of Death Benefit

Subject to the terms and conditions of the entire contract, we will pay the death benefit if we receive due proof of the insured's death. That death must occur while this certificate is in effect. Interest will be paid on this amount, calculated from the date of death to the date of payment. The interest rate will be the interest rate that we determine applies, on the date of death, to funds left on deposit with us.

Additional interest, at a rate of 10% annually, will accrue to the date of payment beginning 31 days from the later of:

- the date due proof of death is received by us;
- the date we receive sufficient information to determine our liability, the extent of that liability, and the appropriate beneficiary entitled to the death benefit; and
- the date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to, (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

The amount payable under this provision will be paid as described in the *Payment to Beneficiary* provision.

Amount of Death Benefit

The death benefit is equal to:

- the face amount in effect on the date of death of the insured; plus
- unearned premiums, if any; minus
- the amount of the debt, if any.

The amount of the unearned premium will be that portion of the total premium that was paid to us to provide coverage for a period of time beyond the end of the certificate month of the insured's death.

The amount of the death benefit will include the dividends on deposit and paid-up additional insurance. We do not expect, however, that there will be dividends on deposit or paid-up additional insurance.

Charity Benefit

Eligible beneficiary means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.

Subject to the terms and conditions of the entire contract, if the death benefit under this certificate is payable we will also pay a Charity Benefit under this provision. Payment of the Charity Benefit will be made to the eligible beneficiary designated for this benefit.

The Charity Benefit amount will be equal to the lesser of 1% of the face amount in effect on the date of death of the insured and \$100,000. If the face amount has been reduced under an accelerated death benefit rider then the calculation of the Charity Benefit amount will ignore that face amount reduction.

The Charity Benefit will only be paid if an eligible beneficiary for this benefit has been designated, as shown in our records, prior to, and is in effect on, the date of death of the insured. An eligible beneficiary can be designated, or if designated can be changed, at any time prior to the date of death of the insured. We may, but are not obligated to, confirm that the designated organization meets the eligible beneficiary definition.

If this benefit becomes payable and we determine that the beneficiary designated for this benefit either no longer exists or is no longer an eligible beneficiary, then we will allow the owner or, if the owner is the insured, the owner's representative, the opportunity to designate another organization, that meets the eligible beneficiary definition, to receive this benefit. We reserve the right to determine the owner's representative for purposes of this provision. If the owner or owner's representative, as applicable, does not make this designation within 90 days of our notifying them of this opportunity, then no Charity Benefit will be paid.

If an eligible beneficiary has not been designated prior to the date of death of the insured, then no Charity Benefit will be paid.

Incontestability

We will not contest the validity of this certificate after it has been in effect during the lifetime of the insured for two years, based upon statements made in the application, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing shown on the cover page of this certificate, or

- Statements made in an application for the addition of a rider, reinstatement or in a declaration for a change in insurance class, will be incontestable two years after the effective date as shown in our records of such addition, reinstatement or change. Our right to contest based upon statements made in an application for an addition will only apply to the coverage provided by that addition.

This provision shall not apply to a rider providing a benefit in the event of:

1. the total disability of the insured, or
2. death of the insured by accident or accidental means.

Suicide

If death of the insured is by suicide or intentionally self inflicted injury, while sane or insane, and within two years from the issue date, our liability is limited to the sum of the total premiums paid minus the amount of the debt, and no death benefit will be paid.

If death of the insured is by suicide or intentionally self-inflicted injury, while sane or insane, and within two years from the effective date of the last reinstatement, if any, our liability is limited to the sum of the total premiums paid since the last reinstatement minus the amount of the debt, and no death benefit will be paid.

Premiums

Premium amounts and the number of years payable for each coverage, on the issue date, are shown in the *Premium Schedule* in the *Certificate Data Pages*.

The amount of the total premium is shown in the *Certificate Data Pages*. This amount will change if a rating class change occurs, if a rider ends or is added after the issue date, or if the premium for a rider changes. We will notify you if the amount of the total premium changes for one of these reasons. The total premium will also change on each renewal date. The first total premium is due on the issue date. You will then need to pay each total premium when due to keep this certificate in effect. Premiums are payable in advance.

Other than the first total premium, each total premium is due, without notice from us, on the premium due date for that total premium. The premium due dates are based on the payment mode in effect. If the payment mode in effect is annual, the premium due dates will be on each certificate anniversary. If the payment mode in effect is more often than annual, these dates will fall on the same day of the month as the issue date, based on that payment mode. For example, if the payment mode in effect is monthly and your issue date is March 4, your premium due dates will be on the 4th of each month.

The payment mode and payment method in effect is the mode and method elected in the application, unless changed as shown in our records.

The sum of the total premiums payable over a certificate year may depend on the payment mode in effect. That sum may be less if you pay based on a payment mode other than the monthly payment mode. Subject to our administrative rules in effect at the time, you may change your

payment mode or payment method. Contact our designated office to find out what method is available and the total premium payable if another available mode is elected.

Total premiums may be paid by mail sent to our U.S. mailing address or to our designated office and each is considered paid on the business day we receive it at our designated office. You may also make payment to our Executive Secretary. If requested, we will provide a receipt for the total premium paid, signed by our Executive Secretary.

Grace Period

If a total premium is not paid in full on or before its premium due date, you have 31 days from that premium due date to pay us that total premium. This 31 day period is called the grace period.

This certificate will lapse as of the end of the 31st day of the grace period if you have not paid us that total premium by that day. Payments received after the grace period will be accepted only if sent by U.S. mail and postmarked during the grace period. Upon lapse, this certificate will no longer be in effect. This means our liability ends and no death benefit would be paid.

If the insured dies during the grace period, we will reduce the death benefit payable by the overdue amount.

Reinstatement

If this certificate should lapse within the initial term period, you may be eligible to reinstate it within three years from the effective date of the lapse as shown in our records. To reinstate we will require:

1. Payment of the unpaid premium with interest compounded at a rate determined by us. That rate will not be more than 6% percent per year.
2. Evidence of insurability, which meets our standards, of the insured.
3. Payment or reinstatement of all debt existing at the date of lapse plus interest. That interest will be calculated on that debt from the date of lapse. The interest rate will be determined by us but will not be more than 8% percent per year.

The unpaid premium will be the sum of the following:

- The total premiums due but not paid in full on or before the date of lapse.
- The total premiums from the date of lapse to the date of reinstatement that would have been due if the certificate had not lapsed.

The effective date of a reinstatement is the day that we approve your application for reinstatement, as shown in our records.

Misstatement of Age or Sex

If the age or sex of the insured under this certificate is misstated at issue, the face amount and the rider benefit amount(s), if any, will be adjusted either upward or downward. The revised amounts for the certificate and riders, if any, will be that which the premium paid, for that coverage, would

have purchased for the correct age and sex, according to our rates in effect on the issue date. If this certificate was issued on a unisex basis, as shown in our records, then misstatement of sex is not applicable.

Renewal

After the initial term period this certificate will automatically renew, without evidence of insurability, on each renewal date. To automatically renew on a renewal date, this certificate must be in effect at midnight on the day before that renewal date and the total premium payable for that renewal must be paid during the lifetime of the insured and no later than 31 days after that total premium is due, based on the payment mode in effect. Renewal premiums for this certificate, based on an annual payment mode, and the renewal dates, are shown in the *Renewal Premium Schedule* in the *Certificate Data Pages*. A total premium is due as described in the *Premiums* provision, subject to the *Grace Period* provision.

This certificate cannot be renewed on or after the certificate anniversary on which the insured has reached the maximum termination age. This age is shown in the *Certificate Data Pages*.

If this certificate is not renewed it will no longer be in effect. This means our liability ends and no death benefit will be paid.

No rider can be renewed.

If the insured meets the requirements, as described in a rider, for the waiver of the total premium payable on a renewal date, this certificate will renew as described in this provision. No total premium is required for the period of time during the certificate year following the renewal date in which the conditions for the waiver continue to be met as described in that rider. Renewal will not interrupt the waiver if entitlement to that benefit continues as described in that rider.

Conversion

This certificate may be converted to a new certificate on the life of the insured as described in this provision.

We must receive the request to convert during the conversion period and while this certificate is in effect. We will not require evidence of insurability to convert this certificate.

The new certificate will:

1. Be in the same rating class and insurance class as this certificate. If either class is not available, the new certificate will be in the next less favorable classes available on the conversion date.
2. Be issued on a permanent life insurance plan we are then offering for conversion from this certificate.
3. Be at our premium rates in use on the conversion date.

4. Be for an amount of insurance less than or equal to the face amount subject to our minimum and maximum certificate requirements in effect on the conversion date.
5. Be issued at the age, as defined in the new certificate, of the insured on the conversion date.
6. Not invoke new suicide and contestability periods.

The conversion date is the date of issue of the new certificate. The first premium for the new certificate will be due on the conversion date.

If this certificate is converted, this certificate will end. See the *When this Certificate is in Effect* provision.

No rider can be converted as an attachment to the new certificate. The addition of supplemental benefits to the new certificate will be subject to our consent and evidence of insurability which meets our standards.

Dividends

This certificate is eligible to participate in our divisible surplus. We will determine our divisible surplus each year. You will be entitled to your share, if any, as determined by us, of our divisible surplus. This share is your dividend which you may receive or use according to the dividend option in effect. Your dividend options are as follows:

1. Use the dividend as a net single premium to buy paid-up additional insurance at the insured's age on the date of the purchase. No further premiums are required for this additional insurance purchased.
2. Have the dividend paid in cash.
3. Leave the dividend with us to accumulate with interest. We will determine the interest rate, but it will not be less than three and one half percent per year.
4. Use the dividend to reduce premiums payable under this certificate. In a certificate year where the dividend paid is not sufficient to pay the premiums payable for that certificate year, the difference is payable by you. In a certificate year where the dividend paid exceeds the premiums payable for that certificate year, the excess will be applied under dividend option (1).

Dividend option (1) will be in effect from the issue date unless changed by you as shown in our records. If changed, the new option applies to future dividends only.

If you request this certificate to end and dividends have been credited under dividend option (1) or (3), we will refund to you the total of:

1. the present value of the paid-up additional insurance, plus
2. the amount of the dividends on deposit, minus
3. the amount of the debt.

We do not expect to pay dividends under this certificate. If no dividends are paid the dividend options described in this provision do not apply.

Conformity with Interstate Insurance Product Regulation Commission Standards

This certificate was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission's standards. If a provision of this certificate is in conflict with the Commission's standards for this product type, that were in effect on the date of the Commission approval, said provision is hereby amended to conform to the Commission's standards for this product type, in effect on that approval date.

Limitation of Action

No action shall be taken on this certificate, or a rider, in a court of law unless the action is filed with a court within the period of time, from the date that the cause of action arose, allowed by the laws of the state governing.

Law Applicable

Your rights or obligations and that of anyone, including the insured or anyone rightfully claiming under this certificate or a rider, will be determined by the laws of the state governing.

Limiting Effect of our Constitution

The benefits provided under this certificate and each rider will not be reduced, nor will the insurance contract end, by a provision in our Constitution not stated or referred to the insurance contract.

Suspension or Expulsion

Even if the insured is expelled or suspended from Foresters membership in accordance with our Constitution, the insurance contract, subject to its terms, may be kept in effect by continuing to pay the required premiums.

Maintenance of Reserves

If our reserves become impaired, you may be assessed an equitable proportion of the shortage. You may pay cash or accept a reduction in benefits. If you do neither, your equitable proportion will become an amount owed against this certificate. Interest on this amount will be compounded at a rate determined by us but not more than five percent per year.

Notification

Notification(s) we send to you about this certificate or a rider will be sent from our designated office to your last address shown in our records. You must notify us of a change in address for you or the insured. If premium is being paid under our pre-authorized check plan, you must notify us of a change in banking information.

Notifications about this certificate or a rider may, with your consent, be sent or provided to you by electronic means, if permitted by our administrative practices.

Notifications, designations and requests that you make to us must, if required by us, be made using our then current form for making such notification, designation or request. Every notification, designation and request that you make to us must be signed by you, if required by us, and received by us at our designated office for us to act on it. Each will be deemed received by us as of the date shown in our records.

Notifications, designations and requests that you make to us may, if permitted by, and subject to, our administrative practices in effect at that time, be by electronic means.

Our head office address is:

The Independent Order of Foresters, 789 Don Mills Road, Toronto, Ontario, Canada. M3C 1T9.
Attn: Certificate Services.

Our U.S. mailing address is: P.O. Box 179 Buffalo, New York. 14201-0179.
Attn: Certificate Services.

We will notify you if there is a change in address.

The Independent Order Of Foresters ('Foresters')

A Fraternal Benefit Society Organized 1874

Head Office: 789 Don Mills Road, Toronto, Ontario M3C 1T9

U.S. Mailing Address: P.O. Box 179, Buffalo, New York 14201-0179

Foresters Your Term

Term Life Insurance Certificate

Guaranteed level premiums for the certificate during the initial term period.

Annually renewable, with increasing premiums, thereafter to age 100.

Conversion Provision.

Death benefit payable if the insured's death occurs while the certificate is in effect.

Premiums shown in Certificate Data Pages.

Participating.

This is the last page of this certificate.

The Independent Order Of Foresters ('Foresters')

Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness)

Provides, subject to the provisions of the entire contract, the opportunity for the owner to receive an accelerated death benefit payment(s) if the insured is diagnosed with a chronic illness, critical illness or terminal illness.

An accelerated death benefit payment will reduce the face amount and the amount, if any, of the paid-up additional insurance, cash value and loan amount. Premiums due, and dividends credited, after the effective date of that payment, will be adjusted based upon the reduced face amount.

Receipt of an accelerated death benefit payment under this rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit may be a taxable event. You should consult a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The maximum lifetime acceleration amount, minimum acceleration amount, residual face amount, maximum administrative fee and the expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The maximum lifetime acceleration amount, minimum acceleration amount, residual face amount, maximum administrative fee and the expiry date for this rider, are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness)".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash value or loan value.

Definitions

For purposes of this rider:

Acceleration amount means, for a payment, the portion of the eligible death benefit accelerated under this rider for that payment.

Accelerated death benefit payment and *Payment* mean the payment resulting from accelerating, under this rider, a portion of the eligible death benefit.

Acceleration factor means, for a payment, the acceleration amount applicable to that payment divided by the eligible death benefit on that payment's effective date.

Activities of daily living (ADL) are the following six self-care functions:

- Bathing – The ability to wash oneself by sponge bath, or in either a tub or shower, including the task of getting into and out of the tub or shower.
- Continence – The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- Dressing – The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
- Eating – The ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- Toileting – The ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene.
- Transferring – The ability to move into or out of a bed, chair or wheelchair.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following:

- Advanced Alzheimer's Disease (before the insured's 75th birthday) - A progressive degenerative disease of the brain supported by medical evidence that the insured exhibits loss of intellectual capacity resulting in impairment in judgment and memory. This impairment must be medically and objectively determined to have resulted in a significant reduction in mental and social functioning such that the insured requires permanent and continuous daily supervision and is unable to independently perform three or more of the activities of daily living. The physician providing the diagnosis of advanced Alzheimer's Disease and the physician making the objective determination must be board certified in the United States as a neurologist. This diagnosis must be made before the insured's 75th birthday. Advanced Alzheimer's Disease does not include any of the following:
 - Other dementing organic brain disorders.
 - Psychiatric illnesses.

- Amyotrophic Lateral Sclerosis (ALS) – The diagnosis of ALS must be made by a physician who is board certified in the United States as a neurologist.
- End Stage Renal Failure (Kidney Failure) – The chronic irreversible failure of both kidneys' ability to function, which results in the need for regular hemodialysis, peritoneal dialysis or renal transplantation. The diagnosis of kidney failure must be made by a physician who is board certified in the United States in nephrology.
- Life Threatening (Invasive) Cancer - Only a type of cancer clinically confirmed by a malignant tumor that demonstrates uncontrolled growth with the spread of malignant cells and the invasion of tissue. Leukemia and lymphoma are life threatening cancers. Life threatening cancer does not include any of the following, regardless of the location in or on the body:
 - A malignant tumor wherein the tumor cells have not invaded neighboring tissue.
 - Pre-malignant tumors.
 - Lesions (such as but not limited to intraepithelial neoplasia).
 - Benign tumors.
 - Polyps.
 - Early prostate cancer diagnosed as T1N0M0 or equivalent staging.
 - Non-invasive cancer.
 - Cancer in situ.
 - A skin cancer other than invasive malignant melanoma into the dermis or deeper.
 - A malignant tumor in the presence of the Human Immunodeficiency Virus (HIV).
- Major Organ Failure – The diagnosis, by a physician, of irreversible failure of the heart, both lungs, liver, both kidneys, pancreas or bone marrow, with transplantation deemed medically necessary, followed by enrollment, in a recognized organ or bone marrow transplant program in the United States, to be the recipient of a heart, lung, liver, kidney, pancreas or bone marrow transplant.
- Myocardial Infarction (Heart Attack) - An acute myocardial infarction resulting in the death of a portion of the heart due to inadequate blood supply to the relevant area resulting from a blockage of one or more coronary arteries requiring an inpatient hospital stay and resulting in a loss of the normal function of the heart lasting at least 60 days after hospital discharge. The diagnosis of an acute myocardial infarction must be made by a physician who is board certified in the United States in cardiology or internal medicine and based on both of the following:
 - New electrocardiographic (EKG) changes, which confirms the diagnosis of an acute myocardial infarction.
 - Elevation of cardiac (heart) enzymes to a level that confirms a diagnosis of an acute myocardial infarction.

Myocardial infarction does not include any previously established myocardial infarction.
- Stroke - An acute cerebrovascular accident (death of brain tissue), due to hemorrhage, thrombosis or embolus producing neurological impairment and resulting in paralysis or other medically measurable objective neurological deficits persisting for at least 30 days and the prognosis by a physician, who is board certified in the United States as a neurologist, is that this paralysis or deficit is permanent. A stroke does not include any of the following:
 - TIA's (transient ischemic attacks).
 - Head injuries.
 - Chronic cerebrovascular insufficiency (restricted blood flow to the cerebrum).
 - Reversible ischemic neurological deficits.

Eligible death benefit means the sum of the face amount plus paid-up additional insurance in effect, if any.

Hands-on assistance means the physical assistance of another person without which the insured would be unable to perform the ADL.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the insured or a relative of either you or the insured, including a brother, sister, parent, spouse or child of either you or the insured or the spouse of such person. The physician cannot be a business associate of you or the insured.

Severe cognitive impairment means a loss or deterioration in intellectual capacity that is:

- a) Comparable to, and includes, Alzheimer's Disease and similar forms of irreversible dementia; and
- b) Measured by clinical evidence and standardized tests that reliably measure impairment in: short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

Standby assistance means the presence of another person within arm's reach of the insured that is necessary to prevent, by physical intervention, injury to the insured while the insured is performing the ADL (such as being ready to catch the insured if the insured falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the insured's throat if the insured chokes while eating).

Substantial assistance means hands-on assistance or standby assistance.

Substantial supervision means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the insured from threats to his or her health or safety (such as may result from wandering).

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

When This Rider Comes Into Effect

If this rider was an attachment to the certificate on the certificate issue date, this rider comes into effect on the same day as the certificate, if the insurability of the insured, for purposes of this rider, has not changed between the date of the application and that day.

If this rider was not an attachment to the certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if the insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance.
- The day that the total of the acceleration amounts equals the maximum lifetime acceleration amount.
- The effective date of a payment due to the insured being diagnosed with a terminal illness.

When this rider ends, it is no longer in effect.

The ending of this rider will not prejudice a payment payable for a chronic illness, critical illness or terminal illness that occurs while this rider is in effect. That payment will not put the certificate or this rider back into effect.

Paying Premiums

There is no required premium for this rider, however, subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate.

Benefit

Subject to the provisions of the entire contract, you may elect to receive an accelerated death benefit payment due to the insured's chronic illness, critical illness or terminal illness that occurs while this rider is in effect.

Amount of the Benefit

The amount of each payment will be determined by us, as described below.

The payment will be equal to, on that payment's effective date:

- The applicable acceleration amount, minus;
- The applicable actuarial discount amount, minus;
- The applicable administrative fee, minus;
- The sum of the unpaid total premium on that date, minus;
- The loan repayment amount on that date.

Each payment will be at least equal to the certificate's cash surrender value, if any, on the payment's effective date multiplied by the acceleration factor.

For chronic illness and critical illness, the payment will be less, and for terminal illness may be less, than the acceleration amount applicable to that payment.

Actuarial Discount Amount

For chronic illness and critical illness the actuarial discount amount will be determined by us and:

1. Will be based upon a number of factors such as the insured's age, premium class and sex (if the base certificate was issued on a sex distinct basis).
2. Will be calculated using a mortality table, determined by us, and an interest rate that will not exceed the greater of:
 - a. The current yield on 90-day U.S. Treasury Bills; and
 - b. The maximum variable loan interest rate allowed under the NAIC Model Policy Loan Interest Rate Bill, as amended or superseded.
3. Will take into account the present value of each of the following: the applicable acceleration amount; anticipated future premiums associated with that acceleration amount; and dividends we anticipate would be paid, based upon that acceleration amount, after the payment's effective date.

For terminal illness the actuarial discount amount will be \$0.00.

Administrative Fee

For chronic illness and critical illness the administrative fee will be determined by us but will not be more than the maximum administrative fee shown on the *Certificate Data Pages*.

For terminal illness the administrative fee will be \$0.00.

Acceleration Amount Limits

The acceleration amount for a payment:

- Must be an amount at least equal to the minimum acceleration amount.
- Must be an amount such that the total of the acceleration amounts does not exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and the maximum lifetime acceleration amount.
- Must be an amount such that the face amount after the effective date of that payment will be at least equal to the residual face amount.
- Is subject to the following:
 - **For Chronic Illness** - The maximum acceleration amount that can be accelerated in any 12 month period, as a result of the insured being diagnosed with a chronic illness, is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness.
 - **For Critical Illness** - The maximum acceleration amount, that can be accelerated as a result of the insured being diagnosed with a critical illness, is 95% of the eligible death benefit on the effective date of the payment due to that critical illness.
 - **For Terminal Illness** - The maximum acceleration amount, that can be accelerated as a result of the insured being diagnosed with a terminal illness, is 95% of the eligible death benefit on the effective date of the payment due to the terminal illness.

Claim Provisions

Notice of Claim

Written notice of claim, for an accelerated death benefit payment, must be received by us, at our designated office, for us to act upon it. The notice should contain enough information to identify the insured.

Claim Forms

After we receive notice of claim, we will send you the forms that are to be used to file a claim under this rider. If you have not received these forms within 15 days after sending us notice of claim, you shall be deemed to have complied with the requirements as to submission of a claim upon submitting each of the following:

- The type, chronic, critical or terminal, of illness for which a claim is being submitted and the nature of that illness.
- The amount of eligible death benefit that you are requesting be accelerated.
- Written proof, as described in the *Proof of Loss* provision, that the insured has been diagnosed with a chronic illness, critical illness or terminal illness, as applicable.
- The name, address and phone number of the physician who made the diagnosis and the date of that diagnosis.

Proof of Loss

We must receive, at our designated office, written due proof, of the insured's chronic illness, critical illness or terminal illness, as applicable, before we will pay an accelerated death benefit payment. That proof must include a certification by the applicable physician of his/her diagnosis of the insured's chronic illness, critical illness or terminal illness.

We may require additional proof including, but not limited to, complete reports, notes and records of the insured's medical history, test results, diagnoses and treatments.

Physical Examination

We have the right to have the insured medically examined, at our expense, by a physician we appoint, in order to obtain a second medical opinion to confirm the diagnosis and eligibility for the payment.

If that second medical opinion does not confirm the diagnosis and eligibility for the payment, then a third medical opinion, provided at our expense by a physician that is mutually acceptable to you and us, will determine eligibility for the payment.

Claim Approval

If we approve your claim for a payment, we will send you an offer sheet demonstrating the effect of the payment on the face amount and, as applicable, the premium, cash value and loan amount. This offer sheet will also be sent to each assignee and irrevocable beneficiary, if any. The offer sheet will indicate the effective date of the payment and will be valid for a period of 60 days from the date, as shown in our records, we send the offer sheet to you.

You must sign the offer sheet, indicating your election to receive the accelerated death benefit payment, as offered, and return it to us, within the 60 day period, in order for us to process the claim based upon that offer sheet. After the 60 day period a new offer sheet, with updated information and a new effective date, must be requested.

We must also receive the signature(s), on a form we accept, of each assignee and each irrevocable beneficiary, if any, consenting to the payment. We reserve the right to require proof, acceptable to us, of your mental competence on the date you signed the offer sheet.

Payment

Payment will be due immediately upon our receipt of due written proof of payment eligibility such as receipt of the proof of loss, signed offer sheet, required consents, if any, and proof of mental competence, if required by us. The payment will be made in a single lump sum.

Payment will be made, while the insured is living, to you or to your estate, unless the payment is otherwise assigned or you designate another recipient. If the insured dies and we receive notification of that death before a payment has been made, the claim for that payment will be cancelled and the death benefit payable, if any, will be paid as described in the *Death Benefit* provision of the certificate. Payment(s) made before we receive notification of the death of the insured will reduce the death benefit payable, if any.

Effect of an Accelerated Death Benefit Payment

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount, and the amount, if any, of the paid-up additional insurance, cash value and loan amount, on a pro rata basis, based upon the applicable acceleration factor. The reduction to the face amount for chronic illness and critical illness will be more, and for terminal illness may be more, than the payment. The reduction to the loan amount will be considered a loan repayment amount and will be included in the calculation of the payment.

Premiums due, and dividends credited, after the effective date of a payment, will be adjusted based upon the reduced face amount. The adjusted premiums, if any, will be as if the certificate had been issued at the reduced face amount. Subject to the provisions of the entire contract, the adjusted premiums, if any, must be paid as described in the certificate, in order to keep the insurance contract in effect after that effective date.

A rider, if any, that only provides coverage for the accidental death of the insured, will not be affected by a payment.

Reinstatement

This rider may be reinstated if the certificate is reinstated, subject to the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium, or
- Fraud, when allowed by the laws of the state governing shown on the cover page of the certificate.

Statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement, except as described above in this provision.

Excluded Risks and Limitations

We will not make a payment for a chronic illness, critical illness or terminal illness that results directly or indirectly from attempted suicide or intentionally self-inflicted injury, while sane or insane, that occurs within two years from the date this rider comes into effect.

An accelerated death benefit payment is not meant to allow third parties to cause you to involuntarily reduce the death benefit ultimately payable, under the certificate, to a beneficiary. Therefore, we will not make a payment if we receive notification before payment, as shown in our records, stating that:

- You are required by law to use a payment to meet the claims of creditors, whether in bankruptcy or otherwise; or
- You are required by a government agency to use a payment in order to apply for, obtain, or keep a government benefit or entitlement.

We are not responsible for the effect or validity of such notification.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



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Executive Secretary



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President & Chief Executive Officer

This is the last page of this Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness).

The Independent Order Of Foresters ('Foresters')

Common Carrier Accidental Death Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the accidental death of the insured caused by an accidental bodily injury that occurs while the insured is riding as a fare-paying passenger on a common carrier.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount, on the day this rider comes into effect, maximum accidental death amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount, on the day this rider comes into effect, maximum accidental death amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Common Carrier Accidental Death Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Common carrier means a motorized vehicle if, at the time of the accidental bodily injury for which the benefit is claimed, that vehicle meets each of the following:

- Is being operated by a business organized and licensed to transport fare-paying passengers.
- Is being piloted, driven or captained by a person who is then licensed to pilot, drive or captain that vehicle, to transport fare-paying passengers.
- Is transporting fare-paying passengers on regularly scheduled routes, from one location to arrive and exit at a different location.

Common carrier will not include:

- A taxi.
- A limousine.
- A cruise ship, if the cruise is more than 12 hours.
- A sightseeing vehicle.
- A vehicle hired or used for a sport, contest or recreational activity, even if the vehicle is licensed and a fare is paid.

Fare-paying means the payment of money, by any mode, by, or on behalf of, a person, specifically for the purpose of that person riding the common carrier from one location to arrive and exit at a different location. Fare-paying does not include courtesy, gratuitous or shuttle transportation.

Riding means:

- Physically aboard the common carrier, or
- Entering or exiting the common carrier, but only while on the ramp or steps attached to, and physically part of, the common carrier and used solely for the purposes of entering and exiting the common carrier.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium, if any, for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance under a rider.

When this rider ends, it is no longer in effect. The ending of this rider will not prejudice the payment of the benefit payable for death due to an accidental bodily injury that occurs while the rider is in effect.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium, if any, for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the amount of the benefit upon the accidental death of the insured, provided we receive due proof of each of the following:

1. The accidental death is caused by an accidental bodily injury, directly and independently from all other causes.
2. This accidental bodily injury occurs while: (a) the insured is riding as a fare-paying passenger on a common carrier and (b) this rider is in effect.
3. Accidental death occurs within 180 days of this accidental bodily injury.

This benefit will be paid as described in the *Payment to Beneficiary* provision of the certificate.

Amount of the Benefit

The amount of the benefit will be the benefit amount on the date of death, unless the total accidental death benefit amount exceeds the maximum accidental death amount. If it does, the amount of the benefit under this rider will be reduced to the amount that is required so that the total accidental death benefit amount equals the maximum accidental death amount.

The total accidental death benefit amount is the sum of the benefit amount under this rider plus the amount(s) payable under other insurance issued by us, if any, that specifically provides for payment due to the accidental death of the insured.

If there is in effect on the insured's date of death other insurance issued by us that specifically provides for payment due to the accidental death of the insured, the amount of the benefit payable under this rider shall be calculated and paid after:

- First, payment of the benefit payable under the other insurance without a common carrier requirement, whether issued before or after the issue date of this rider.
- Second, payment of the benefit payable under the other insurance with a common carrier requirement, issued prior to the issue date of this rider.

The amount of the benefit under this rider will be zero if the total of the amount(s) payable under the first and second above exceeds the maximum accidental death amount.

Excluded Risks

We will not pay the Common Carrier Accidental Death Rider benefit if the insured's death results directly or indirectly from any of the following:

- Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Committing or attempting to commit a felony.
- War or act of war, whether declared or undeclared.
- Disease or infirmity, of mind or body, or medical or surgical treatment therefore.
- Infection, other than septic infection occurring through and at the time of accidental cut or wound.
- An accidental bodily injury that is sustained or contracted in consequence of the insured being under the influence of a drug, narcotic, barbiturate or sedative, unless administered on the advice of a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- An accidental bodily injury that is sustained or contracted in consequence of the insured's alcohol intoxication. Intoxication will mean a blood alcohol level that is prescribed, by the law of the state governing this rider, as an offence for the operation of a motor vehicle.

No Common Carrier Accidental Death Rider benefit will be paid if the insured is riding the common carrier for any of the following purposes:

- To perform duties in relation to that common carrier. This includes duties related to:
 - the operation or maintenance of that common carrier, or
 - the care, assistance or entertainment of the passengers of that common carrier.
- To give or receive training about or related to the common carrier.
- Transportation as a member, and on behalf of, the armed forces if the common carrier is being operated by the armed forces.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Risks not covered by this rider, or
- Fraud, when allowed by the laws of the state governing shown on the cover page of the certificate.

Statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement, except as described above in this provision.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]


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Executive Secretary
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President & Chief Executive Officer
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This is the last page of this Common Carrier Accidental Death Rider.

The Independent Order Of Foresters ('Foresters')

Family Health Benefit Rider

If this rider was attached to a certificate when it was delivered to you, certificate means that certificate. The specific benefit amounts, maximum family benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not attached to a certificate when it was delivered to you, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The specific benefit amounts, maximum family benefit amount and expiry date for this rider are shown in that notification.

As described in this rider, it provides benefits for qualified health situations that result, directly and independently of all other causes, from a catastrophic event. It is not intended to cover all of the costs associated with these health situations or to provide health insurance.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Family Health Benefit Rider".

Unless amended by this rider, certificate provisions and definitions apply to this rider.

DEFINITIONS

For purposes of this rider:

Catastrophic event means a typhoon, hurricane, tornado, earthquake, volcanic eruption, tsunami or lightning strike, that is officially recognized and recorded by either the U.S. National Weather Service or the U.S. Geological Survey.

Claimant means the insured and each member of the insured's immediate family.

Hospital is a short-term, acute, general hospital located in the continental United States, Alaska or Hawaii, that both:

- Is duly licensed for, and is primarily engaged in, providing inpatient diagnostic and therapeutic services for the diagnosis, treatment and care of sick persons by, or under the supervision of, physicians.
- Provides 24-hour nursing service by, or under the supervision of, registered graduate nurses and is not, other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort or spa, sanatorium or rehabilitation center; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; or d) a place for the provision of hospice care.

Immediate family means the insured's spouse and each child of the insured (biological or legally adopted) while under the age of 25 years and for whom the insured is legally responsible for maintenance and support.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the claimant or a relative of either you or the claimant, including a brother, sister, parent, spouse or child of either you or the claimant or the spouse of any such person. The physician cannot be a business associate of you or the claimant.

Qualified health situation means a hospital stay, a hospital emergency room examination, or ambulance transportation.

Spouse means the person to whom the insured is married, legally or by common-law, according to the law of the state governing this rider.

When This Rider Comes Into Effect

This rider comes into effect on the same day as the certificate if the rider was attached to the certificate at the time of certificate delivery.

If this rider was not attached to the certificate at that time, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if we have received the first premium, if any, for this rider.

End of Rider

This rider ends at 12:01 a.m. on the earliest of the following dates:

- The expiry date for this rider.
- The first day following the day the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes extended term insurance or reduced paid up insurance under a rider.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore no benefit would be paid.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium, if any, for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the specific benefit amount to you for each claimant who has a qualified health situation that occurs during the lifetime of the insured and while both the certificate and this rider are in effect, subject to submission of proof, satisfactory to us, of each of the following:

- The qualified health situation is caused, directly and independently from all other causes, by a catastrophic event.
- The qualified health situation occurs within 10 days of the catastrophic event.

Amount of the Benefit

There is a specific benefit amount for each of the qualified health situations.

Ambulance Transportation –The specific benefit amount for ambulance transportation will be payable only once for each claimant per catastrophic event.

Hospital Emergency Room Examination – The specific benefit amount for a hospital emergency room examination will be payable only once for each claimant per catastrophic event.

Hospital Stay – The specific benefit amount for a hospital stay is payable for each calendar day that the claimant is billed for hospitalization, up to a maximum of 5 days per claimant per catastrophic event.

The benefit payable under this rider is limited by the maximum family benefit amount. If a valid claim is made for a specific benefit amount that would cause the total of the specific benefit amounts paid under this rider to exceed the maximum family benefit amount, the amount paid on that claim will be reduced so that the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount. If the total of the specific benefit amounts paid under this rider equals the maximum family benefit amount, this rider will end.

Notice of Claim and Proof

We must receive a written request for the benefit within the 12-month period following the occurrence of the qualified health situation. Otherwise, no benefit will be paid.

Within 15 days of receiving this request, we will send you the forms that are to be used to file a claim under this rider. If you do not receive these forms within 15 days you may submit to us a written statement outlining:

- The name, age and relationship of the claimant to the insured.
- The date, type and location of the catastrophic event.
- The date and specific details surrounding the qualified health situation that you are filing the claim for.

Attach the required proof to the forms or written statement.

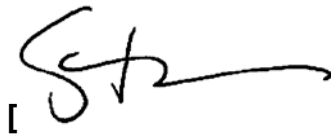
We must receive the properly completed forms or your written statement, and the required proof, within 90 days of the written request for the benefit. Otherwise, no benefit will be paid.

Incontestability

We will not contest the validity of this rider at any time except for nonpayment of premium.

The Independent Order Of Foresters ('Foresters')
has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



Executive Secretary



International Fraternal President

This is the last page of this Family Health Benefit Rider.

The Independent Order Of Foresters ('Foresters')

Accidental Death Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the accidental death of the insured, caused by an accidental bodily injury.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Accidental Death Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance under a rider.

When this rider ends, it is no longer in effect. The ending of this rider will not prejudice the payment of the benefit payable for death due to an accidental bodily injury that occurs while the rider is in effect.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefit

Subject to the provisions of the entire contract, we will pay the Accidental Death Rider benefit amount upon the accidental death of the insured, provided we receive due proof of each of the following:

1. The accidental death is caused by an accidental bodily injury, directly and independently from all other causes.
2. This accidental bodily injury occurs while this rider is in effect.
3. Accidental death occurs within 180 days of this accidental bodily injury.

The amount payable will be paid as described in the *Payment to Beneficiary* provision of the certificate.

Excluded Risks

We will not pay the Accidental Death Rider benefit amount if the insured's death results directly or indirectly from any of the following:

- Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Mountaineering, climbing, scuba diving or driving or riding in an air, land or water vehicle in a race, speed or endurance contest.
- Sky diving, gliding, parachuting, ultra-lighting, parasailing or bungee jumping.
- Infection, other than septic infection occurring through and at the time of an accidental cut or wound.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of, and at the frequency and dosage prescribed by, a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of a concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - A coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Risks not covered by this rider, or
- Fraud, when allowed by the laws of the state governing shown on the cover page of the certificate.

Statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement, except as described above in this provision.

The Independent Order Of Foresters ('Foresters')
has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]

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Executive Secretary

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President & Chief Executive Officer

This is the last page of this Accidental Death Rider.

The Independent Order Of Foresters ('Foresters')

Children's Term Rider

Provides, subject to the provisions of the entire contract, a benefit that is payable upon the death of an insured child, a conversion option for each insured child and guaranteed insurability for future children.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The benefit amount and expiry date for this rider are shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The benefit amount and expiry date for this rider are shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Children's Term Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Who is an Insured Child

Child, for the purposes of this rider, means a person who is:

- the biological child of the insured,
- legally adopted by the insured,
- a step-child of the insured as a result of and during the insured's legal, as defined by the laws of the state governing, marriage or civil union to the parent of that person, or
- under the legal guardianship of the insured.

A person who is a child under this rider is an insured child if each of the following conditions is met:

- Named in the application for this rider.
- Is 15 days or older and under the age of 18 years on the date this rider comes into effect or if younger than 15 days old at that time, reaches age 15 days while this rider is in effect.
- Not specifically excluded by us, as shown in our records.
- There has been no change in the insurability of that person between the date of the application for this rider and the date that we approve, as shown in our records, the addition of this rider to the certificate.

Insured child also includes each person who becomes an insured child as described in the *Guaranteed Insurability* provision.

A child ceases to be an insured child, and is no longer insured under this rider, at the earliest of:

- his or her 25th birthday,
- the date this rider ends as described in the *End of Rider* provision,
- the conversion date for that insured child as described in the *Conversion* provision.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if we have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day that we end this rider as described in the *Suicide* provision.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance under a rider.

When this rider ends, it is no longer in effect, which means that our liability ends and no death benefit would be paid under this rider. If this rider ends, due to the certificate no longer being in effect as a result of the death of the insured, then unearned premiums, if any, paid for coverage under this rider, will be included in the calculation of the amount of the death benefit, as described in the *Amount of Death Benefit* provision of the certificate.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefits

This rider provides three benefits:

- A death benefit as described in the *Death Benefit* provision.
- A conversion option for each insured child as described in the *Conversion* provision.
- Guaranteed insurability as described in the *Guaranteed Insurability* provision.

Death Benefit

Subject to the provisions of the entire contract, we will pay the benefit amount to the owner provided we receive due proof that an insured child's death occurred while this rider is in effect.

Conversion

Subject to the conversion limit, each insured child has the option to convert, during that insured child's conversion period, to a new certificate that insures his or her life for the conversion amount. The new certificate must be a Foresters permanent life insurance plan that we are then offering for conversion from this rider with the same risk classification as this rider.

The insured child will not need to submit evidence of insurability unless he or she applies for:

- an amount of insurance greater than the conversion amount for that insured child,
- conversion to a new certificate that offers an increasing amount of insurance, or
- a rider.

An insured child who converts to a new certificate under this conversion option would no longer be an insured child under this rider, as of the conversion date shown in our records. The conversion date is the date of issue of the new certificate.

Conversion Period

The conversion period for an insured child begins on the date that child becomes an insured child under this rider, and continues until two months after the earliest of the following:

- The expiry date for this rider.
- The date of death of the insured.
- For that insured child, his or her 25th birthday.

If, however, this rider ends prior to the expiry date for this rider for reasons other than the death of the insured, the conversion period ends on the date this rider ends.

Conversion Amount

Subject to the conversion limit, for an insured child who exercises his or her conversion option, the conversion amount is:

- if the conversion date is on or before that child's 21st birthday, an amount equal to the benefit amount, or
- if after that child's 21st birthday, an amount between the benefit amount and five times the benefit amount, inclusive.

Conversion Limit

The conversion limit for each insured child is \$100,000.

The conversion option and the conversion amount under this rider will be further limited for an insured child who has already converted to one or more Foresters certificates from other Foresters products or riders. If the amount of insurance from those conversions is:

- \$100,000 or more, there will be no conversion option for that insured child under this rider, or
- less than \$100,000, the conversion amount cannot exceed \$100,000 minus the total amount of insurance from those conversions.

Guaranteed Insurability

A person who becomes a child after the date this rider comes into effect, but while it is in effect, will automatically be an insured child, unless:

- that person is older than 17 years old when he or she becomes a child, or
- that person is younger than 15 days old when he or she becomes a child, but that person will become an insured child if he or she reaches 15 days old while this rider is in effect.

This means that evidence of insurability is not required for that person to be an insured child.

A person who automatically becomes an insured child under this provision will cease to be an insured child as described under the *Who is an Insured Child* provision.

Suicide

We will not pay the benefit amount if the death of an insured child is by suicide or self-inflicted injury, while sane or insane, and occurs within two years of the date of becoming an insured child under this rider. If there was never another insured child under this rider prior to the date of this death, we will return to you the sum of the premiums paid for this rider. We will then end this rider unless you request to keep this rider in effect.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Fraud, when allowed by the laws of the state governing shown on the cover page of the certificate.

Statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement, except as described above in this provision.


Reinstatement

You may reinstate this rider on the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]



[
Executive Secretary] [



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President & Chief Executive Officer

This is the last page of this Children's Term Rider.

Sample

The Independent Order Of Foresters ('Foresters')

Disability Income Rider (Accident Only)

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Disability Income Rider (Accident Only)."

This rider is made part of the certificate. If this rider was attached to a certificate when it was delivered to you, certificate means that certificate. The expiry date for this rider, the waiting period, maximum benefit period, the fixed amount, and the applicable percentage of the face amount to be used for calculating the amount of the disability income benefit, are shown in the *Certificate Data Pages*.

Subject to the *End of Rider* provision, this rider is guaranteed to be in effect up to the expiry date for this rider, as long as you pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

If this rider was not attached to a certificate when it was delivered to you, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The expiry date for this rider, the waiting period, maximum benefit period, the fixed amount, and the applicable percentage of the face amount to be used for calculating the amount of the disability income benefit, are shown in that notification.

DEFINITIONS

Actively employed and active employment means employed or self-employed in an occupation for an income.

Effective Date means 12:01 a.m. on the date this rider comes in to effect as described in the *Effective Date* provision of this rider.

Income means the salary, wages, bonuses, commissions, fees and other monetary payments regularly earned by the insured from an occupation. Income does not include monies from any other source, including from or as investments, dividends, interest, rent, royalties, annuities, any distribution of deferred compensation or pension plans, sick pay, disability received under a former wage or salary continuation plan, or other disability benefits.

Injury means accidental bodily injury that is the direct result of an accident, independent of sickness, disease or bodily infirmity.

Occupation means a business, trade, profession, vocation or calling but shall not include avocations, hobbies, seasonal workers or a business operating from the insured's home unless 50% of the insured's job related to that business is performed away from the insured's home.

Own occupation means the occupation in which the insured is actively employed at the time of the first injury. If the insured was actively employed in more than one occupation at the time of the first injury, own occupation shall be that occupation in which the insured was actively employed for the most hours during the week immediately preceding the date of the first injury.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the insured or a relative of either you or the insured, including a brother, sister, parent, spouse or child of either you or the insured or the spouse of any such person. The physician cannot be a business associate of you or the insured.

Seasonal worker means any employee whose employer customarily operates during regular seasons of not more than 26 weeks within a period of 52 consecutive weeks, or customarily employs at least 50% of its employees during regular seasons of not more than 26 weeks within a period of 52 consecutive weeks. In addition, the employer's business must, itself, operate seasonally, as described above.

Total Disability and Totally Disabled means

- For purposes of the first injury, the inability of the insured to substantially perform the essential and material duties of the insured's own occupation solely due to injury independently of any other cause or contributing factor, including but not limited to disease, mental illness, infection, bodily infirmity or any other physical, nervous or mental condition and the insured is not in fact working or earning remuneration from that occupation.
- For purposes of the second injury, the inability of the insured to engage in any occupation or perform any work for remuneration or profit for which the insured may be qualified by reason of education, training or experience solely due to injury independently of any other cause or contributing factor, including but not limited to disease, mental illness, infection, bodily infirmity or any other physical, nervous or mental condition and the insured is not in fact working or earning remuneration in any occupation.

PREMIUMS

Paying Premiums

Subject to the *End of rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

The premium for this rider shown in the *Certificate Data Pages* or in the notification sent with this rider is not guaranteed. We can increase the premium for this rider but not more than once in every 12 month period. Each increase will be subject to the approval of the insurance regulator for the state governing this rider, if required. We will send you 45 days notice of the premium increase.

There will be no premium increase because the insured's health worsens or the insured's occupation changes. Each premium increase will be made on the same basis for all riders of this type in effect for the same length of time as this rider and issued to persons of the same issue age, premium class and sex of the insured.

BENEFITS

The Disability Income Benefit

Subject to the provisions of the entire contract, we will pay you the disability income benefit for each completed month of the insured's total disability, that follows after completion of the waiting period, provided we receive proof, satisfactory to us, of the insured's total disability and of each of the following:

- The injury occurs while this rider is in effect.
- The insured is actively employed for at least 30 hours, including paid vacation time, during the week immediately preceding the date of the injury.
- Total disability is continuous throughout the entire waiting period.
- The total disability begins within 180 days of the injury provided that during this period the insured does not cease to be actively employed for any other reason such as but not limited to acts of nature, strike, retirement, layoff, loss of employment, bankruptcy, sickness or illness.
- The total disability first manifests itself after the later of the day that this rider comes into effect and the date of the last reinstatement of this rider, if any.
- The insured is under the care of a physician due to the total disability.

The notice and proof requirements must also be met. These are described in the *Notice of Claim and Proof* provision of this rider.

First and Second Injury

This rider provides for payment of the disability income benefit for a maximum benefit period and subject to the waiting period, as described in this rider, for a maximum of two separate and independent injuries.

If the insured is actively employed in any occupation for a period of four consecutive months after disability income benefits payable for the first injury have ceased, this rider provides for payment of the disability income benefit due to total disability of the insured from a second injury that occurs while this rider is in effect. An aggravation of the first injury due to a second injury will be considered as a second injury and not as a recurrence of the first injury.

The definition of total disability is different for the first injury and the second injury. See the *Definitions* provision of this rider.

Waiting Period

A waiting period separately applies to the first injury and to the second injury. No disability income benefit will be paid for total disability, whether due to a first or second injury, during the waiting period. The first day of the waiting period begins on the first day of total disability and not on the date of the injury.

We will not apply a new waiting period to a subsequent period of total disability if we receive proof, satisfactory to us, that the total disability is a recurrence solely due to the same injury. If the insured's total disability did not exceed the waiting period, the balance of the waiting period will

apply to that subsequent period of total disability. A new waiting period will apply, however, even if the recurrence of total disability is due to the same injury, if the insured has been actively employed, after that injury, in any occupation for a period of four consecutive months.

Maximum Benefit Period

A maximum benefit period applies separately to the first injury and to the second injury. The maximum benefit period is the total period of time for which the disability income benefits will be paid regardless of how long the insured is totally disabled or how many recurrences of total disability are due to the same injury. This rider will end once the disability income benefit has been paid for the maximum benefit period due to a second injury.

Amount of Disability Income Benefit

The amount of the disability income benefit, is the lesser of:

- The fixed amount; and
- The amount calculated by multiplying the face amount of the certificate by the applicable percentage.

The insured is not entitled to duplicate disability income benefits for disability contributed to or caused by multiple injuries. The disability income benefit will be paid as if the disability was the result of only one injury.

CLAIM PROVISIONS

Death of Insured

If the insured dies while this rider is in effect, we will return to the beneficiary 100% of the premiums paid for this rider, minus the sum of the disability income benefits paid, if any, under this rider. The premiums returned will be calculated without interest and after all pending claims under this rider have been settled. If the sum of the disability income benefits paid under this rider is equal to or greater than the sum of the premiums paid for this rider, there will be no return of premiums.

Notice of Claim and Proof

The notice of claim for this benefit must be received by us during each of the following:

- The lifetime of the insured.
- The period of total disability.
- While this rider is in effect.

If the above three notice of claim requirements are not met, we will not pay the disability income benefit even if the insured was totally disabled. Failure to give this notice during the period of total disability, however, will not invalidate the claim for this benefit if the following two conditions are met:

- The other two notice requirements are met.
- It was not reasonably possible to give us this notice and this notice was received by our head office as soon as was reasonably possible.

You must provide us with the proof and authorizations required in this rider no later than 90 days after we have received the notice of claim. That proof must be provided to us at your expense, unless we have specifically stated otherwise in this provision.

We will not pay the disability income benefit for a period of total disability that occurred more than 12 months, inclusive of the waiting period, prior to our receipt of this proof or the authorizations.

If requested by us, proof to be provided at your expense, must include but is not limited to:

- Statements from the insured's primary care and attending physician(s) to be completed, in full, on forms provided or approved by us.
- The complete reports, notes and records of the primary care physician and the attending physician(s).
- Copies of all test results related to the total disability.
- The complete reports, notes and records of a medical facility, including a hospital, that provided services related to the total disability.
- Complete reports, notes and records of the insured's medical history, diagnosis and treatments.

Attending physician(s) means the physician(s) who provided care or medical advice to the insured in relation to the total disability.

At your expense, you must, at reasonable intervals or upon our request, furnish us with proof, satisfactory to us, of the continuance of the insured's total disability. If this proof is not given, the insured will be considered to have ceased to be totally disabled as of the date we requested this proof.

We have the right to obtain, at our expense and as reasonably necessary, a medical review, medical opinion, additional tests or examinations of the insured, by physicians selected by us.

Upon our request, you must also provide us with the signed consent of the insured that would permit us to obtain information and records that would verify the following:

- The injury and total disability.
- The insured's occupation, education, training and experience.
- Whether the insured was actively employed on the date of injury.
- For how long and on what dates the insured was actively employed.

GENERAL PROVISIONS

Effective Date

This rider comes into effect on the same date as the certificate if the rider was attached to the certificate at the time of certificate delivery.

If this rider was not attached to the certificate at that time, this rider comes into effect on the date

that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured has not changed during the interim period. That period is the time between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider.

Benefit Termination

If we are paying the disability income benefit, no further disability income benefit will be due or payable after the earliest of the following days, even if the insured is totally disabled after that day:

- The day the certificate ends, as described in the certificate.
- The day the certificate becomes extended term insurance under a rider.
- The day the certificate becomes reduced paid up insurance under a rider.
- The day we receive, as shown in our records, your signed, written request to end this rider.
- The day the insured refuses to provide the proof or submit to an examination as described in this rider.
- The last day of the maximum benefit period that applies to the injury for which these benefits were paid.
- The date of death of the insured.

Risks Not Covered

We will not pay the disability income benefit if the injury results directly or indirectly from any of the following:

- An attempted suicide.
- An intentionally self-inflicted injury.
- The administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of, and as prescribed by, a physician.
- Committing or attempting to commit an assault or a crime.
- War or an act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- Voluntary participation in a riot or civil commotion.
- Mountaineering, climbing, scuba diving or participation in a motor sport.
- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Sky diving, gliding, parachuting, ultra-lighting, parasailing or bungee jumping.

Reinstatement

You may reinstate this rider on the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate. The unpaid premium that must be paid, as described in that provision, must include the premium for this rider.

Incontestability

We will not contest the validity of this rider after it has been in effect during the insured's lifetime for two years from the date this rider came into effect except for nonpayment of premium. If this rider is reinstated, this provision will also apply after two years from the date of the last reinstatement of this rider.

End of Rider

This rider ends at 12:01 a.m. on the earliest of the following days:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed, written request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes extended term insurance under a rider.
- The day the certificate becomes reduced paid up insurance under a rider.
- The first day following the last day of the maximum benefit period for which disability income benefits have been paid due to a second injury.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore no disability income benefit would be paid.


Contact Us if This Rider is no Longer Required

Consider whether you still require this rider if the insured ceases to be actively employed, for any reason, and does not plan to ever be actively employed. If you decide that this rider is no longer required, write us to cancel this rider. We will not return the premium paid for this rider prior to our receipt of this written notice.

The Independent Order Of Foresters ('Foresters')
has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]

[]
Executive Secretary

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International Fraternal President

This is the last page of this Disability Income Rider (Accident Only).

The Independent Order Of Foresters ('Foresters')

Disability Income Rider

If this rider was attached to a certificate when it was delivered to you, certificate means that certificate. The expiry date for this rider, the waiting period, maximum benefit period, the fixed amount, and the applicable percentage of the face amount to be used for calculating the amount of the disability income benefit, are shown in the *Certificate Data Pages*.

If this rider was not attached to a certificate when it was delivered to you, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The expiry date for this rider, the waiting period, maximum benefit period, the fixed amount, and the applicable percentage of the face amount to be used for calculating the amount of the disability income benefit, are shown in that notification.

Subject to the *End of Rider* provision, this rider is guaranteed to be in effect up to the expiry date for this rider, as long as you pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Disability Income Rider".

DEFINITIONS

For purposes of this rider:

Actively employed and active employment mean legally employed or self-employed in an occupation for an income directly from that occupation.

Complications of pregnancy means a condition diagnosed by a physician, which is distinct from pregnancy but which is adversely affected or caused by pregnancy. Complications of pregnancy does not include: false labor, back pain, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a pregnancy, are not medically classified as distinct complications of pregnancy.

Disability and Disabilities mean the period(s) of time during which, due to injury or sickness, the insured meets the definition of total disability.

Income means the salary, wages, bonuses, commissions, fees and other monetary payments regularly earned by the insured from an occupation. Income does not include monies from any other source, including from or as investments, dividends, interest, rent, royalties, annuities, distribution of deferred compensation or pension plans, sick pay, benefits received under a former wage or salary continuation plan, or other benefit programs.

Injury means accidental bodily injury that is the direct result of an accident, independent of an illness, disease, condition or bodily infirmity.

Medical professional means a person who is a physician or a duly licensed medical practitioner, psychologist or health care practitioner while acting within the scope of that license.

Medical treatment means advice, consultation, diagnostic test, diagnosis, medical care, medication, treatment or other health related services.

Occupation means a business, trade, profession, vocation or calling but shall not include avocations, hobbies, seasonal or temporary work or a business operating from the insured's home unless 50% of the insured's job related to that business is performed away from the insured's home.

Own occupation means the occupation in which the insured is actively employed on the date the first disability started. If the insured was actively employed in more than one occupation on that date, own occupation shall be that occupation in which the insured was actively employed for the most hours during the week immediately preceding that date.

Physician is a duly licensed medical practitioner while acting within the scope of an active license to practice medicine in the United States. The physician cannot be you, the insured or a relative of either you or the insured, including a brother, sister, parent, spouse or child of either you or the insured or the spouse of any such person. The physician cannot be a business associate of you or the insured.

Pre-existing condition means an illness, disease, condition or bodily infirmity that was not fully disclosed and identified on the application for, or reinstatement if any of, this rider, and for which, within the two-year period preceding the later of the day this rider comes into effect and the date of the last reinstatement, if any, of this rider:

1. Symptoms existed that would cause an ordinarily prudent person to seek medical treatment; or
2. Medical treatment was recommended by or received from a medical professional.

Recurrent disability means disability that occurs within four months of the end of the last disability and is due to the same, or a related, injury or sickness as the last disability.

Seasonal or temporary work means employment that would be, but for the injury or sickness, for a duration of less than 26 weeks during a period of 52 consecutive weeks.

Sickness means:

- An illness or disease that was not diagnosed or treated before the later of the day this rider comes into effect and the date of the last reinstatement, if any, of this rider; or
- An illness or disease that was fully disclosed to us at the time of application for, or reinstatement if any of, this rider and that was not specifically excluded by us.

Subsequent disability means disability that occurs after the end of the last disability and that is not a recurrent disability.

Total Disability and Totally Disabled mean:

- For purposes of the first disability, the inability of the insured to substantially perform the essential and material duties of the insured's own occupation solely due to injury or sickness independently of any other cause or contributing factor and the insured is not in fact working or earning remuneration from that occupation.
- For purposes of the second disability, the inability of the insured to engage in any occupation or perform any work for remuneration or profit for which the insured may be qualified by reason of education, training or experience solely due to injury or sickness independently of any other cause or contributing factor and the insured is not in fact working or earning remuneration in any occupation.

When This Rider Comes Into Effect

This rider comes into effect on the same day as the certificate if this rider was attached to the certificate at the time of certificate delivery.

If this rider was not attached to the certificate at that time, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed, written request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes extended term insurance under a rider.
- The day the certificate becomes reduced paid up insurance under a rider.
- The first day following the last day of the maximum benefit period for which disability income benefits have been paid due to a second disability.

When this rider ends, it is no longer in effect, which means that our liability ends and therefore no disability income benefit would be paid.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

The premium for this rider shown in the *Certificate Data Pages* or in the notification sent with this rider is not guaranteed. We can increase the premium for this rider but not more than once in every 12 month period. Each increase will be subject to the approval of the insurance regulator for the state governing this rider, if required. We will send you 45 days notice of the premium increase.

There will be no premium increase because the insured's health worsens or the insured's occupation changes. Each premium increase will be made on the same basis for all riders of this type in effect for the same length of time as this rider and issued to persons of the same issue age, premium class and sex of the insured.

Benefit

Subject to the provisions of the entire contract, we will pay you the disability income benefit for each completed month of the insured's total disability that follows after the completion of the waiting period, provided we receive satisfactory proof of the insured's total disability and of each of the following:

- The insured is actively employed on the first day of that total disability and for at least 30 hours, including paid vacation time, during the week immediately preceding that date.
- Total disability is continuous throughout the entire waiting period.
- The disability begins after the later of the day that this rider comes into effect and the date of the last reinstatement, if any, of this rider.
- The insured is under the regular care and attendance of a physician for the injury or sickness upon which the total disability is based.

Additionally, if the total disability is due to an injury, satisfactory proof that:

- That injury occurs while this rider is in effect; and
- That total disability begins within 180 days of that injury.

The notice and proof requirements must also be met. These are described in the *Notice of Claim and Proof* provision of this rider.

First and Second Disability

This rider provides for payment of the disability income benefit for a maximum benefit period and subject to the waiting period, as described in this rider, for a maximum of two separate and independent disabilities.

If the insured is actively employed in any occupation for a period of four consecutive months after disability income benefits payable for the first disability have ceased, this rider provides for payment of the disability income benefit due to total disability of the insured from a second disability that occurs while this rider is in effect.

A recurrent disability will be considered a continuation of the last disability and not a new disability. A subsequent disability will be considered a new disability.

The definition of total disability is different for the first disability and the second disability. See the *Definitions* provision of this rider.

Waiting Period

A waiting period separately applies to the first disability and to the second disability. No disability income benefit will be paid for total disability, whether a first or second disability, during the waiting period. The first day of the waiting period begins on the first day of total disability.

We will not apply a new waiting period to a subsequent period of total disability if we receive proof, satisfactory to us, that the total disability is a recurrent disability. If the insured's total disability did not exceed the waiting period, the balance of the waiting period will apply to that subsequent period of total disability. A new waiting period will apply, however, even if the subsequent period of total disability is due to the same injury or sickness, if the insured has been actively employed, after that total disability, in any occupation for a period of four consecutive months.

Maximum Benefit Period

A maximum benefit period applies separately to the first disability and to the second disability. The maximum benefit period is the total period of time for which the disability income benefits will be paid regardless of how long the insured is totally disabled or the number of times recurrent disability occurs. This rider will end once the disability income benefit has been paid for the maximum benefit period due to a second disability.

Amount of Disability Income Benefit

The amount of the disability income benefit is the lesser of:

- The fixed amount; and
- The amount calculated by multiplying the face amount of the certificate by the applicable percentage.

The insured is not entitled to duplicate disability income benefits for total disability contributed to or caused by multiple injuries or sicknesses or any combination of both. The disability income benefit will be paid as if the total disability was the result of only one injury or sickness.

Death of Insured

If the insured dies while this rider is in effect, we will return to the beneficiary 100% of the premiums paid for this rider, minus the sum of the disability income benefits paid, if any, under this rider. The premiums returned will be calculated without interest and after all pending claims under this rider have been settled. If the sum of the disability income benefits paid under this rider is equal to or greater than the sum of the premiums paid for this rider, there will be no return of premiums.

Notice of Claim and Proof

The notice of claim for this benefit must be received by us during each of the following:

- The lifetime of the insured.
- The period of total disability.
- While this rider is in effect.

If the above three notice of claim requirements are not met, we will not pay the disability income benefit even if the insured was totally disabled. Failure to give this notice during the period of total disability, however, will not invalidate the claim for this benefit if the following two conditions are met:

- The other two notice requirements are met.
- It was not reasonably possible to give us this notice and this notice was received by our head office as soon as was reasonably possible.

You must provide us with the proof and consents required in this rider no later than 90 days after we have received the notice of claim. That proof must be provided to us at your expense, unless we have specifically stated otherwise in this provision.

We will not pay the disability income benefit for a period of total disability that occurred more than 12 months, inclusive of the waiting period, prior to our receipt of this proof or the consents.

If requested by us, proof, to be provided at your expense, must include but is not limited to:

- Statements from the insured's primary care and attending physician(s) to be completed, in full, on forms provided or approved by us.
- The complete reports, notes and records of the primary care physician and the attending physician(s).
- Copies of all test results related to the injury or sickness and the total disability.
- The complete reports, notes and records of a medical facility, including a hospital, that provided services related to the injury or sickness and the total disability.
- Complete reports, notes and records of the insured's medical history, diagnosis and treatments.

Attending physician(s) means the physician(s) who provided care or medical advice to the insured in relation to the injury or sickness and the total disability.

At your expense, you must, at reasonable intervals or upon our request, furnish us with satisfactory proof of the continuance of the insured's total disability. If this proof is not given, the insured will be considered to have ceased to be totally disabled as of the date we requested this proof.

We have the right to obtain, at our expense and as reasonably necessary, medical reviews, medical opinions, assessments, evaluations, examinations or testing of the insured, by medical professionals selected by us.

Upon our request, you must also provide us with the signed consent of the insured that would permit us to obtain information and records that would verify the following:

- The total disability and the injury or sickness.
- The insured's occupation, education, training and experience.
- Whether the insured was actively employed on the first day of that total disability.
- The insured's employment history including for how long and on what dates the insured was, and would have been, actively employed.

Benefit Termination

If we are paying the disability income benefit, no further disability income benefit will be due or payable after the earliest of the following days, even if the insured is totally disabled after that day:

- The day the certificate ends, as described in the certificate.
- The day the certificate becomes extended term insurance under a rider.
- The day the certificate becomes reduced paid up insurance under a rider.
- The day we receive, as shown in our records, your signed, written request to end this rider.
- The day the insured refuses to provide the proof or submit to an examination as described in this rider.
- The last day of the maximum benefit period that applies to the disability for which these benefits were paid.
- The date of death of the insured.

Risks Not Covered

We will not pay the disability income benefit if the disability results directly or indirectly from any of the following:

- An attempted suicide.
- An intentionally self-inflicted injury.
- Alcoholism or drug addiction.
- The administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of, and as prescribed by, a physician.
- Committing or attempting to commit an assault or a crime.
- Involvement in an illegal occupation.
- War or an act of war, whether declared or undeclared.
- Exposure to abnormal hazards because of service in the armed forces of any country or association of countries, whether war is declared or not and whether on active duty or not.
- Voluntary participation in a riot or civil commotion.
- Mountaineering, climbing, scuba diving or participation in a motor sport.

- Aviation, of any form, unless as a fare paying passenger in a fully licensed passenger carrying aircraft.
- Sky diving, gliding, parachuting, ultra-lighting, parasailing or bungee jumping.
- Normal pregnancy or childbirth except for complications of pregnancy.
- A pre-existing condition, unless that disability begins more than two years after the date this rider comes into effect, or two years after the date of the last reinstatement, if any, of this rider.

We will not pay the disability income benefit if disability results directly or indirectly from injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:

- A test or report completed by or at the direction of a law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of either or both of the following:
 - A narcotic in the body of the insured, regardless of the measurement or quantity.
 - A concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
- A law enforcement or government report indicates that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of a narcotic, alcohol or intoxicant.
- Proof that the accident occurred while the insured was under the influence of a narcotic, alcohol or intoxicant.

A narcotic does not include a drug that can be proved, to our satisfaction, to have been consumed by the insured at the frequency and dosage instructed or prescribed by a licensed physician.

Reinstatement

You may reinstate this rider on the same conditions as reinstatement of the certificate, as described in the *Reinstatement* provision of the certificate. The unpaid premium that must be paid, as described in that provision, must include the premium for this rider.

Incontestability

We will not contest the validity of this rider after it has been in effect during the insured's lifetime for two years from the date this rider came into effect except for non-payment of premiums.

If this rider is reinstated, this provision will also apply after two years from the effective date of the last reinstatement of this rider.

Contact Us if this Rider is no Longer Required

Consider whether you still require this rider if the insured ceases to be actively employed for any reason, including becoming employed in seasonal or temporary work, and does not plan to ever be actively employed. If you decide that this rider is no longer required, write us to cancel this rider. The premium paid for this rider, up to the date of our receipt of this written notice, will not be returned.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]

[]
Executive Secretary

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International Fraternal President

This is the last page of this Disability Income Rider.

The Independent Order Of Foresters ('Foresters')

Waiver of Premium Rider

Provides, subject to the provisions of the entire contract, a benefit while the insured is totally disabled.

If this rider was an attachment to a certificate on the certificate issue date, certificate means that certificate. The expiry date for this rider is shown in the *Certificate Data Pages*.

If this rider was not an attachment to a certificate on the certificate issue date, certificate means the certificate with the certificate number referred to in the notification that we sent you with this rider. The expiry date for this rider is shown in that notification.

This rider consists of this page and each following page attached up to the page which states "This is the last page of this Waiver of Premium Rider".

This rider, while in effect, forms part of the insurance contract. Unless amended by this rider, certificate provisions and definitions apply to this rider. This rider does not have cash or loan values.

Definitions

For purposes of this rider:

Actively employed means legally employed or self-employed in an occupation for an income directly from that occupation.

Income means the salary, wages, bonuses, commissions, fees and other monetary payments regularly earned by the insured from an occupation. Income does not include monies from another source, including from or as investments, dividends, interest, rent, royalties, annuities, distribution of deferred compensation or pension plans, sick pay, benefits received under a wage or salary continuation plan, or other benefit programs.

Injury means an injury that is the direct result of an accident, independent of an illness, disease, condition or bodily infirmity.

Occupation means a business, trade, profession, vocation or calling but shall not include avocations, hobbies, seasonal or temporary work or a business operating from the insured's home unless 50% of the insured's job related to that business is performed away from the insured's home.

Own occupation means the occupation in which the insured is actively employed on the date that the total disability, for which a claim is being made, started. If the insured was actively employed in more than one occupation on that date, own occupation shall be that occupation in which the insured was actively employed for the most hours during the week immediately preceding that date.

Total Disability and Totally Disabled mean:

- During the first 24 months of total disability, the inability of the insured, solely due to injury or sickness independently of any other cause or contributing factor, to substantially perform the essential and material duties of the insured's own occupation and the insured is not in fact working or earning remuneration from that occupation.
- After the first 24 months of total disability, the inability of the insured, solely due to injury or sickness independently of any other cause or contributing factor, to substantially perform the essential and material duties of any occupation for which the insured may be qualified by reason of education, training or experience and the insured is not in fact working or earning remuneration in any occupation.

When This Rider Comes Into Effect

If this rider was an attachment to a certificate on the certificate issue date, this rider comes into effect on the same day as the certificate.

If this rider was not an attachment to a certificate on the certificate issue date, this rider comes into effect on the date that we approve, as shown in our records, the addition of this rider to the certificate, if both of the following conditions are met:

- The insurability of the insured, for purposes of this rider, has not changed between the date of the application for this rider and the date of that approval.
- We have received the first premium for this rider, on or before the date of that approval.

End of Rider

This rider ends on the earliest of the following dates:

- The expiry date for this rider.
- The day we receive, as shown in our records, your signed request to end this rider.
- The day the certificate is no longer in effect as described in the certificate.
- The day the certificate becomes reduced paid-up life insurance under a rider.

When this rider ends, it is no longer in effect. This means that our liability ends and therefore no benefit would be provided under this rider.

If total disability begins prior to the certificate anniversary on which the insured is age 60 and the insured continues to be totally disabled after the expiry date for this rider and the benefit was provided on the last premium due date before the expiry date, this benefit will continue to be provided until the earlier of the following:

- The date that the insured ceases to be continuously totally disabled.
- The day the certificate is no longer in effect as described in the certificate.

If total disability begins on or after the certificate anniversary on which the insured is age 60, then this benefit will continue to be provided until the earlier of the following:

- The date that the insured ceases to be continuously totally disabled.
- The expiry date for this rider.
- The day the certificate is no longer in effect as described in the certificate.

Paying Premiums

Subject to the *End of Rider* provision, to keep this rider in effect up to the expiry date for this rider, you need to pay the total premium when due, as described in the certificate. The total premium, up to the expiry date for this rider, includes the required premium for this rider.

Benefit

Subject to the provisions of the entire contract, we will waive the total premium due on a premium due date that the insured is totally disabled, provided we receive due proof of each of the following:

1. That the insured is totally disabled on that premium due date.
2. That total disability begins while this rider is in effect.
3. That total disability has been continuous for at least 6 months.

To keep your certificate and this rider in effect during this six month period, you should pay the total premium on each premium due date within that period. If a claim for the benefit is approved, the total premium paid during this six month period will be refunded to you.

Once a claim for the benefit is approved, we may change the premium payment mode to monthly for the duration of the time period that the benefit is provided and it will remain monthly until changed, as shown in our records. During the time period that total premium is being waived the certificate will not lapse.

Notice of Claim

The notice of claim for this benefit must be received by us during each of the following:

1. The lifetime of the insured.
2. The period of total disability.
3. While this rider is in effect.

If the above three notice of claim requirements are not met, we will not waive the total premium due on a premium due date for that total disability. Failure to give this notice during the period of total disability, however, will not invalidate the claim for this benefit if the following two conditions are met:

- The other two notice requirements are met.
- It was not reasonably possible to give us this notice and this notice was received by us as soon as was reasonably possible.

We will not waive the total premium due on a premium due date that occurred more than 12 months prior to our receipt of this notice.

Excluded Risks

We will not waive the total premium if total disability results directly or indirectly from any of the following:

- Attempted suicide or intentionally self-inflicted injuries, while sane or insane.
- Voluntary participation in a riot or civil commotion.
- Committing or attempting to commit a felony.
- Involvement in an illegal occupation.
- War or act of war, whether declared or undeclared.
- The intentional administration, injection, or taking of a drug, hypnotic or narcotic, unless administered on the advice of, and at the frequency and dosage prescribed by, a physician or, in the case of a legal, non-prescribed drug, as recommended by the drug manufacturer.
- Injury sustained in a motorized vehicle accident if the insured was the operator of the motorized vehicle and one or more of the following exists:
 - A test or report completed by or at the direction of a coroner, law enforcement, government agency or representative, based on a sampling obtained from the body of the insured within 24 hours of the accident, indicates the presence of a concentration of alcohol in the insured's blood in excess of the quantity specified in the applicable legislation as an offense for the operation of that type of motorized vehicle.
 - A coroner, law enforcement or government report indicates that, as a result of testing, it was determined that the insured was operating the motorized vehicle while impaired, intoxicated or under the influence of alcohol or an intoxicant, above the legal limit.

Recurrence of Total Disability

We will not provide the benefit after the insured ceases to be totally disabled. If the insured again becomes totally disabled, the entitlement to the benefit will be subject to the same requirements set out in this rider as if the insured was not previously totally disabled.

Proof of Continuance of Total Disability

We may request, but not more often than once a month, proof of the continuance of total disability. If this proof is not given, the insured will be considered to have ceased to be totally disabled immediately as of the date we requested this proof. We also have the right, at our expense and as reasonably necessary, to have the insured medically examined by a physician we appoint.

After the insured has been totally disabled continuously for two years, we may not request proof of total disability more often than once each certificate year.

Lapse While Totally Disabled

A claim for the benefit provided under this rider will not be invalid because the certificate has lapsed during the total disability of the insured. If the claim for this benefit is otherwise valid, it will be allowed on reinstatement of the certificate provided the requirements in this provision are met. Those requirements are:

1. We receive proof that total disability has been continuous since the date of lapse of the certificate.
2. Payment of the premium required to keep the certificate in effect that would not have been paid by the application of this benefit if the certificate had not lapsed.

Both of these requirements must be met during each of the following:

1. While the insured is alive.
2. During the period of total disability.
3. Within twelve months after the date of lapse of the certificate.

Incontestability

We will not contest the validity of this rider after it has been in effect, during the lifetime of the insured and without the occurrence of total disability of the insured, for two years, based upon statements made in the application, if this rider is an attached rider, or in the application for this rider, if it was added to the certificate as an attachment after the issue date, except for:

- Non-payment of premium,
- Risks not covered by this rider, or
- Fraud, when allowed by the laws of the state governing shown on the cover page of the certificate.

Statements made, after the issue date, in an application for reinstatement will be incontestable two years after the effective date, as shown in our records, of such reinstatement, except as described above in this provision.

The Independent Order Of Foresters ('Foresters')

has issued this rider as an attachment to the certificate.

Head Office: [789 Don Mills Road, Toronto, Ontario M3C 1T9]
U.S. Mailing Address: [P.O. Box 179, Buffalo, New York 14201-0179]
[1-800-828-1540]


[
Executive Secretary]


[
President & Chief Executive Officer]

This is the last page of this Waiver of Premium Rider.