

This form is required for premium review and must be submitted for approval for:

- **Contract Issue Age 80 and under:** Annuity Contracts with aggregate premiums of \$1,000,000 or more
- **Contract Issue Age 81-85:** Annuity Contracts with aggregate premiums of \$500,000 or more

**Please Read: Forethought reserves the right to reject any application and we may, in our discretion, pay reduced compensation for any contracts that require approval under this Questionnaire.** Contract issue age is based on the oldest contract owner's birthdate. The information provided on this form is used to determine whether Forethought will issue an annuity contract and is part of Forethought's Anti-Money Laundering Program. Please complete all requested information as boxes left blank may slow the processing of your request. A Questionnaire will be valid for six months from the date of approval.

**Medical Questions must be completed in the following situations:**

- **Contract Issue Age 70 and under:** Aggregate premium of \$2,000,000 and greater
- **Contract Issue Age 71-80:** Aggregate premium of \$1,000,000 and greater
- **Contract Issue Age 81-85:** Aggregate premium of \$500,000 and greater

**Speculative Investing –** Do not submit this Questionnaire if you have reason to believe your client(s) may plan to use the product, or any of its riders, for speculation, arbitrage, viatication or any other type of collective investment scheme. By submitting this Questionnaire, you represent and warrant that you have no reason to believe your client(s) will use this product, or any of its riders, for speculation, arbitrage, viatication or any other type of collective investment scheme.

Upon review, you will be contacted and advised on the status of your request. Once you have received confirmation from Forethought that the questionnaire has been approved, you may then submit the business.

Failure to secure prior approval for premium limits noted above will cause the business to be deemed "not in good order". Any questions or concerns regarding this requirement may be directed to the Forethought Annuity Service Center toll-free line at (877) 244-7526.

### Section A: Agent Information

Marketing Organization Name		Agent Name
Telephone Number	Fax Number	Email Address
Dollar Amount for Approval: <input type="checkbox"/> Initial Premium    \$ _____		Contract Number(s)

### Section B: Biographical Information

*(This information must match Forethought's Annuity Application)*

Owner Legal Name			
Date of Birth	Social Security No. /Tax Identification No.		Citizenship
Owner's Residential Address		City/Town	State      Zip Code
Owner's Mailing Address <i>(if different from above)</i>		City/Town	State      Zip Code
Annual Income: \$ _____	Net Worth: \$ _____	Relationship to Annuitant	
What is the Owner's occupation? (List both current and prior business affiliations.)			



**Section B: Biographical Information** *(continued)*  
*(This information must match Forethought's Annuity Application)*

Joint Owner Legal Name		Relationship to Owner
Date of Birth	Social Security No. / Tax Identification No.	Citizenship
Annuitant Legal Name		Relationship to Owner
Date of Birth	Social Security No. / Tax Identification No.	Citizenship
Joint Annuitant Legal Name		Relationship to Owner
Date of Birth	Social Security No. / Tax Identification No.	Citizenship

**Section C: Source of Funds and Wealth**

How were these funds acquired? *(Describe the economic activity which has generated the individual net worth such as employment, family business, etc. Provide specific company names, titles, etc.)*

Date money will be submitted to Forethought:

**Section D: Investment Objectives.**  
*(This information must match Forethought's Annuity Application)*

Which annuity product is being purchased?	Does the Owner/Annuitant have inforce contract with Forethought? <input type="checkbox"/> Yes – Contract Number(s): _____ <input type="checkbox"/> No
Other Options: <u>Fixed Annuities:</u> <input type="checkbox"/> Return of Premium	<u>Fixed Index Annuities:</u> <input type="checkbox"/> Optional Lifetime Withdrawal Benefit <input type="checkbox"/> Optional Death Benefit
What is the purpose of this annuity?	How will future liquidity needs be met?
Will the Owner grant authority to a Third Party? <input type="checkbox"/> Yes – Name: _____ <input type="checkbox"/> No	

**Section E: Additional Required Information**

Please list the interest crediting strategy(ies) and % of premium allocated to each strategy:

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

**Section F: Required Signature**

To the best of my knowledge the above information is accurate and complete.

 \_\_\_\_\_  
 Agent's Signature

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

**Please Note:** Depending on the circumstances of each individual case, documentation and additional information may be required prior to approval. Approval will be based upon review of the information provided. Information is held in strict confidence.

**This Enhanced Due Diligence Questionnaire form can be submitted as follows:**
**U.S. Mail**

 Forethought Life Insurance Company  
 P.O. Box 758502  
 Topeka, Kansas 66675-8507

**Private Express Carrier**

 Forethought Life Insurance Company  
 Mail Zone 507  
 5801 SW 6<sup>th</sup> Avenue  
 Topeka, Kansas 66636

**Via Fax**

Please fax to (785) 286-6104

**Questions? Please call our Annuity Service Center: (877) 244-7526**

*This information is intended to provide educational information about the features and mechanics of the product. It should not be considered, and does not constitute, personalized investment advice. The issuing insurance company is not an investment adviser. It's not acting in any fiduciary capacity with respect to any contract and/or investment.*