



BILLING STATEMENT

Statement Date: 04/19/2021

POLICY INFORMATION:

Payor CARSTEN O. FORESTER
 1234 ANYSTREET PLACE
 MYTOWN, IL 60566-1245

Insured CARSTEN O. FORESTER
Policy Owner CARSTEN O. FORESTER
Court 0000
Policy 0000000
BCN 0000000000

Due Date 05/18/2021
Premium \$137.00
Amount Due \$137.00

IMPORTANT- To avoid policy lapse, pay premium promptly.

FOR MORE INFORMATION CONTACT:

HOME OFFICE

Toll-free: (800) 552-0145
 Personal assistance is available Monday through Friday from 8:00 a.m. to 4:00 p.m. CST

ONLINE

Visit: www.catholicforester.org
 Policy Owners can create an account to login for policy information.

WRITING AGENT

AGENT NAME
 (800) 552-0145

PAYMENT

Pay Online: catholicforester.org/payments

Make check payable to
CATHOLIC ORDER OF FORESTERS

Mail payment to:
 COF Lockbox
 PO Box 74791
 Chicago, IL 60694-4791

GO-108(9/18) 08-123

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Make check payable to Catholic Order of Foresters

Policy Number BCN Number

STATEMENT DATE	POLICY	BCN
04/19/2021	0000000	0000000000
AMOUNT DUE	PAYMENT FOR	DUE DATE
\$137.00	12 Month(s)	05/18/2021

ADDITIONAL BILLING INFORMATION

CARSTEN O. FORESTER
 1234 ANYSTREET PLACE
 MYTOWN, IL 60566-1245

NAME/ADDRESS CHANGE		
<input type="checkbox"/> Policy Owner	<input type="checkbox"/> Insured	<input type="checkbox"/> Beneficiary
Effective Date of Change	Phone	
Name		
Address		
City	State	ZIP Code
Do you need Beneficiary Change Form? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy Owner's Signature		



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