



For Agent Use Only

In order to ensure accurate processing, please fill out this form completely and submit with the annuity.

If you currently submit annuity business through an IMO, Agency or other processing center, please continue to do so. They will have all forms sent to the correct location.

For any agents who send new business and/or correspondence directly to Forethought Life Insurance Company, please note delivery addresses and send completed and signed documents to:

For Regular Mail:

Forethought Life Insurance Company
 P.O. Box 246
 Batesville, IN 47006-0246

For Overnight Delivery:

Forethought Life Insurance Company
 One Forethought Center
 Batesville, IN 47006

Questions? Call:

Client Services: 877-244-7526

Annuity Applicant/Participant Name _____ SSN/Tax ID _____

Contract Number (if known) _____

New Business Forms Checklist (Check all that apply):

- Application/Enrollment Form
- Check (payable to Forethought Life Insurance Company)
- Annuity Suitability Acknowledgement
- Request for Transfer/1035 Exchange (if applicable)
- Replacement Notice (if applicable)
- Disclosure Statement (all pages must be submitted)
- State Notice (in applicable states)
- Other _____

Agent Information

REQUIRED	X _____ PRIMARY AGENT SIGNATURE	_____ PRIMARY AGENT NAME (PRINT)	_____ AGENT NUMBER
OPTIONAL	Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following section/s.)		
	X _____ SIGNATURE OF SECOND AGENT	_____ SECOND AGENT'S NAME (PRINT)	_____ AGENT NUMBER OR SOCIAL SECURITY NUMBER
	Percent to Primary Agent _____ % Percent to Second Agent _____ %		
	X _____ SIGNATURE OF THIRD AGENT	_____ THIRD AGENT'S NAME (PRINT)	_____ AGENT NUMBER OR SOCIAL SECURITY NUMBER
	Percent to Third Agent _____ %		



Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, IN 47006-0246

(Please Print)

1. OWNER

First Name		Middle Initial	Last Name		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Age	Social Security Number - -
Mailing Address			Residential Address (if different than Mailing Address)		
City			State	Zip Code	Country of Citizenship
Phone Number (home)		Phone Number (work)		E-mail Address	

JOINT OWNER *(Non-Qualified Only – Generally, it is advisable that the Joint Owner be the Spouse of the Owner.)*

First Name		Middle Initial	Last Name		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Relationship to Owner	Date of Birth (mm/dd/yyyy)	Age	Social Security Number - -
Mailing Address			Residential Address (if different than Mailing Address)		
City			State	Zip Code	Country of Citizenship
Phone Number (home)		Phone Number (work)		E-mail Address	

TRUST **CORPORATION** **PARTNERSHIP**

Full Name					
Phone Number			Tax or Employer ID Number		
Mailing Address			Street Address (if different than Mailing Address)		
City			State	Zip Code	Country of Citizenship
If Trust is Named, Provide Trustee's Full Name				Date Trust Established	

2. ANNUITANT *(Complete only if the Owner and Annuitant are different.)*

First Name		Middle Initial	Last Name		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Relationship to Owner	Date of Birth (mm/dd/yyyy)	Age	Social Security Number - -
Mailing Address			Residential Address (if different than Mailing Address)		
City			State	Zip Code	Country of Citizenship
Phone Number (home)		Phone Number (work)		E-mail Address	

JOINT ANNUITANT

First Name		Middle Initial	Last Name		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Relationship to Owner	Date of Birth (mm/dd/yyyy)	Age	Social Security Number - -
Mailing Address			Residential Address (if different than Mailing Address)		
City			State	Zip Code	Country of Citizenship
Phone Number (home)		Phone Number (work)		E-mail Address	

3. BENEFICIARY INFORMATION *(Beneficiary proceeds will be split equally if no percentages are provided. Primary and Contingent Beneficiary percentage designation(s) must be in whole percentages only and each total 100%.)*

Primary

First Name		Middle Initial	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner		Social Security Number - -	
Mailing Address		Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship
E-mail Address				Percentage

Primary **Contingent**

First Name		Middle Initial	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner		Social Security Number - -	
Mailing Address		Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship
E-mail Address				Percentage

Primary **Contingent**

First Name		Middle Initial	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner		Social Security Number - -	
Mailing Address		Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship
E-mail Address				Percentage

Primary **Contingent**

First Name		Middle Initial	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner		Social Security Number - -	
Mailing Address		Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship
E-mail Address				Percentage

Please use section 4 if you require additional Beneficiary space.

4. SPECIAL INSTRUCTIONS AND REMARKS

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5. ANNUITY TYPE (Select One)

Type of Annuity Requested: Non-Qualified

Tax Qualified Plans:

IRA
 Roth IRA

If applicable, has the Required Minimum Distribution for the current tax year been met? Yes No

6. PREMIUM PAYMENT

Premium Amount Remitted with Application: \$ _____

Estimated Premium Amount of 1035 Exchange/Transfer: \$ _____

Source of Premium Payment: Check Wire 1035 Exchange/Transfer
(Payable to: Forethought Life Insurance Company)

7. STRATEGY(IES) ALLOCATIONS

PREMIUM ALLOCATION DIRECTION (Minimum of \$5,000 per Allocation.)

FIXED and INDEXED ACCOUNT STRATEGIES:

**Whole
Percentages
Only**

<input type="checkbox"/> 1 Year Fixed Account Strategy	<input type="text"/>	%
<input type="checkbox"/> One Year Point-to-Point with Cap Index Strategy	<input type="text"/>	%
<input type="checkbox"/> Monthly Point-to-Point with Cap Index Strategy	<input type="text"/>	%
Total Must =	100	%

8. AVAILABLE RIDER(S)

GUARANTEED LIFETIME INCOME BENEFIT

(Must choose one Guaranteed Lifetime Income Benefit Rider, and one only.)

Guaranteed Lifetime Income Benefit Plus Rider

INCREASED DEATH BENEFIT GUARANTEE

(Optional)

Increased Death Benefit Guarantee Rider

This Rider can not be elected if:

- 1) The oldest Owners 76th birthday occurs on or before the issue date of this policy; or
- 2) A Joint Owner is not the spouse of the Owner; or
- 3) The Owner is a non-natural person and a Joint Annuitant is not the spouse of the Annuitant.

9. STATE REQUIRED NOTICES

AR, KY, MA, ND, NM, OK, PA, SD, TN, and WA Residents

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

CA Residents – Reg. 789.8

The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

CO Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Department of Regulatory Agencies.

NJ Residents

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

10. OWNER/JOINT OWNER IDENTITY VERIFICATION

Under Federal law, we are required to verify the identity of all new annuity contract Owner(s). Owner information and verification of the identity of all new Owners must be provided. Failure to complete this section will delay or prevent the issuance of the annuity contract. We will ask to see your driver's license, passport, or other government-issued photo identification that will allow us to verify your identity.

Owner		Joint Owner (If any)	
Check One Form of ID:		Check One Form of ID:	
Individual Owner	Non-Individual Owner	Individual Owner	Non-Individual Owner
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Certified Articles of Incorporation	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Certified Articles of Incorporation
<input type="checkbox"/> Passport	<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Passport	<input type="checkbox"/> Partnership Agreement
<input type="checkbox"/> Other _____	<input type="checkbox"/> Trust Document	<input type="checkbox"/> Other _____	<input type="checkbox"/> Trust Document
_____	_____	_____	_____
ID Number	State/Country of Issuance	ID Number	State/Country of Issuance
_____	_____	_____	_____
ID Expiration Date		ID Expiration Date	
_____		_____	

For an annuity contract owned by a corporation, association, partnership or trust, customer identification may require that articles of incorporation, partnership agreement or trust document be provided to us. Such documentation will be retained solely for the purposes of customer identification and we accept no responsibility for the enforcement or administration of any of the terms thereof.

11. OWNER DECLARATIONS AND SIGNATURES

The Owner(s) understands and agrees that:

1. The above statements and answers are true, complete, and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity contract issued hereon.
3. Checks must be made payable to Forethought Life Insurance Company, not to the agent. The canceled check and Delivery Receipt are your receipt.
4. Only a Forethought Life Insurance Company officer can make, modify, discharge, or waive any of the Company's rights.
5. Purchasing an annuity contract for use in a tax qualified retirement plan (e.g., an IRA) will not result in any necessary or additional tax deferral period.

Do you have any existing life insurance policies or annuity contracts? Yes No

Is this annuity intended to replace or change any existing annuity or life insurance contract?
(Note: If "Yes", complete the appropriate Replacement form for your state and return with application.) Yes No

In the event of replacement, I(we) understand that the agent must leave the original or a copy of all written or printed communications used for the presentation with me(us). _____
Initials

I(We) understand that I(we) am(are) applying for a Single Premium Deferred Annuity with fixed and indexed strategies. I(We) also understand that although the Contract Values may be calculated by an external index, the contract does not directly participate in any stock or equity investments. No interest will be credited to the Indexed Account Strategy Value until the end of the Indexing Period. _____
Initials

I(We) understand and acknowledge that Forethought Life Insurance Company does not offer legal, financial, tax, investment or estate-planning advice and I(we) have had the opportunity to seek such advice from the proper sources before purchasing this contract. I(We) have determined that the purchase of this Single Premium Deferred Annuity with fixed and indexed strategies is suitable given my(our) particular legal, financial, tax, investment, estate-planning or other goals or circumstances. _____
Initials

I(We) have received a copy of the Disclosure Statement and understand that any results shown other than the minimum guaranteed contract values are not guarantees, promises, or warranties. _____
Initials

I(We) certify that the funds for the purchase of the annuity contract are not derived from the proceeds of a reverse mortgage. _____
Initials

Owner Signature Date Signed At (City, State)

Joint Owner Signature (if applicable) Date Signed At (City, State)

Annuitant Signature (if other than Owner) Date Signed At (City, State)

12. AGENT DECLARATIONS AND SIGNATURES

Primary Agent Name (Print)			
Address		City	State
Zip Code			
Phone Number (home)		E-mail Address	
Business or Institution Name		Business or Institution Phone Number	
License Number		Agent Number	

I declare that: (a) the application was signed and dated by the Owner(s) and by the Annuitant(s), if not the Owner(s), after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the Owner(s) and the Annuitant(s), if not the Owner(s).

Yes
 No
 To the best of my knowledge, the annuity contract applied for is intended to replace or change existing life insurance policies or annuity contracts. If replacement or change is involved, I have attached the appropriate Replacement form for the Owner(s) and will return with the application.

I certify that the appropriate Disclosure Statement and a *Buyer's Guide* have been provided to the Applicant(s). I have not made any statements that differ from this material nor have I made any promises about the expected future equity values of this annuity contract.

 Initials

I certify that in states with suitability requirements that apply to this annuity: (a) the requirements have been met; (b) I have completed the suitability section of the appropriate disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.

 Initials

I certify that I personally met with the Owner(s), reviewed the government issued identification described in section 10, OWNER/JOINT OWNER IDENTITY VERIFICATION, and verified to the best of my knowledge and belief, that the information accurately reflects the identity of the Owner(s).

 Initials

I certify that the funds for the purchase of this annuity contract are not derived from the proceeds of a reverse mortgage.

 Initials

 Primary Agent Signature

 Date

 Signed At (City,State)

FORETHOUGHT LIFE INSURANCE COMPANY HOME OFFICE USE ONLY

Forethought Future Income Solutions Indexed AnnuitiesSM
 Single Premium Deferred Annuity Application
 Forethought Life Insurance Company
 One Forethought Center
 P.O. Box 246
 Batesville, IN 47006-0246



Annuity Suitability Questionnaire and Acknowledgment

Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, IN 47006-0246
1-877-244-7526

This form is designed to help you and your agent determine if purchasing a Forethought Life Insurance Company annuity contract meets your current financial situation and long term goals. Please complete the questionnaire and acknowledgment in its entirety and submit with your application. If applying as a Joint Owner and your relationship is not spousal, separate Annuity Suitability Questionnaire and Acknowledgement Forms must be completed by each Owner.

PERSONAL INFORMATION – Individuals and Trusts

1. Owner Name(s): _____ Marital Status: Single Married Widowed
2. Age(s): _____ Occupation(s): _____ Premium Amount: _____
(If a Trust, age of Person who established the Trust) (If retired, list former occupation)
- Is the Owner or Joint Owner active duty military personnel or the dependent of active duty personnel? Yes No

FINANCIAL PROFILE – For Joint Owners – information may be combined

Net Worth = Total Assets less Debts/Liabilities (excluding primary residence, automobile, and personal possessions)

3. Approximate Net Worth*: \$ _____
- | <u>Cash or Cash Equivalents</u>
<small>(E.g. checking, savings, money market, CDs, etc.)</small> | <u>Securities</u>
<small>(E.g. stocks, bonds, mutual Funds, 401k)</small> | <u>Insurance</u>
<small>(E.g. annuities and cash Value in Life Insurance)</small> | <u>Other</u>
<small>(Please Explain)</small> |
|---|--|--|---|
| \$ _____ | \$ _____ | \$ _____ | \$ _____ |

4. Gross Household Monthly Income: \$ _____
- a. Do you expect a change in your future income or your future expense during the surrender charge period?
Yes No If yes, please explain: _____

5. Liquid Assets: \$ _____
6. Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for this annuity? Yes If Yes, please list amount of liquid assets \$ _____.
 No If No, please list amount of liquid assets \$ _____ and explain why you believe an annuity contract, which typically has withdrawal limitations, is suitable for your financial needs _____.

7. Yes No Are your liquid assets being used to purchase this annuity?
8. This annuity transaction represents approximately the following percentage of your Net Worth:
0-25% 26% - 50% 51% - 75% 76% - 100%

IF THE TOTAL PREMIUM EXCEEDS 50% OF NET WORTH, PLEASE COMPLETE THE FINANCIAL INVENTORY WORKSHEET

9. Primary Sources of Income: **(Check all that apply)**
 Current Wages Pension Plan Social Security Investment Income
 Required Minimum Distribution (RMD) or 72 (f)(q) distributions Other _____
10. Marginal Federal Income Tax Rate:
0% 10% 15% 25% 28% 33% 35% Other _____
11. What is your risk tolerance for this annuity purchase? **(Check one)**
Conservative Moderate Aggressive

12. What are your financial objectives in purchasing a Forethought Annuity? *(Check all that apply)*
- Income Now Flexibility Tax Deferral Protect Principal
 Potential Growth Followed by Income Pass Assets to Beneficiaries Lifetime Income Payment
 Other _____

13. Do you now own, or have you previously owned, any of the following financial products? *(Check all that apply)*
- Certificate of Deposit Fixed Annuity Variable Annuity
 Stock/Bond/Mutual Funds Indexed Annuity Other Investments

14. Do you currently have any Forethought annuities? Yes No
 If yes, please provide contract number(s): _____

15. What is the source of premium funds for the Forethought annuity? *(Check all that apply)*
- Fixed Annuity Life Insurance CD 401(k) Rollover
 Indexed Annuity Checking Account Stocks/Bonds/Mutual Funds
 Variable Annuity Savings Account Death Benefit
 Reverse Mortgage/Home Equity/Refinance Inherited IRA Other _____

SURRENDER CHARGES AND REPLACEMENTS

16. Are there any surrender charges, settlement fees or penalties of any kind associated with the source(s) of premium for the Forethought annuity? Yes No

IF PURCHASING THIS FORETHOUGHT ANNUITY INVOLVES DISCONTINUING, MAKING A PARTIAL WITHDRAWAL, REMOVING MONEY, OR CHANGING AN EXISTING POLICY OR CONTRACT, A REPLACEMENT IS OCCURRING. IF A REPLACEMENT IS INVOLVED, YOU MUST PROVIDE THE INFORMATION BELOW AND COMPLETE A REPLACEMENT COMPARISON FORM. DO NOT REDUCE THE PENALTY AMOUNT/PERCENTAGE BY ANY BONUS ON THIS ANNUITY OR ANY OFFSET SUCH AS A POSITIVE MARKET VALUE ADJUSTMENT (MVA).

If multiple sources of premium, list each percentage separately.

Source of Premium (Marketing Name of Product)	Date of Purchase	Penalty Percentage	Penalty Amount (if known)
_____	_____	_____	_____
_____	_____	_____	_____

17. If you are replacing an existing annuity, does the annuity being replaced have an Income Benefit? Yes No
 If yes, please explain the reason for replacement: _____
18. If you are replacing an existing annuity, does the annuity being replaced have an Enhanced Death Benefit? Yes No
19. If you are replacing an existing annuity, was the annuity being replaced purchased within the preceding 60 months? Yes No
 If yes, have you evaluated any benefits you may lose in the existing contract? Yes No

WITHDRAWALS

20. How and when do you anticipate taking distributions from this annuity? *(Please check one answer in each row)*

How I Plan to take Distributions	Planned First Distribution				
	Less than 1 year	Between 1 and 5 years	Between 5 and 10 years	10 or more Years	No Planned Distributions
No Planned Distributions	n/a	n/a	n/a	n/a	n/a
Lump Sum Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Systematic Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Minimum Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Lifetime Income Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your response to this question will not limit your ability to change how and when you take further distributions

21. With the exception of any free withdrawals or Required Minimum Distributions, do you expect to take any money out of this product before the end of the withdrawal charge period? Yes No
If yes, please explain: _____
22. Did your insurance agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period, you will incur a penalty? Yes No
If no, please explain: _____
23. Do you (Owner/Annuitant) currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months? Yes No
If yes, please explain: _____
24. Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust? Yes No
If yes, please explain: _____
25. What other information, if any, did you consider material in deciding to purchase this annuity?
If any, please explain: _____

CLIENT ACKNOWLEDGEMENTS

This form is designed to help you determine if purchasing a Forethought Life Insurance Company annuity contract meets your financial needs.

By initialing below, I am stating that I agree and understand that:

_____ Initials
The Forethought annuity contract is a long-term investment. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. The agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Annuity Suitability Acknowledgement. I believe a Forethought annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.

_____ Initials
Forethought does not permit its Independent Agent to advise me with respect to the tax consequences associated with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advice from the Independent Agent or Forethought and will consult with my own tax professional to the extent necessary.

_____ Initials
I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan.

_____ Initials
If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s).

_____ Initials
Capital gains tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract.

COMPLETE IF THE APPLICATION IS FOR BONUS ADVANTAGE AND FOREFRONT CONTRACTS ONLY:

The Premium Bonus, if selected, will not offset any surrender charges that I may incur as a result of purchasing this annuity, and I am not relying on the Premium Bonus to offset any such surrender charges

Initials

The Premium Bonus, if selected, is subject to a recapture charge in the first ten contract years. If the contract is terminated in this period, this recapture charge will reduce the value of the Premium Bonus and accumulated interest.

Initials

The Income Base, if selected, is not the same as the annuity Contract Value. The Income Base is used solely to calculate the Lifetime Income Benefit and the benefit's associated charges. Withdrawals cannot be taken from the Income Base.

Initials

The Enhanced Death Benefit, if selected, is provided only with the Optional Income Benefit, which must be elected at the time of annuity purchase.

Initials

The Enhanced Death Benefit, if selected, will be paid in equal monthly payments over five years and will not earn interest during this period.

Initials

The Independent Agent and Forethought may rely upon the information provided by me in this Annuity Suitability Acknowledgment and all such information is true and accurate to the best of my knowledge and the Independent Agent and Forethought may rely on such information.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENT CONFIRMATION – QUESTIONS 1, 2, & 3 MUST NOT BE LEFT BLANK

1. Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

2. Please describe any disadvantages for your client in selecting this annuity.

3. How long have you known the proposed annuity owner?

By signing below, I acknowledge that:

The Owner(s)' decision to purchase this annuity is based on my recommendation. Based on all the circumstances known to me at the time of the recommendation and based on the information the Owner(s) provided to me, this transaction is suitable for the Owner(s) insurance needs and/or financial objectives.

I have made every reasonable effort to obtain information pertaining to the Owner(s)' net worth, liquid assets, income, time horizon, tax status, risk tolerance, financial objectives and other information needed to make a recommendation.

I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

Agent's Signature

Date



Income Bonus Statement of Understanding

Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, Indiana 47006-0246
1-877-244-7526

This form is a required addition to the Annuity Suitability Questionnaire and Acknowledgment if you are purchasing a Forethought annuity that has an income bonus rider. Please read the statement below and sign and date accordingly. This form must accompany your application.

My agent has explained to me that the annuity I am purchasing from Forethought Life Insurance Company includes an income bonus. I have reviewed Forethought Life Insurance Company's Disclosure Statement and I understand that the income bonus is exclusively credited to the Guaranteed Lifetime Income Account Value which is only used to determine future income.

I understand that the income bonus is not available for lump sum cash withdrawal, cash surrender, or as a death benefit for my beneficiaries. Similarly, I understand that any interest credited to my Guaranteed Lifetime Income Account Value is not available for lump sum cash withdrawal, cash surrender, or as a death benefit for my beneficiaries.

OWNER INFORMATION

JOINT OWNER INFORMATION (if applicable)

SIGNATURE

SIGNATURE

PRINTED NAME

PRINTED NAME

DATE

DATE

AGENT INFORMATION

SIGNATURE

PRINTED NAME

DATE

**FORETHOUGHT FUTURE INCOME SOLUTIONS INDEXED ANNUITIESSM
DISCLOSURE STATEMENT
SINGLE PREMIUM DEFERRED ANNUITY CONTRACT
CONTAINS FIXED AND INDEXED STRATEGIES**

Thank you for applying for a Forethought Life Single Premium Deferred Annuity Contract series FA2001SPDAX-01 (may be referred to as Certificate series GA2001SPDAX-01 in some states). This is a summary of the features and benefits of your annuity provisions, but it is not part of your Contract. Please read the following information carefully, sign, and return the original Disclosure Statement.

Annuity Contract: The Single Premium Deferred Annuity Contract with fixed and indexed interest strategies is issued by Forethought Life Insurance Company. This Contract is intended for retirement funding or other long-term accumulation needs. Substantial Contract-imposed penalties may apply to full and partial withdrawals in the first 10 years. Under current Federal tax law, interest credited is not taxed and income taxes are not due until monies are withdrawn. In addition to regular income tax, interest withdrawn prior to age 59½ may be subject to a 10% Federal penalty tax. Contract withdrawals are treated as coming from interest first. Amounts received as Annuity Payments under an Annuity Option generally are partly included in taxable income and partly excluded as a return of Premium paid for the Contract.

There is no additional tax-deferral benefit for annuities purchased in an IRA, Roth IRA or other tax qualified plan, since these are already tax-deferred. Placing an annuity in an IRA, Roth IRA or other tax qualified plan will receive no additional tax advantage from the annuity. Therefore, in considering whether or not to purchase such an annuity, only consider the annuity's other features, including the availability of lifetime payments and guaranteed minimum contract values.

Premium: Your premium is credited to your Contract on the issue date. (Contract Years are one-year periods beginning on each Contract Anniversary. The first Contract Year begins on the issue date.)

Accumulation Value: Your accumulation value, or Contract Value, equals the sum of the Account Strategy Values. There are no annual administrative fees, front-end sales charges or loads. There may be rider charges associated with any riders you have chosen to attach to your Contract. Some states charge a premium tax. At our discretion, premium taxes may be deducted from your Contract Value if we are required to pay them.

Choice of Fixed Account Strategy(ies) and Indexed Account Strategy(ies): The Forethought Life Single Premium Deferred Annuity Contract provides a choice of a fixed interest and indexed interest strategies. You specify how to allocate the premium between the strategies you select.

Each available strategy has company-declared factors used in calculating interest earnings for that strategy. These company-declared factors are set in advance and are guaranteed not to change during the Strategy Term. On each Contract Anniversary, you will be sent a report with information about your Contract Value.

Except for the 1-Year Fixed Account Strategy, we may cease to offer a specific Account Strategy on a future Contract Anniversary. We may offer additional strategies on a future Contract Anniversary, subject to the approval of the Insurance Department of the state in which this Contract was issued.

Fixed Account Strategy(ies): This Contract provides one or more Fixed Account Strategies. Daily interest, declared by us, is credited to each Fixed Account Strategy Value at a rate guaranteed not to change during the Strategy Term for that Strategy, but may change for future Strategy Terms. The minimum guaranteed annual interest rate for each of these accounts is .5% per annum.

Indexed Account Strategy(ies): Not all Strategies may be available.

One Year Point-to-Point with Cap

This index method credits interest at the end of each Strategy Term based on the percentage change in the S&P 500 Index since the beginning of the Strategy Term, but not to exceed a percentage change (called the Annual Index Cap). The Annual Index Cap is declared in advance and is guaranteed not to change during the Strategy Term, but may change for future Strategy Terms. The guaranteed minimum Annual Index Cap is 2% for this strategy.

Monthly Point-to-Point with Cap

This index method credits interest at the end of each Strategy Term. The rate of interest is the sum of the percentage changes in the S&P 500 Index in each of the 12 monthly periods during the Strategy Term. Each monthly percentage change included in this sum is limited to a maximum amount called a Monthly Index Cap. The Monthly Index Cap is declared in advance and is guaranteed not to change during the Strategy Term, but may change for future Strategy Terms. The minimum guaranteed Monthly Index Cap is 0.50%.

Allocation of Premium: The Forethought Life Single Premium Deferred Annuity Contract provides a choice of how you allocate your premiums among the fixed interest and indexed interest strategies. You choose your premium allocation percentages at issue.

Reallocation of Contract Value: You may reallocate your Contract Value among the Fixed and Indexed Account Strategies at the end of each Strategy Term.

Access to Contract Value: Withdrawal provisions give you access to your Contract Value. Withdrawals in the first 10 Contract Years are subject to Withdrawal Charges and any applicable Market Value Adjustment. The first Contract Year begins on the issue date. After the first Contract Year, you may make cumulative withdrawals each Contract Year of up to 10% of the Contract Value at the beginning of the Contract Year without incurring Withdrawal Charges. Withdrawals are made from each strategy in the proportion that each strategy bears to the total Contract Value.

Contract Withdrawal Value: If you surrender your Contract you will receive the Contract Withdrawal Value. The Contract Withdrawal Value is the greater of:

- the Contract Value less Withdrawal Charges and any applicable Market Value Adjustment; and
- the Minimum Guaranteed Contract Withdrawal Value defined in the Contract.

Withdrawal Charge: Withdrawal Charges may be assessed on Contract Value withdrawals that exceed the Free Withdrawal Amount. The Withdrawal Charge is equal to the reduction in Contract Value resulting from the Withdrawal, less any available Free Withdrawal Amount, multiplied by the Withdrawal Charge percentages shown in the table below. Withdrawal Charges are not assessed against death benefit proceeds paid due to the death of the Owner. Withdrawal Charges are also not assessed against amounts applied to certain Annuity Options, as set forth in the Contract.

Contract Year	1	2	3	4	5	6	7	8	9	10	11 & Later
Withdrawal Charge	12%	12%	11%	10%	9%	8%	7%	6%	4%	2%	0%

Market Value Adjustment:

If chosen (or selected) at issue any amounts that are assessed a Withdrawal Charge will also be subject to a Market Value Adjustment, which may increase or decrease the Contract Value. Market Value Adjustments will not be applied to any Death Benefits paid due to the death of the Owner. Within limits, Market Value Adjustments generally increase the Contract Value when interest rates fall and decrease the Contract Value when interest rates rise.

Guaranteed Lifetime Income Benefit Plus: This benefit may be added to your Contract by a Rider, as listed on the Contract Data Page. The Guaranteed Lifetime Income Benefit gives you the right to make Systematic Withdrawals from the Contract up to the amount of the Guaranteed Lifetime Annual Income (GLAI) each year beginning on the Option Date and lasting as long as you live – even after the Contract Value has been exhausted (assuming annual withdrawals do not exceed the GLAI). The Option Date is a date you choose; it does, however, have to be after the Guaranteed Lifetime Income Benefit Waiting Period and after you turn age 59½. The Guaranteed Lifetime Income Benefit Waiting Period is specified on the Contract Data Page. You can change the amount or frequency of your Systematic Withdrawals once per Contract Year.

There may be a monthly charge for this benefit.

The amount of the GLAI on the Option Date is equal to the Guaranteed Lifetime Income Benefit Factor multiplied by the Guaranteed Lifetime Income Account Value. The Guaranteed Lifetime Income Benefit Factor depends on 1) the Income Option you choose on the Option Date, 2) Your attained age on the Option Date, and 3) the Guaranteed Lifetime Income Benefit Factor Schedule in effect on the Option Date.

The Guaranteed Lifetime Income Benefit Factor Schedule may change from time to time prior to the Option Date. The Guaranteed Lifetime Income Benefit Factor will never be less than the applicable Minimum Guaranteed Lifetime Income Benefit Factor shown in this table:

<u>Attained Age On the Option Date</u>	Level Options		Increasing Options	
	<u>Single Life Income Option</u>	<u>Joint Life Income Option</u>	<u>Single Life Income Option</u>	<u>Joint Life Income Option</u>
59-75	4.5%	3.5%	3.5%	2.5%
76-100	5.5%	4.5%	4.5%	3.5%

The GLAI under Level Income Options does not change after the Option Date other than as a result of the Step-Up and Excess Withdrawal provisions. The GLAI under an Increasing Income Option will increase on each Contract Anniversary by 2% of the prior year GLAI starting on the 2nd Contract Anniversary following the Option Date and ending once the Contract Value has been exhausted.

The Single Life Income Options allow annual Systematic Withdrawal of the GLAI during your lifetime. Joint Life Income Options allow your spouse to continue Systematic Withdrawal of the GLAI following your death and for the remainder of your spouse's life. To take advantage of this option, your eligible spouse must be named on the Option Date and your spouse must exercise her/his right to continue the Contract following your death.

The GLAI is the most you can withdraw per Contract Year without affecting future withdrawals available under the Guaranteed Lifetime Income Benefit. Withdrawals in excess of this amount during a Contract Year will cause a reduction in the GLAI available for future years and could result in termination of the Guaranteed Lifetime Income Benefit and your Contract. If Excess Withdrawals result in your GLAI falling below \$100 and your Contract Value dropping below \$5,000, we will treat this as a termination of the Contract and send you the remaining Contract Withdrawal Value.

On the Issue Date of the Contract the Guaranteed Lifetime Income Account Value (GLIAV) is immediately 25% more than the premium you paid, while the Contract Value is equal to the premium.

After that, and until the earlier of the Option Date and the tenth Contract Anniversary, the GLIAV accumulates at 5% interest on each Contract Anniversary. The GLIAV will not increase thereafter. There is no increase in the GLIAV between Contract Anniversaries.

The GLIAV is only used to establish the amount of the Guaranteed Lifetime Annual Income; it can only be accessed through Systematic Withdrawals and will not be available for a lump sum withdrawal. Only the Contract Value is available as a lump sum payment. You can change the frequency of your Systematic Withdrawals once per Contract Year.

The Guaranteed Lifetime Income Benefit will also terminate:

- If the Contract is terminated;
- If a death benefit is paid;
- If you elect to begin payments under an Annuity Option;
- Upon the death following the Option Date of the person on whose life the benefit depends; or
- On any date following the Option Date that the owner is changed, other than for spousal continuation of the Contract where a Joint Life Income Option has been selected.

Death Benefit: If an Owner dies during the Accumulation Period, your Beneficiary(ies) will be paid a death benefit. The death benefit will be the Contract Value as of the date We receive proof of death and election of payment method. At that time and until distributed, the death benefit will receive interest at a rate required by the state in which the Contract is issued. Alternatively, if the Contract is continued by a surviving spouse, the Contract Value may remain in the currently selected strategies for the remainder of the Strategy Term.

Annuity Options: Your Contract provides the following Annuity Options. Other Annuity Options may be available on your Annuity Date.

Life Annuity – Annuity payments continuing for the lifetime of the Annuitant, and terminating with the last payment prior to the Annuitant's death.

Life Annuity with 10 Years of Annuity Payments Guaranteed – Annuity payments continuing for the lifetime of the Annuitant, terminating at the later of the last payment prior to the Annuitant's death or for 120 months.

Life Annuity with 20 Years of Annuity Payments Guaranteed – Annuity payments continuing for the lifetime of the Annuitant, terminating at the later of the last payment prior to the Annuitant's death or for 240 months.

Joint and Last Survivor Annuity – Annuity payments continuing for the joint lifetimes of the Annuitant and the Joint Annuitant, terminating with the last payment prior to the last survivor's death.

Joint and Last Survivor Annuity with 10 Years of Annuity Payments Guaranteed – Annuity payments continuing for the joint lifetimes of the Annuitant and the Joint Annuitant, terminating at the later of the last payment prior to the last survivor's death or for 120 months.

Guaranteed Payment Period – Annuity payments continuing for a guaranteed period of from 5 to 30 years. The payments do not depend on the Annuitant's life.

Alternative Life Annuity Option – Annual annuity payments equal to the Guaranteed Lifetime Annual Income continuing for your lifetime, and terminating with the last payment prior to your death. This option is only available if the Annuity Date occurs on the Maturity Date at your attained age 100.

Other Riders: You may have elected to attach an available rider to your Contract. The following is a brief description of other riders that may be available.

Increased Death Benefit Guarantee Rider: This Rider will pay the greater of the Increased Death Benefit Guarantee and the Contract's Death Benefit, if a death benefit is paid under the Contract.

The Increased Death Benefit Guarantee is determined at the beginning of each Contract Year, and immediately after any withdrawal. The Increased Death Benefit Guarantee is equal to:

1. Premium paid; less
2. Any withdrawals taken, including Withdrawal Charges and Market Value Adjustments if applicable; multiplied by
3. the lesser of
 - a. One plus the Increased Death Benefit Guarantee Factor; and
 - b. The Death Benefit Guarantee Rider Maximum Growth shown on the Contract Data Page.

The Increased Death Benefit Guarantee Factor is used to calculate the Increased Death Benefit Guarantee. The Increased Death Benefit Guarantee Factor is equal to $(R) \times (Y)$ where

(R) is the Death Benefit Guarantee Rider Annual Benefit Increase; and

(Y) is the number of Contract Anniversaries that have occurred on or before the date an Owner dies.

The Increased Death Benefit Guarantee Factor will not increase after the Contract Anniversary next following the oldest original Owner's 85th birthday.

On each Contract Anniversary while this Rider is in force, a Rider Charge will be assessed to the Contract Value.

Nursing Home Waiver Rider: This rider waives the Withdrawal Charge on any withdrawal of Contract Value after we receive proof that you have been confined to an Approved Nursing Facility on or after the first Contract Anniversary and continuing for at least 60 consecutive days. There is no rider charge for this rider and it is attached to your Contract automatically if approved in the state in which this Contract is issued.

Terminal Illness Waiver Rider: This rider waives the Withdrawal Charge on any withdrawal of Contract Value after the first Contract Anniversary and after we receive proof that you suffer from a Terminal Illness which will result in death within 12 months. There is no rider charge for this rider and it is attached to your Contract automatically if approved in the state in which this Contract is issued.

Summary: Forethought Life Insurance Company of Batesville, Indiana issues the Forethought Future Income Solutions Annuities. This Single Premium Deferred Annuity may not be available in all states (may be referred to as an "equity indexed annuity" in certain states). The Contract may be subject to Withdrawal Charges.

This Single Premium Deferred Annuity is not a registered security or stock market investment and does not directly participate in any stock or equity investment.

This Disclosure Statement contains a summary description of this Single Premium Deferred Annuity. State variations may apply. The exact terms of the annuity are contained in the Contract and any attached riders or endorsements, which will control Forethought Life's contractual obligations.

The Standard & Poor's 500 Index ("S&P 500 Index") is used to determine the Index Credit. If the S&P 500 Index is discontinued or if the calculation of the Index is substantially changed, an alternative Index will be substituted, as approved by the Insurance Department of the state in which this Contract is issued. You will be notified in writing if this happens. "Standard & Poor's®," "S&P®," "S&P 500®," "Standard & Poor's 500," and "500" are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by Forethought Life Insurance Company. The Contract is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of purchasing the Contract.



**FORETHOUGHT FUTURE INCOME SOLUTIONS INDEXED ANNUITIESSM
DISCLOSURE STATEMENT SIGNATURE PAGE
SINGLE PREMIUM DEFERRED ANNUITY
CONTAINS FIXED AND INDEXED STRATEGIES**

Owner's Statement – I certify that:

- I understand that:
 - The Contract provides a choice between fixed and indexed interest account strategies.
 - The Contract Withdrawal Value is the amount to be paid to me if I fully surrender the Contract. It may include the assessment of Withdrawal Charges and Market Value Adjustments, if applicable.
 - For the Fixed Account Strategy(ies), the Minimum Annual Interest Rate for new Contracts is .5%.
 - The Contract is not a registered security or stock market investment and does not directly participate in any stock or equity investment.
 - Only the interest earned in an Indexed Account Strategy may be affected by a stock or equity index.
 - The final decision regarding the allocation of monies between each Fixed Account Strategy and each Indexed Account Strategy is mine, based on my individual situation, needs and goals, and that my agent is not acting as a registered investment adviser.
 - If I place an annuity in an IRA, Roth IRA, or other tax qualified plan, I will receive no additional tax advantage from the annuity.
 - I can reallocate my Contract Value at the end of each Strategy Term to an available Strategy.
- I have received, read, and understand the Contract Disclosure Statement and I have kept a copy of it.
- I have received a copy of the Buyer's Guide.
- I believe that this annuity Contract is a suitable product for my financial needs.
- I made my strategy account selections and premium allocation percentages on the application, as set forth below:

%	Strategy Account Selections and Allocation Percentages
	1-Year Fixed Account Strategy
	One Year Point-to-Point with Cap
	Monthly Point-to-Point with Cap
100	Total Must Equal 100%

Owner Signature

Date

Joint Owner Signature (if applicable)

Date



**FORETHOUGHT FUTURE INCOME SOLUTIONS INDEXED ANNUITYSM
DISCLOSURE STATEMENT AGENT'S SIGNATURE PAGE
SINGLE PREMIUM DEFERRED ANNUITY CONTRACT
CONTAINS FIXED AND INDEXED STRATEGIES**

Agent's Statement – I certify that:

- I have read the Forethought Future Income Solutions Producer Guidelines.
- I gave a copy of the Disclosure Statement to the Owner.
- I gave a copy of the Buyer's Guide to the Owner.
- I made no statement that is inconsistent with the Disclosure Statement, nor have I made any promises about expected future fixed interest rates, index spreads or index caps of the annuity Contract.

Agent Signature

Agent Printed Name

Date

Instruction to Agent:

- Give this Disclosure Statement to the Owner/Joint Owner
- Two copies of the Disclosure Statement Signature Page are included for your convenience.
 - Complete "fill-in" items. You and the Owner/Joint Owner must sign the Signature Page. It is acceptable to either photocopy the signed, original Signature Page or if a photocopy is not available, to complete and sign two Signature Pages.
 - Give one signed copy to the Owner/Joint Owner.
 - Send the original signed copy along with the annuity application and any other new business forms to:
Forethought Life Insurance Company
P.O. Box 246
Batesville, IN 47006-0246

REAL PROPERTY EXEMPTIONS ONE PRINCIPAL RESIDENCE

One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday. The home also continues to be exempt if the applicant's spouse or dependent continues to live in it. Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

REAL ESTATE USED IN BUSINESS OR TRADE

Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

PERSONAL PROPERTY USED IN A TRADE OR BUSINESS

One motor vehicle. Irrevocable burial trusts or irrevocable prepaid burial contracts. There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney who is not connected with the sale of this product.

I understand that I am entitled to a 30-day cancellation period after receipt of my contract. If I decide to cancel, I am entitled to a refund of the account value or premiums paid, whichever is greater.

I have read the above notice and have received a copy.

Applicant's Signature

Date

Printed Name

Spouse (if applicable)

Legal Representative (if applicable)

Agent's Name



DISCLOSURE TO CALIFORNIA RESIDENTS AGE 65 OR OLDER

The sale or liquidation of any stock, bond, IRA, certificate of deposit, annuity, or other asset to fund the purchase of an annuity or life insurance product may have tax consequences, early withdrawal penalties, or other costs or penalties.

We recommend that you consult independent legal or financial advice before selling or liquidating any assets to fund the purchase of life or annuity products. An annuity may not be sold to a senior if its purpose is to affect Medi-Cal eligibility.

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY AND RECOVERY

If you or your spouse are considering purchasing a financial product based on its treatment under the Medi-Cal program, read this important message! You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

RECOVERY

An annuity or life insurance product purchased on or after September 1, 2004 shall be subject to recovery by the state upon the annuitant's or insured's death under the regulations of the Medi-Cal Recovery Program. Income derived from the contract must be used to meet the annuitant's or insured's share of costs and, if the annuitant or insured is married, the income derived from the contract may impact the minimum monthly maintenance needs of the community spouse. An annuity or life insurance policy purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

UNMARRIED RESIDENT

An unmarried resident may be eligible for Medi-Cal benefits if he or she has less than the resource allowance established annually by the State Department of Health Services in countable resources. The Medi-Cal recipient is allowed to keep from his or her monthly income a personal allowance of the amount established annually plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share of the cost.

MARRIED RESIDENT

Community Spouse Resource Allowance: If one spouse lives in a nursing facility, and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than the allowable amount.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his or her individual monthly income or the minimum monthly maintenance needs allowed, whichever is greater.

FAIR HEARINGS AND COURT ORDERS

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than the allowance in countable resources. The order also may allow the at-home spouse to retain more than the monthly maintenance needs allowance in monthly income.

REAL AND PERSONAL PROPERTY EXEMPTIONS

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

See Reverse Side

**ADVANCE NOTICE FOR
CALIFORNIA SENIOR CITIZENS (AGE 65 AND OLDER)
IN-HOME INSURANCE SOLICITATION**

Pursuant to Section 789.10 of the California Insurance Code, this notice is required to be given to you no more than 14 days, and at least 24 hours, prior to a scheduled visit to discuss insurance in your home. If you ask the agent to visit you the same day, the agent must provide this notice upon his or her arrival.

1. I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following (agent: indicate all that apply):
 - life insurance
 - annuities
 - other insurance products (specify): _____
2. You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.
3. You have the right to end the meeting at any time.
4. You have the right to contact the California Department of Insurance for information, or to file a complaint. The consumer assistance telephone number at the Department is 800-927-HELP or 213-897-8921.
5. The following individuals will be coming to your home:

Agent Name on License

Insurance License No.

Agent Name on License

Insurance License No.

Agent Name on License

Insurance License No.

Agent Name on License

Insurance License No.



Each of these individuals will give you their business card upon entering your home.



Date of Delivery

Agent's Name

Senior's Name

Agent's Address

Senior's Address

City, State, ZIP Code

City, State, ZIP Code

Agent's Telephone Number

Name of Insurer



Financial Inventory Worksheet

Owner Name: _____

Joint Owner Name: _____

INSTRUCTIONS – This Financial Inventory Worksheet is to be completed in conjunction with the Annuity Suitability Questionnaire and Acknowledgement.

IF THE TOTAL PREMIUM EXCEEDS 50% OF NET WORTH, PLEASE COMPLETE THIS FINANCIAL INVENTORY WORKSHEET

Monthly Household Income

Salary / Wages \$ _____
 Social Security payments \$ _____
 Pension / Retirement \$ _____
 Interest / Dividend Income¹ \$ _____
 Rental Income \$ _____
 Other \$ _____

Total Income \$ _____

Household Net Worth

(Do not include primary residence, personal belongings or personal property such as jewelry, furnishings, and vehicles.)

Cash or Cash Equivalents \$ _____
 Securities \$ _____
 Insurance \$ _____
 Other \$ _____

Net Worth \$ _____

(Total Assets minus Total Liabilities)

Monthly Household Expenses

Rent / Mortgage Payment \$ _____
 Utilities \$ _____
 Debt Repayment \$ _____
 Transportation \$ _____
 Food \$ _____
 Health Care \$ _____
 Taxes² \$ _____
 Dependent Support \$ _____
 Charitable Donations \$ _____
 Travel \$ _____
 Other \$ _____

Total Expenses \$ _____

Disposable Income \$ _____

(Total Income minus total Expenses)

Household Liquid Assets

(Assets that can be easily converted to cash, without penalty. Do not include personal belongings or personal property such as jewelry, furnishings and vehicles.)

Checking Accounts \$ _____
 Savings Accounts \$ _____
 Securities \$ _____
 Annuity Free Withdrawals³ \$ _____
 Other \$ _____

Total Liquidity⁴ \$ _____

Owner Signature: _____

Joint Owner Signature: _____

¹Do not include income currently earned on money that will be used to purchase this annuity.

²Include property tax and income taxes.

³Do not include free withdrawals from annuity being applied for

⁴Do not include assets intended for purchase of this annuity



Transfer/Rollover/1035 Exchange FA5057-01

This packet contains:

- Agent Guide to Facilitating a Section 1035 Exchange, Instructions and Checklist – FA3510-04
- Transfer/Rollover/1035 Exchange – FA5015-05

Agent Guide to Facilitating a Section 1035 Exchange

What is a Section 1035 Exchange?

A Section 1035 Exchange allows an owner of an individual annuity contract or individual life insurance policy to exchange their existing non-qualified contract for a new annuity contract without paying taxes on the investment gains earned on the original contract.

The contract owner and annuitant must be the same on the new contract as named on the original contract. Section 1035 of the Internal Revenue code governs these transactions.

The assets must be exchanged directly between the insurance companies with none of the assets passing through the hands of the contract owner.

Section 1035 Exchanges are a form of replacement. Therefore, agents need to follow replacement guidelines by submitting the appropriate state replacement form (form enclosed in this packet).

What qualifies for a Section 1035 Exchange?

Section 1035 Exchanges deal with like exchanges. A life insurance policy may be exchanged for a life insurance policy. A life insurance policy may also be exchanged for a non-qualified annuity, however an annuity may not be exchanged for a life insurance policy.

Medallion Signature Guarantee

A Medallion® Signature Guarantee (Medallion imprint or stamp) may be required by the current Carrier or Fund Provider to complete this transaction. Please check with them prior to sending the required forms. A signature guarantee is different than a notarized signature. A signature guarantee can be obtained from a commercial bank, savings bank, credit union or broker/dealer that participates in one of the Medallion signature guarantee programs. If Medallion Signature Guarantee is required, the forms must be sent to Forethought Life Insurance Company for processing and cannot be faxed.

Agent Instructions & Checklist

- Complete the Forethought Annuity Application/Enrollment form.
- Complete the Replacement Form.
- Complete the “Transfer/Rollover/1035 Exchange” form for each contract/policy/account that is being exchanged. Be sure the contract is not assigned and the beneficiary designation is not irrevocable. *Form is enclosed in packet.*
- Call the insurance company that issued the original contract being replaced and request a fax of the “Determination of Cost Basis.” (This may also be called the “Statement of Cost and Benefit Information.”)
- Submit each original contract (as received when issued) that is being replaced. *(If the original contract is not available, the lost contract certification must be completed as part of the “Transfer/Rollover/1035 Exchange.”)*
- Submit all forms and information to Forethought Life Insurance Company for further processing.

Mail To: Questions? Call:
Forethought Life Insurance Company
P. O. Box 246
Batesville, IN 47006-0246

Questions? Call:
Client Services: 877-244-7526



Transfer/Rollover/1035 Exchange

Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, IN 47006-0246

1. SURRENDERING INSTITUTION/OWNER INFORMATION

Name of Surrendering Institution	() -	Phone Number
Address	City	State Zip
Owner/Participant		Social Security Number
Joint Owner/Participant		Social Security Number
Annuitant (if different from Owner)		Social Security Number
Contract/Policy/Account Number		

2. AUTHORIZATION TO TRANSFER FUNDS

Please liquidate and transfer the policy/account values as requested:

- Partial: \$ _____ or _____ %
- Full: Liquidate Account: Transfer Investments/CD's/Mutual Funds – Approximate Transfer Amount \$ _____

When should the transfer occur?

- Transfer Immediately Transfer Policy/Account on (date) _____

3. TYPE OF TRANSFER/ROLLOVER

QUALIFIED

- New IRA Annuity
 New ROTH IRA Annuity
 Add to existing Forethought Contract # _____

3a. **Direct Transfer** – Transfer of retirement assets from one IRA to another IRA that qualifies under IRC Section 408.

- IRA to IRA ROTH IRA to ROTH IRA SEP IRA to IRA

3b. **Direct Rollover** – Surrender of qualified retirement assets.

- 401(k) ROTH 401(k) KEOGH (HR10)
 403(b) (TSA) ROTH 403(b) (TSA) Other
 457 Pension Plan _____

Due to:

- Separation of Service Termination of Plan Disability Age 59 1/2 Death
 Other Distributable Event

3c. **60-Day Rollover** – Contribution of funds intended for rollover within 60 days. Amount \$ _____

3d. **IRA Annual Contribution(s)**

Apply Annual Contribution to the following tax year(s):

Year _____ \$ _____ Year _____ \$ _____

REQUIRED MINIMUM DISTRIBUTION (“RMD”) INFORMATION FOR QUALIFIED PLANS ONLY:

- A. Have you reached age 70^{1/2} or older in this calendar year? YES NO (If the answer to “A” is “NO,” disregard “B” and “C.”)
- B. Have you satisfied your RMD for this taxable year from the distributing plan? YES NO (If the answer to “B” is “YES,” disregard “C.”)
- C. I direct the present custodian/trustee/insurer to distribute my RMD to me before transferring my qualified funds.

4. NON-QUALIFIED TRANSFER TYPE

NON QUALIFIED FUNDS, NON-1035 EXCHANGE FROM:

Mutual Fund

Bank CD

Brokerage Account

Other Non-Qualified Asset _____

5. 1035 EXCHANGE

NON-QUALIFIED

Please select one of the following:

Please select one of the following:

New Contract

Annuity

Add to existing Forethought Contract # _____

Life

1035 Exchange – Option 1 – Complete Exchange

I hereby make a complete and absolute assignment and transfer all rights, title and interest of every nature and character in the life insurance policy or annuity contract listed above to Forethought Life Insurance Company ("Company") in an exchange intended to qualify as a tax-free exchange under Section 1035 of the Internal Revenue Code ("Code"). I understand that the Company will, upon receipt of the Request and Application for a new annuity contract, request the complete surrender of the policy or contract listed above and apply the cash surrender value to the new annuity contract being issued as part of this tax-free exchange.

1035 Exchange – Option 2 – Partial Exchange \$ _____

I intend to retain full ownership of my existing life insurance policy or annuity contract. I want to make a partial tax-free exchange in conformity of Section 1035 of the Code by assigning a portion (set forth above) of the accumulated value to the company and having that amount transferred directly to the Company to purchase a new annuity contract. I understand that upon receipt of the Application for a new annuity contract, and upon receipt of the amount transferred from the policy or contract listed above, the Company will apply the amount received to the new annuity contract. I request that the amount of the accumulated value indicated above be withdrawn from the policy or contract listed above and transferred to the Company in the partial exchange.

6. ASSIGNMENT – ANNUITY OR LIFE CONTRACTS ONLY (NON-QUALIFIED)

As the Owner of the above referenced policy(ies), I assign and transfer to the Company the right, title and interest in and to the Existing Policy(ies) subject to their terms and conditions. In making this assignment, I warrant that no other person, firm or corporation has any interest in the Existing Policy(ies) and that no proceedings in insolvency or bankruptcy have been instituted or are pending against me.

Choose One:

The sole purpose of this assignment is to effect an exchange of insurance/annuity policy(ies) under Internal Revenue Code Section 1035. The Company agrees that any surrender value received by it will be applied to a Company policy on the life of the Insured/Annuitant which is owned by me. I understand and agree that if the Company issues, and I accept such policy, the Company will surrender the Existing Policy(ies) to complete and effect a 1035 exchange.

The sole purpose of this assignment is to effect a **partial exchange** of insurance/annuity policy(ies) under Internal Revenue Code Section 1035. The Company agrees that any partial surrender values received by it will be applied to a Company policy on the life of the Insured/Annuitant which is owned by me. I understand and agree that if the Company issues, and I accept such policy, the Company will request the following surrender of the Existing Policy(ies) to complete and effect a 1035 exchange. Please liquidate \$ _____ or _____% of the account value of the above Existing Policy(ies).

7. ADDITIONAL REQUIRED INFORMATION

CONTRACT STATEMENT Please choose one if you are transferring the full value of your current contract.

- CONTRACT INCLUDED. If it is not lost, please submit it with this form to Forethought Life Insurance Company.
- CERTIFICATION OF LOST CONTRACT. I/we certify that the contract has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.

COST BASIS INCLUDED **WILL BE PROVIDED BY SURRENDERING INSTITUTION**

COST BASIS REQUESTED. In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please provide the cost basis to Forethought Life Insurance Company including any information as to the cost basis (if any) before August 14, 1982. If this is a partial exchange under Section 1035 of the Code, please provide the pro rata cost basis information of the amount transferred.

Pre 8/14/82 TEFRA Cost Basis Remaining	\$ _____
Post 8/13/82 TEFRA Cost Basis Remaining	\$ _____
Total Earnings	\$ 0.00 _____

8. SIGNATURES

The undersigned represents and agrees that Forethought Life Insurance Company is furnishing this form and is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. The undersigned represents and agrees that the Company makes no representation concerning the undersigned's tax treatment under Internal Revenue Code Sections 1035, 401 or 408, and the Company has no responsibility nor liability for the validity of this procedure nor the undersigned's tax treatment under Internal Revenue Code 1035 or otherwise. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction. The undersigned is also aware of any surrender/withdrawal penalties which may apply, and authorizes the transaction described above.

PLEASE MAKE CHECK PAYABLE TO: FORETHOUGHT LIFE INSURANCE COMPANY

For the Benefit of _____ Signed at _____

Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____
Witness _____		Witness _____	

MEDALLION SIGNATURE GUARANTEE (If Required)
MEDALLION STAMP

MEDALLION SIGNATURE GUARANTEE (If Required)
MEDALLION STAMP

TO BE COMPLETED BY FORETHOUGHT LIFE INSURANCE COMPANY

ACCEPTANCE: This is to certify that the above individual has established an annuity that is:

- Non-Qualified IRA Roth IRA

The authorized signature below certifies acceptance of other assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with copy of this form to:

By _____
Forethought Life Insurance Company

Title _____ Date _____

FORETHOUGHT LIFE INSURANCE COMPANY
P.O. Box 246, Batesville, Indiana 47006
1-877-244-7526

REPLACING YOUR LIFE INSURANCE POLICY?

This document must be signed by the applicant and the agent, if there is one, and a copy left with the applicant.

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which are involved in the replacement transaction.

EXISTING POLICY INFORMATION on _____
(Name of Insured)

INFORMATION ON PRESENT POLICIES
(If more policies are involved, use additional sets of forms)

	COMPANY NAME	TYPE OF POLICY	POLICY # NUMBER	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

PROPOSED POLICY INFORMATION ON _____
(Name of Insured)

	COMPANY NAME	TYPE OF POLICY	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

ATTENTION CONSUMER. THIS NOTICE IS REQUIRED. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I have received all sales material used in conjunction with this sale. It is my understanding that upon review of this material, should I have any questions, I can contact either my producer or Forethought for further clarification.

Applicant's Signature and Printed Name

Agent's Signature

Date

Joint Applicant's Signature and Printed Name

Address

Date

City

State

Zip

Telephone #

License #



REPLACEMENT COMPARISON

Owner Name: _____

Date: _____

Joint Owner Name: _____

Instructions: This Replacement Comparison Form is to be completed in conjunction with the replacement of an existing annuity contract. All sections of this Form must be completed including the narrative section on page 2.

Specs and Features	Replaced Contract	Proposed Contract
Name of Company		Forethought Life Insurance Company
Type of Contract (e.g. fixed, fixed indexed, variable)		
Product Name		
Date of Issue	___ Mo ___ Day ___ Yr.	N/A
Initial Premium		
Premium Bonus	___ % of ___ N/A	___ % of ___ N/A
Premium Bonus Recapture Charge	Current Year ___ % or ___ N/A	First Year ___ % or ___ N/A
Current Accumulation Value	\$ _____	N/A
Current Surrender Value	\$ _____	N/A
Surrender Charge Period		
Market Value Adjustment	___ Yes ___ No	___ Yes ___ No
Terminal Illness Waiver	___ Yes ___ No	___ Yes ___ No
Nursing Home Waiver	___ Yes ___ No	___ Yes ___ No
Guaranteed Minimum Interest Rate	___ %	___ %
Income Rider Charge	___ % of _____	___ % of _____
Income Bonus Guarantee		
Income Rider Guarantee		
Death Benefit	Lump Sum \$ _____ Annuitized \$ _____	Lump Sum \$ _____ Annuitized \$ _____
Writing Agent		

Mandatory: Please provide a summary explaining how the client will benefit more from the new annuity vs. the product being replaced. Include commentary regarding how the current contract is not meeting the client's financial objectives. Discuss features, benefits, growth potential and other significant issues. Supplement with a letter if needed.

Client Signature: _____

Date: _____

Agent Signature: _____

Date: _____

Agent Number: _____

Use this form whenever any part of the solicitation, application signing or delivery process occurs in a state other than the contract owner's normal state of residence or entity domicile. This form is required when the Annuity will be issued in a "Non-Resident State." Not for use with residents of Massachusetts, Minnesota or Utah. The Agent of Record must be properly licensed and appointed in the state where contract situs is placed and in any other state where solicitation and/or contract delivery by the Agent occurs. State replacement forms are required based on the state where the annuity will be issued.

The following situations are the only acceptable scenarios in which Forethought can accept and process requests for new annuity contracts solicited and/or signed in a state other than the contract owner's normal state of residence or entity domicile:

- The contract owner/applicant owns a second residence or business in the state where the application is taken.
- The contract owner/applicant is other than the insured/annuitant and the application is signed in the insured/annuitant's state of residence.
- The contract owner/applicant had a prior business relationship with the Agent, which involved financial services products.
- The contract owner/applicant's employment or business requires the applicant to spend a majority of the normal workday in the state where the application is taken or the applicant's employer is based in such state and pays a portion of the premium.

Some broker/dealer firms or financial institutions may impose more restrictive guidelines than these. If so, please consult with your firm's home office to obtain the appropriate guidelines applicable to the broker/dealer, as it is permissible to follow more restrictive guidelines.

Section A - Contract owner information (you must complete this section)			
Forethought product applied for	Contract number (if applicable)	State where application was signed	
Contract owner's name		Contract Owner's Social Security or Tax Identification Number	
Contract owner's resident / domicile address	City	State	ZIP Code

Section B - Justification for non-resident / domicile contract situs (you must complete this section)			
<input type="checkbox"/> Secondary residence	Contract owner's secondary residence address		
	City	State	ZIP Code
<input type="checkbox"/> Owner/Applicant is other than insured/annuitant, but application signed in insured/annuitant's state of residence.			
<input type="checkbox"/> Prior business relationship involving financial service products	Approximate dates of relationship (mm/dd/yyyy)		
	From:	To:	
	Nature of relationship		
<input type="checkbox"/> Employment	Employer/business name		
	Employer/business address		
	City	State	ZIP Code



Section C - Contract delivery address (you must complete this section)

This Contract must be delivered in the non-resident state of issue. All future correspondence from Forethought will be sent to the address provided below. You may contact us to change your address at any time.

<input type="checkbox"/> Secondary residence	Contract owner's secondary residence address		
	City	State	ZIP Code

<input type="checkbox"/> Other non-resident state address	Contract owner's secondary residence address		
	City	State	ZIP Code

<input type="checkbox"/> Employer/business address	Contract owner's secondary residence address		
	City	State	ZIP Code

Section D – Owner Acknowledgements and Signatures (you must complete this section)

I certify that (check all that apply):

- The above information is true and complete;
- The solicitation and sale of the product and the signing of the application occurred solely within the state identified in the application;
- The contract will be delivered to me in the same state.

Owner's Signature	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy)
Joint Owner's Signature (if applicable)	Joint Owner Name (please print)	Date (mm/dd/yyyy)
Other (Irrevocable Beneficiary, Assignee)	Other Name (please print)	Date (mm/dd/yyyy)

CALIFORNIA DISCLOSURE

The sale or liquidation of any stock, bond, IRA, Certificate of Deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation.

You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.



ITEMS TO CONSIDER

1. If the policy coverages are basically similar, premiums for a new policy may be higher because rates increase as your age increases.
2. Cash values and dividends, if any, may grow slower under a new policy initially because of the initial costs of issuing a policy.
3. Your present insurance company may be able to make a change on terms which may be more favorable than if you replace existing insurance with new insurance.
4. If you borrow against an existing policy to pay premiums on a new policy, death benefits payable under your existing policy will be reduced by the amount of any unpaid loan, including unpaid interest.
5. Current interest rates are not guaranteed. Guaranteed interest rates are usually considerably lower than current rates. What rates are guaranteed?
6. Are premiums guaranteed or subject to change - up or down?
7. Participating policies pay dividends that may materially reduce the cost of insurance over the life of the contract. Dividends, however, are not guaranteed.
8. CAUTION, you are urged not to take action to terminate, assign or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you.

and

REMEMBER, you have ten days following receipt of any individual life insurance policy to examine its contents. If you are not satisfied with it for **any** reason, you have the right to return it to the insurer at its home or branch office, or to the agent through whom it was purchased, for a full refund of premium.





PRE-SUITABILITY REVIEW FORM

Forethought Life Insurance Company
 One Forethought Center
 P.O. Box 246
 Batesville, IN 47006-0246
 1-877-244-7526

A CLIENT AND AGENT INFORMATION						
Owner's Last Name	First Name	M.I.	Joint Owner's Last Name	First Name	M.I.	
Owner's Social Security Number - -			Joint Owner's Social Security Number - -			
Owner's Date of Birth			Joint Owner's Date of Birth			
Agent Last Name	First Name	MI	Agent Phone Number			
Agent Last Name	First Name	MI	Agent Phone Number			
Agent Number			State Application will be signed in			
Proposed Product			Proposed Premium Amount			
Where does the client currently reside? <input type="checkbox"/> Personal Residence <input type="checkbox"/> With Family Members <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living						

B FINANCIAL INFORMATION
Client's Net Worth (excluding primary residence, automobiles and personal belongings) \$ _____
Client's Annual Income \$ _____
Total Liquid Assets (do not include assets funding this annuity) \$ _____

C SOURCE OF FUNDS/REPLACEMENT
Source of funds _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
If you are replacing an annuity or life policy, complete the following:
Issue Date (or years in-force) _____ Surrender Charge Percentage _____%
Current Account Value \$ _____ Current Surrender Value \$ _____
What is the source of premium funds for the Forethought annuity? _____
Are you the original writing agent on the contract you are replacing? <input type="checkbox"/> Yes <input type="checkbox"/> No

D PURPOSE OF ANNUITY
What is the Client's purpose of establishing this annuity? Please include any other information that would be helpful in our decision process: _____ _____ _____ _____

Instructions

Please include statements or account summaries for any replacement if possible. Please send request to: annuitynewbusiness@forethought.com or fax to: 1-877-554-2413. This form allows a preliminary review for suitability and in no way eliminates the required suitability paperwork. An initial projection of the suitability based on this information does not guarantee suitability approval of the full application.



Signature Guarantee Form

Forethought Life Insurance Company
One Forethought Center
P.O. Box 246
Batesville, IN 47006-0246

A signature guarantee is designed to help protect you and Forethought Life Insurance Company from fraud. A Medallion[®] Signature Guarantee (Medallion imprint or stamp) may be required by your current Carrier or Fund Provider to make certain elections. Please check with them prior to completing the required forms. A signature guarantee is different than having a signature notarized. Signatures that are notarized will not be accepted if a signature guarantee is required.

A signature guarantee can be obtained from a commercial bank, savings bank, credit union or broker/dealer that participates in one of the Medallion signature guarantee programs.

I certify that I am authorized to make the election request which accompanies this form and I understand that a Medallion Signature Guarantee is required. This Medallion Signature Guarantee set forth below shall be made a part of the accompanying election request.

Owner Name (Print)	
_____	_____
Owner Signature	Date

Joint Owner Name (Print)	
_____	_____
Joint Owner Signature	Date

SIGNATURE GUARANTEE (Must be completed by eligible guarantor institution)	
Place Signature Guarantee Stamp Here.	

SIGNATURE GUARANTEE (Must be completed by eligible guarantor institution)	
Place Signature Guarantee Stamp Here.	

This form and accompanying request must be sent to Forethought Life Insurance Company for processing and cannot be faxed if Medallion Signature Guarantee is required.

Mail To;
Forethought Life Insurance Company
P.O. Box 246
Batesville, IN 47006-0246

Questions? Call:
Client Services at 877-244-7526

Section A: Account Information

Owner's Name: _____ Contract Number: _____

Joint Owner's Name: _____

Annuitant's Name(s) (if Owner is a non- natural person): _____

Select one: I want to establish my Guaranteed Lifetime Income Benefit (GLIB) – Continue to Section B
 I have already established my Guaranteed Lifetime Income Benefit and wish to request a change – Continue to Section D.

Section B: Guaranteed Lifetime Income Option

The covered person must be age 59 ½ to elect this income benefit. The Joint Life Coverage Option can only be selected if both Owners of the Contract are spouses, OR if there is one Owner and a spouse who is the SOLE Primary Beneficiary.

Select one:

<p>Single Life Coverage Options:</p> <p><input type="checkbox"/> Single Life Income Option</p> <p><input type="checkbox"/> Single Life Increasing Income* **</p>	<p>Joint Life Coverage Options: (Spouse Only)</p> <p><input type="checkbox"/> Joint Life Income Option**</p> <p><input type="checkbox"/> Joint Life Increasing Income Option* **</p>
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*Cost of Living increases begin on the 2nd anniversary following activation of the benefit and end once the Contract Value is depleted. Call Annuity Service 1-877-244-7526 for options available in Washington.
 ** This option is not available for Guaranteed Destinations policies issued in the state of Washington. For those policies, please choose the "Single Life Income option".

Section C: Covered Person Information

If Single Life Coverage Option is elected, Covered Person 1 must be the single Primary Owner or the oldest Joint Owner. If Joint Life Coverage Option is elected, Covered Persons 1 and 2 must be spousal Joint Owners or a Single Owner with SOLE spouse Beneficiary. Owner here refers to Annuitant when the owner is a non-natural person.

_____	_____	_____
Covered Person 1	Date of Birth	SSN/Tax ID
_____	_____	_____
Covered Person 2 (If Applicable)	Date of Birth	SSN/Tax ID

Section D: Guaranteed Lifetime Income Option Date (Option Date) and Frequency (Initial Election Only)

Choose your Option Date and Withdrawal Option.

Guaranteed Lifetime Income Option Date*: _____
 Month/Day/Year

Systematic Withdrawal Options: Monthly Quarterly Semi-Annually Annually

* This is the date the request will be processed, not the deposit date. Check will be mailed within 1-2 business days after the Option Date to owner's address of record. This request must be received 10-15 business days prior to Option Date in order to process request on Option Date

Section E: Change or Discontinuation of the Systematic Withdrawal Under The Guaranteed Lifetime Income Benefit (After Initial Election Has been Made)

Select one: I wish to stop receiving Systematic Withdrawals under the Guaranteed Lifetime Income Benefit. This election does not terminate the Guaranteed Lifetime Income Benefit. Systematic Withdrawals under the Guaranteed Lifetime Income

Benefit can be resumed at a later date.

I wish to decrease my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year.

I wish to change my distribution frequency to:
 Monthly Quarterly Semi-Annually Annually

I wish to increase my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year. I understand if this amount exceeds the Guaranteed Lifetime Annual Income, then excess withdrawal amounts will result, which will reduce or eliminate the GLAI in future contract years.

Section F: Tax Withholding

The Income Option amount does not reflect tax withholding. Even if you elect not to have state and/or federal income tax withheld, you are still liable for the payment of state and/or federal income tax from the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If a distribution is taken prior to age fifty-nine and six months, you may be subject to an IRS premature distribution penalty of 10% of the taxable amount. **If this section is not completed, we will withhold federal income tax of 10% and you may be subject to mandatory state withholding.**

Please select the appropriate box(es):

- Do not withhold federal income tax
- Withhold a specific percentage for federal income tax of _____% (minimum 10%) and state income tax* of _____%
- Withhold a specific dollar amount for federal income tax \$ _____ and state income tax* \$ _____

TAXPAYER IDENTIFICATION NUMBER (TIN) (MUST BE COMPLETED)

OR

Social Security Number Employee Identification Number

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 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.

***If MI Resident – complete MI W 4-P Form and submit with this form.**

Section G: Electronic Fund Transfer

Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record. Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your systematic withdrawal.

Please direct deposit my distributions to my bank account. A voided check is attached.

Full Name of Financial Institution	Location of Branch
Routing Number	Branch Telephone Number
Bank Account Number	Contact Person (if any)

TYPE OF ACCOUNT:

- Checking (attach a pre-printed voided check)
- Savings/Brokerage (complete routing number and account number must be provided above)
 - A letter confirming Savings account information must also be submitted from the bank on bank letterhead.
- Other (attach a pre-printed voided check)

Attach original voided check to request - No temporary checks or deposit slips will be accepted.

ELECTRONIC FUND TRANSFER IS AVAILABLE FOR SYSTEMATIC WITHDRAWALS ONLY.

THIS OPTION IS NOT AVAILABLE FOR A ONE-TIME WITHDRAWAL.

Section H: Signatures

By signing below I authorize Forethought Life Insurance Company ("Company") to act on the instructions indicated above. I understand that once withdrawals have begun, all future withdrawals will be considered withdrawals during the Benefit Period. The instructions may be changed by giving the Company 10 days advance written notification.

Owner's Signature

Date

Joint Owner's Signature

Date

Lifetime Income Benefit Termination - The Guaranteed Lifetime Income Benefit terminates on the date on which the earliest of the following events occur:

1. The termination of the Contract.
2. Any day after the option date that the Guaranteed Lifetime Annual Income is less than the Minimum Systematic Withdrawal Amount shown on your Contract Data Page.
3. The Annuity Date as shown on your Contract Data Page or as later changed by You.*
4. The death benefit is paid under the contract.
5. The death of the Guaranteed Lifetime Income Life following the Guaranteed Lifetime Income Option Date.
6. The owner is changed after the option date other than for spousal continuation on a Joint income option.

The Guaranteed Lifetime Income Account Value and the Guaranteed Lifetime Annual Income are set equal to zero (0) at the time this benefit is terminated and remains zero (0) until the termination of this Contract. Once this benefit terminates, it may not be reinstated.

***On the annuity date, you may elect an annuity payable for the life of the Annuitant of annual payments equal to the Guaranteed Lifetime Annual Income as of the day before the Annuity Date. The Owner, or oldest Joint Owner if applicable, will be the Annuitant for this option.**

This Guaranteed Lifetime Income Benefit Election form can be submitted as follows:

U.S. Mail:

Forethought Life Insurance Company
One Forethought Center
Batesville, IN 47006-0246
1-877-244-7526