

You are solely responsible for the information contained in this form. Neither Forethought Life Insurance Company, nor its representatives provide tax advice. Please contact your tax advisor or tax attorney for assistance in completing this form.

Section A: Contract/Certificate ("Contract") Information

Contract Number(s)	
Owner/Participant Name	Name of Deceased

Section B: Beneficiary's Information

Please provide all information requested in this section. It is important that you provide your telephone number in the event we require additional information to clarify your instructions.

Full Name (<i>First, Middle, Last or Trust/Entity</i>)		Date of Birth (<i>mm/dd/yyyy</i>)	
Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Address	City/Town	State	Zip Code
By what right or title do you claim this annuity? (Please provide supporting documentation)			
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Guardian <input type="checkbox"/> Trustee <input type="checkbox"/> Executor of Estate <input type="checkbox"/> Other _____			

Section C: Death Benefit Payout Option (*Please choose one of the following*)

- Lump Sum Payment
- Internal Rollover – (*Completed Annuity Application and applicable disclosure(s) must accompany this form.*)
- Spousal Continuation - (*Completed beneficiary change forms must accompany this form.*)
- Payment of death benefit under an annuity option – (*Completed Election of Annuity Options – Annuitization form must accompany this form.*)
- Payment of entire death benefit within 5 years. Specify payment structure/dates _____.
- Qualified Contracts - Payment of entire death benefit within 10 years. Specify payment structure/dates _____. (Not available to non-person beneficiary, including but not limited to Trusts, Estates, Charities)
- Transfer (*Completed ceding carrier's transfer paperwork must accompany this form.*)

Section D: Certified Death Certificate and Original Contract Must Accompany This Form

Certified Death Certificate:	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Comments _____
Original Contract:	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Contract Lost/Misplaced

The undersigned hereby applies for payment of this death benefit from Forethought Life Insurance Company and agrees that the written statements and all other papers called for by the instructions herein, shall constitute and are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or any other forms, by said Company, shall not constitute nor be considered an admission by it that there was any annuity contract in force for the person named above, nor a waiver of any of its rights or defenses.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Section E: Tax Withholding

Please Note: This section is not applicable for custodial owned contracts.

E1: Federal Income Tax Withholding

Federal tax law requires us to withhold 10% of the taxable amount of your distribution unless you elect out of withholding or provide a higher amount. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P. Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules.

U.S. persons having their payment delivered outside the U.S. or its possessions may not elect out of withholding. If you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty. If you are a non-resident alien you must submit a properly completed IRS Form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if there is no applicable tax treaty, or you do not provide us with the required information.

Please choose one:

- Do not withhold
- Withhold 10%
- Withhold the following amount: \$ _____ (Must be greater than 10%)
- Withhold the following percent: _____ % (Must be a whole percentage. Cannot exceed 90% of the taxable distribution.)

E2: State Income Tax Withholding**Mandatory Withholding****Arkansas, California, Georgia, North Carolina, and Oregon**

- If you reside in one of these states, you may opt out of the mandatory state withholding by electing 'Do not withhold' below.

Connecticut

- If you reside in Connecticut, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be taken at the default rate, unless otherwise specified by you.
- Please refer to and complete the Connecticut withholding certificate, Form CT-W4P.

Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, Vermont, and Virginia

- If you reside in one of these states and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.

District of Columbia

- **Full distributions from IRAs and qualified plans:** If you reside in the District of Columbia and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.
- **All other applicable distributions:** These distributions can be treated as voluntary withholding.

Michigan

- If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate.

Voluntary Withholding**Alabama, Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia, and Wisconsin**

- If you reside in one of these states, you may voluntarily elect state income tax withholding below. If no option is selected state income tax will not be withheld.

Section E: Tax Withholding (continued)
E2: State Income Tax Withholding (continued)

Please choose one:

- Do not withhold
 Withhold the following amount: \$ _____
 Withhold the following percent: _____ % (Must be a whole percentage.)

Please Note:

- If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state.
- If you reside in a state that does not provide a "default" amount such as Delaware, Kansas or Massachusetts, we will automatically withhold at a rate of 5%.

Section F: Certification and Signature(s)
CERTIFICATION:
Taxpayer Identification Number (must be completed)

REQUIRED →	Social Security No./Taxpayer I.D.	
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If you are a Non-Resident Alien, please check the box,
provide your country of residence and submit an IRS Form W-8BEN.

<input type="checkbox"/> Non-Resident Alien (W-9 Certification does not apply)	Country of Residence
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Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number that appears on this form is correct,
2. I am not subject to backup withholding due to failure to report interest and dividend income¹, and
3. I am a U.S. person

¹If you are subject to back-up withholding, you must strike through statement number 2.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Beneficiary Signature	Title (if applicable)	Date (mm/dd/yyyy)
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Spouse's Signature (Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI) or check here if applicable <input type="checkbox"/> Not Married	Date (mm/dd/yyyy)
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This Beneficiary Claim form can be submitted as follows:

For contracts starting with 5XX, 6XX, 7XX or 8XX:

U.S. Mail Forethought Life Insurance Company P.O. Box 758507 Topeka, Kansas 66675-8507	Private Express Carrier Forethought Life Insurance Company Mail Zone 507 5801 SW 6 th Avenue Topeka, Kansas 66636	Via Fax Please fax to (785) 286-6104 Via Email annuityservicecenter@gafg.com
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For contracts starting with 200:

U.S. Mail Forethought Life Insurance Company P.O. Box 246 Batesville, IN 47006	Private Express Carrier Forethought Life Insurance Company One Forethought Center Batesville, IN 47006	Via Fax (877) 554-2413 Via Email annuitypolicyservice@gafg.com
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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.

Please Read the Applicable State Fraud Notice

Countrywide: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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 an 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 division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any Person who knowingly and with the intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information or conceals, for the purpose of misleading, information containing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.