



New York Regulation 187 Training

New York Regulation 187 requires life licensed producers doing business in New York to complete training. You must complete this training prior to submitting new business to Foresters Financial™ or recommending certain types of inforce transactions to New York residents on Foresters certificates after January 31, 2020. You are not authorized to make these submissions or recommendations , after that date, until this training has been completed.

Training consists of Regulation 187 training through an approved vendor and Foresters product training.

For the Regulation 187 training:

- Existing producers are to submit the completed certification of training form (below) to agencyadmin@foresters.com.

- New producers are to submit the completed certification of training form (below) with their contract application.

Producers will be asked to certify completion of Foresters product training in the applicable suitability form submitted with each New York client application.

Certification of New York Regulation 187 Training

I certify that I have completed the required New York Regulation 187 training within the 12 months preceding the date of this certification. I further certify that I understand I must take Foresters product training prior to submitting applications for, or servicing, Foresters products.

Please provide details below:

(i) I have completed the required New York Regulation 187 training through: (check as applicable)

- LIMRA RegEd
- Other (please provide a copy of the course outline and certification document)

(ii) Date (month and year) of most recent completion of New York Regulation 187 training:

Foresters reserves the right to verify the information outlined herein and to require you to immediately complete appropriate training if not completed as required.

I understand that a false statement or material omission including a failure to provide updated information may disqualify me from consideration for a contract / appointment with Foresters as a Producer or result in the subsequent termination for cause of my business relationship with Foresters and may cause Foresters to report me to the insurance regulator.

Date (mm/dd/yyyy)

Signature of Producer

Print Name

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