

**Call NAAIP Agent Services before filling out PDF.**

**Call Now: 1-800-770-0492**



## Foresters Life Insurance Contracting Application

### **Highest Commissions – Guaranteed!**

Agent contracting - highest commissions - Foresters Life Insurance. Call NAAIP direct at **1-800-770-0492** for appointment. Alternatively, complete the attached application and sign where indicated. Fax or email your completed application along with copies of all insurance licenses for the states in which you will be soliciting business.

Please fax or email pages back to us that you have written on. Include your state insurance license(s), declaration page of your E and O insurance and void check. Void check must have pre-printed bank information - otherwise letter from the bank.

**Agents will be Contracted at the Highest Commission Level.  
Call NAAIP Agent Services before filling out this PDF for a higher contract.**

**1-800-770-0492**

Foresters agent contracting - highest commissions.  
Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

**Foresters videos that will help you sell | Foresters PlanRight Rate Book**

**Go to [www.naaip.org](http://www.naaip.org) to learn about our free agent websites with 3 quote engines and our free lead program. Monday thru Thursday conference call at Noon ET.**

**2014 Commission Schedule [Click Here](#)**

Sincerely,

Agent Services ([www.naaip.org](http://www.naaip.org))

Tel: 1-800-770-0492

Fax: 1-866-436-1640

Email: [david \(at\) naaip.org](mailto:david@naaip.org)



# Application for Contract and Appointment with Foresters

## 1. General Information

Producer       General Agent       Sole proprietorship       Partnership       Corporation

Are you the owner of the corporation?       Yes    No      If yes, what percentage share do you own? \_\_\_\_\_

Licensed Corporate Name, if applicable \_\_\_\_\_

**Gender**      **Title**      **First Name**      **Middle Name**  
 Male    Female       Mr.    Mrs.    Ms.    Miss      \_\_\_\_\_

**Last Name**      **Maiden Name (or other name used)**  
\_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

## 2. Business Address (Please note, P.O. Boxes are not acceptable.)

Address \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

## 3. Home Addresses over last 5 years (Please note, P.O. Boxes are not acceptable.)

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (     ) \_\_\_\_\_

How long at present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 4. Banking Information (Include a voided sample check with paperwork)

Account Holder Name \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Account Type    Checking    Savings      Account Number \_\_\_\_\_

## 5. License Information (Include information for all states you want to write business in.) (Use section 8. if more space is required.)

State	Effective Date	Class of Business*	Expiry Date	License Type	License Number
_____	_____	_____	_____	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	_____
_____	_____	_____	_____	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	_____
_____	_____	_____	_____	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	_____

For Florida Non-Resident please indicate applicable counties: \_\_\_\_\_

\*Life, Life & Health, Life & Annuity, Life, Annuity & Health, Fraternal

**NOTE: A fraternal license is required to write business in Connecticut, Massachusetts and New Mexico.**

**6. Errors and Omissions Coverage**

Do you have errors and omissions (E&O) coverage?  Yes (If yes, attach proof of current coverage and provide complete details)  No (If no, have you applied for Foresters' E&O Group coverage,  Yes  No )

Coverage Amount      Effective Date      Expiry Date      Carrier Name      Policy Number      Certificate Number

If no, E&O coverage is mandatory and must be in the amount of \$1 million. Foresters' sponsored group E&O coverage is available to all producers contracted with Foresters. For details and access to CalSurance's easy on-line enrollment, please go to their website at <http://www.calsurance.com/iof> or email [info@calsurance.com](mailto:info@calsurance.com) or call CalSurance at 1-800-745-7189.

Has any policy or application for E&O insurance on your behalf ever been declined, cancelled or renewal refused, or have you ever made a claim against any such policy?  Yes  No (If yes, provide complete details in Additional Information Section below.)

**7. Personal Disclosure Profile**

a. List other business or personal names used in the financial services sector in the last 5 years.

(Corporation, business style, trade name or partnership)

b. Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

c. Are you legally entitled to work in the US?.....  Yes  No

**If you answer "yes" to any of the following questions, provide details in Additional Information Section below. Such disclosures are requested in connection with your anticipated sale of insurance products.**

d. Have you ever been employed/contracted by and/or submitted business to Foresters?..... Yes  No  
If yes, indicate the name through which this business was submitted. \_\_\_\_\_

e. Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor or are any such proceedings pending?.....  Yes  No

f. Have you ever had an insurance and/or securities license denied, suspended, or revoked by a state insurance department or been the subject of any disciplinary or administrative action, or fined or penalized or are any such proceedings pending?.....  Yes  No

g. Have you ever had any interruptions in licensing? .....  Yes  No

h. Do you have an outstanding debit balance with any insurance company?.....  Yes  No

i. Have you ever filed for bankruptcy?.....  Yes  No  
If yes, is the bankruptcy active or pending?.....  Yes  No  
If no, in what year was the bankruptcy discharged? \_\_\_\_\_

j. Are any financial obligations in arrears or in collection? .....  Yes  No  
If yes, what is the current total amount all of those overdue debts \$ \_\_\_\_\_

**8. Additional Information From Previous Sections** (Indicate the question number you are responding to.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Declarations**

I expressly hereby declare that the information I have provided in this Application for Contract / Appointment is complete and accurate in every respect, as of the date of signing.

I swear or affirm that I have read and understand the items and instructions on this document and that my answers are true and complete to the best of my knowledge. I understand that I am subject to termination if I give false or misleading answers.

I agree that Foresters (hereinafter the "Company") can verify my background information using an independent source concerning my credit record, my business record, my record of criminal convictions, and any other information relevant to my application to and sales relationship with the Company.

I understand and agree that I must execute and deliver the enclosed consent and authorization to the Company.

I agree to notify and provide updated information to the Company within 10 business days, should there be any change in the information provided in their application form or in my ability to legally continue to sell life insurance and health insurance.

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 the Company as a Producer or result in the subsequent termination for cause of my business relationship with the Company and may cause the Company to report me to an insurance regulator.



\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

**10. Notice, Consent and Authorizations**

**Notice and Consent Concerning Consumer Reports For Contract and Appointment Application Purposes**

I acknowledge and understand that The Independent Order of Foresters (Foresters), either may request, or has decided to request, consumer reports or investigative consumer reports in connection with my application for contract / appointment or during the course of my contract / appointment, if any, with Foresters. Any information contained in such reports may be taken into consideration in evaluating my suitability for contracting / appointment. Such reports, if obtained, will be prepared by a consumer-reporting agency and may contain information concerning my credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, Vector One searches to determine the presence of any unpaid, commission-related debit balances with any insurance company, criminal records checks, court records checks, and/or summaries of educational and employment records and histories.

The information contained in such reports may be obtained from public record sources or through personal interviews with my neighbors, friends, associates, current or former employers, or other personal acquaintances.

If Foresters requests an investigative consumer report, which would include personal interviews as described above, I understand that I will, through my National/Independent Marketing Organization (NMO/IMO) that recommended me for this application for contracting appointment, receive a second notice indicating that such a report has been requested no later than three days after the request is made to a consumer reporting agency. This additional notice, if issued, will advise me as to my further rights pertaining to investigative consumer reports.

If any adverse decision is made with regard to my application for contracting / appointment, if any, based entirely or in part on the information contained in a consumer report, I understand that I will be notified, through my recommending NMO/IMO, as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights through my recommending NMO/IMO. As well, in advising the recommending NMO/IMO, of the decision to decline my application for contracting/appointment, Foresters shall have the right to share with the recommending NMO/IMO any information contained in the consumer report or investigative consumer report as it relates to that decision. It is further understood that Foresters is a Vector One subscriber and, upon termination for any reason, any qualifying outstanding debit balance may be immediately reported to Vector One and removed only when the debt has either been paid in full or meets the Vector One threshold.

I understand my consent is required by law before Foresters may obtain a consumer report or investigative consumer report pertaining to my potential contracting / appointment or actual contracting / appointment, if any, with Foresters or for Foresters to share information contained in the consumer report or investigative consumer report with the recommending NMO/IMO.

**Consent Statement**

I have carefully read and understand this Notice and Consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to The Independent Order of Foresters (Foresters) in conjunction with my application for contracting / appointment or in connection with any future decisions concerning my contracting / appointment with Foresters, if any. I also consent and direct any and all notices, copies of reports and a summary of applicable rights, as defined above, to be sent by Foresters, as well as consent to the release of information contained in the consumer report or investigative consumer report, to the NMO/IMO that recommended me for this application for contracting appointment.

I further understand that this consent will apply during the course of my contracting / appointment with Foresters, should I obtain such contracting / appointment, and that such consent will remain in effect indefinitely until revoked in a written document signed by me. I further understand that any and all information contained in my contracting / appointment application or otherwise disclosed to Foresters by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by Foresters, and confirm that all such information is true and correct.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

**11. Direct Deposit Authorization**

**Direct Deposit Authorization**

The payor, The Independent Order of Foresters, is hereby authorized to deposit on my behalf with the financial institution designated in section 4. Banking Information, credit payments due on account of commission earnings, and if necessary, to adjust or reverse a deposit for any commission payment entry made in error to my account.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

**12. a) Anti-Money Laundering Training**

Have you taken AML training?

- Yes, I have taken AML training. Please complete 12. b) Certification of Anti-Money Laundering Training
- No, I have not completed the required AML training.

Foresters will be in touch with you by email following receipt of your contract paperwork and will provide you with instructions about taking the required AML training through LIMRA.

**12. b) Certification of Anti-Money Laundering Training**

**Certification of Anti-Money Laundering Training**

Pursuant to United States regulatory requirements for insurance producers to complete anti-money laundering (AML) training, I certify that I have completed the required AML training within the 12 months preceding the date of this certification.

Please provide details below:

(i) I have completed the required AML training through: (check as applicable)

- LIMRA       FINRA       RegEd sponsored by CUSO       360 Training
- Other (please provide details in the form of copies of course materials and certification document)

\_\_\_\_\_

(ii) Approximate date (month and year) of most recent completion of AML training:

\_\_\_\_\_

Foresters reserves the right to verify the information outlined herein and to require you to immediately complete appropriate AML training if such training has in fact not been completed within the 12 months preceding the date of this certification. 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 the Company as a Producer or result in the subsequent termination for cause of my business relationship with the Company and may cause the Company to report me to an insurance regulator.



\_\_\_\_\_

Date (mm/dd/yyyy)

Signature of Applicant

**13. New Business**

Have you written any Foresters new business that you have submitted or will be submitting?

- No
- Yes

Application signed date for the earliest piece of new business written: \_\_\_\_\_

State in which new business was written in: \_\_\_\_\_

Has new business been submitted to Foresters for processing?       Yes    No

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.



**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



## THE INDEPENDENT ORDER OF FORESTERS General Agent Agreement

This General Agent Agreement ("Agreement") is made between The Independent Order of Foresters ("Foresters") and \_\_\_\_\_ (hereinafter referred to as "you" or "your" or "General Agent"), effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### 1. PURPOSE

The Agreement allows Foresters to compensate you for the production of insurance business ("Certificates") issued by Foresters that are sold by you, and licensed producers recruited by you or under your management, on behalf of Foresters.

### 2. APPOINTMENT AND AGREEMENT

Foresters hereby appoints you as a General Agent to solicit business on its behalf and you agree to represent Foresters as an independent contractor in accordance with the terms of this Agreement, all applicable Foresters internal policies, procedures and rules including, but not limited to, the presentation of the Foresters Story and member benefits therein, and the laws and regulations of the state(s) in which you operate. You agree to submit to such supervision as may be necessary to ensure compliance with these policies, procedures, rules, laws and regulations.

You shall not have exclusive rights of solicitation for any product issued by Foresters or for any geographic territory and you agree to obtain and maintain any state insurance license(s) necessary to solicit business on behalf of Foresters. You shall ensure that no individual shall offer or sell the Certificates on your behalf in any state other than the jurisdiction(s) in which the Certificates may be lawfully sold.

You are authorized to recruit licensed producers on behalf of Foresters and to promote life insurance sales through such licensed producers. Licensed producers recruited by you for Foresters are subject to approval by Foresters and will be contracted by Foresters. For purposes of this Agreement, the term "licensed producers" includes any individual, corporation or other entity contracted by Foresters on which you are eligible to receive a commission.

### 3. RELATIONSHIP

You are an independent contractor and nothing in this Agreement, or any other agreement between you and Foresters, shall be construed to create the relationship of employee and employer between you and Foresters or, if you are a corporation, between any officer, employee, licensed producers or other associated person of yours. As an independent contractor, you are free to operate in the manner you deem appropriate, subject to the applicable laws and regulations. You are totally responsible for all business expenses you incur as an independent General Agent.

### 4. COMPENSATION

#### 4.1 General

Foresters agrees to pay you first-year and any renewal commissions, as well as override commissions ("compensation") on business sold by you ("Personal

**19. DUPLICATE ORIGINALS**

This Agreement may be executed in two or more counterparts, each of which for all purposes, when executed and delivered, shall be deemed an original and all of which shall constitute the same instrument.

**THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.**

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates indicated below.



\_\_\_\_\_  
Witness

\_\_\_\_\_  
General Agent Signature

\_\_\_\_\_  
Print or Type Name of General Agent

Title: \_\_\_\_\_  
ONLY if General Agent is a corporation

Date: \_\_\_\_\_

**The Independent Order of Foresters**

By: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_





**Commission Schedule – PLRAGT11**  
**Effective July 30<sup>th</sup> 2012**

**Rates of Commission: Final Expense Whole Life Product**

This Schedule shall form part of the General Agent Agreement. Commission rates stated in this or any General Agent Commission Schedule are payable to the General Agent (GA) only on production written by the GA, based on the GA Commission Schedule in effect as of the Certificate application signed date.

**GRADED BENEFIT WHOLE LIFE / IMMEDIATE BENEFIT WHOLE LIFE**

<b>FIRST YEAR RATES Issue Age 50-80</b>	<b>FIRST YEAR RATES Issue Age 81-85</b>	<b>RENEWAL RATES Year 2</b>	<b>RENEWAL RATES Years 3-5</b>	<b>RENEWAL RATES Years 6-10</b>	<b>RENEWAL RATES Years 11+</b>
<b>105.00%</b>	<b>75.00%</b>	<b>5.25%</b>	<b>5.25%</b>	<b>3.50%</b>	<b>1.20%</b>

**MODIFIED BENEFIT WHOLE LIFE**

<b>FIRST YEAR RATES</b>	<b>RENEWAL RATES Years 2-5</b>	<b>RENEWAL RATES Years 6-10</b>	<b>RENEWAL RATES Years 11+</b>
<b>47.50%</b>	<b>2.75%</b>	<b>2.00%</b>	<b>1.20%</b>

**First-year Annualized Commissionable Premium**

The first-year annualized commissionable premium is the annualized first-year premium. The certificate fee for Plan Right sold through VSOP (Voice Sales Over Phone) is non-commissionable while the fee for face-to face sales is commissionable.

**First Year Commission Calculation – Life Products**

First year compensation on life Certificates will be paid at issue when the Certificate is issued standard as applied for and has the appropriate Cash with Application (CWA – as defined by Certificate Services – see Toolkit on Foresters’ website). First year compensation on cases with outstanding requirements such as life amendments, premium shortages greater than \$5.00, as well as COD cases will be paid upon submission of the outstanding requirements. First premium on PAC (FPOP) – If there is an Advance Commission Addendum in effect; commission is advanced when PAC is applied.

**First Year Commission Chargebacks**

First year commissions are deducted in the current month on insurance products for losses processed at Foresters due to first-year lapses, cancellations, product not taken and first-year surrenders.



**Traditional Commission Schedule – GA3**  
**Effective October 1<sup>st</sup> 2012**

**Rates of Commission: Individual Insurance Plans, Riders & Benefits**

This Schedule shall form part of the Producer Agreement. Commission rates stated in this or any Producer Commission Schedule are payable to the Producer only on production written by the Producer, based on the Producer Commission Schedule in effect as of the Certificate application signed date.

**LIFE INSURANCE PRODUCTS**

Product	First Year	Renewal Year 2	Renewal Years 2-3	Renewal Years 2-5	Renewal Years 2-10	Renewal Years 3-10	Renewal Years 4-10
LifeFirst 10 Yr Term - Medical	82.00%				0.00%		
LifeFirst 20 Yr Term - Medical	90.00%				0.00%		
LifeFirst 20 Yr Term – Non Medical	105.00%				0.00%		
Smart UL Target*	90.00%			1.50%			
Smart UL Excess	1.50%						
Prepared Accidental Death Term (General States)	105.00%				1.25%		
Prepared Accidental Death Term (Alternate States)	85.00%				0.00%		
Advantage Plus Pay 100* – Simplified Issue	85.00%	9.50%				2.00%	
Advantage Plus Pay 100* – Fully Underwritten	85.00%	9.50%				5.00%	
Advantage Plus 20 Pay*	62.50%				2.00%		
Term 10 Rider	67.50%				2.00%		
Term 20 Rider	82.50%				2.00%		
PUAR (Single and Flexible) Payments	2.00% for each payment in all certificate years						

\* Commission Capped

1. Maximum commission age is 65 for Smart UL
2. Maximum commission age is 65 for Foresters Advantage Plus

**First-year Annualized Commissionable Premium**

The first-year annualized commissionable premium is the annualized first-year target premium for Universal Life and the annualized first year premium on all other insurance products, except for the following situations:

- The policy fee on medically underwritten policies is non-commissionable.
- Producers will be compensated on staff discounted business (business written on Foresters employees) based on 50% of applicable first year commissions.
- On Foresters Universal Life Plans, the first year compensation is based on the annualized target premium unless both the annualized minimum premium and the annualized planned premium are less than the annualized target premium in which case it is whatever is greater: the annualized minimum premium or the annualized planned premium.
- The Universal Life excess premium is the first year premium paid in excess of the first year annualized commissionable premium on Universal Life Certificates.
- Compensation on the PUAR deposit is paid when the payment is processed at Foresters House. Internal rollovers to PUAR are not compensated.