

**Use this form if you want to:**

- Change the registered representative on a block of business, a list of contracts or an individual contract. Requests may be submitted via fax to (785) 286-6104 or via email to flic-mawf@se2.com as long as an original signature is already on file.

Important Information

- Changes become effective on the date we deem the request to be in good order.

Section A: Select Type of Change (you must complete this section)

- ☐ Individual contract (*please go to Section B*)
- ☐ Block transfer of all Registered Representative's contracts (*please go to Section C*)
- ☐ List of contracts attached (*please go to Section D*)

Section B: Owner Information

Please note, this section is for individual contract changes only. If you are changing financial advisors within the same firm, a branch manager signature is required in Section D. If you are requesting a change of representative **and** firm, a client signature is required below.

Contract Number	Broker/Dealer Client Account Number	Annuitant Name (<i>if different from the Owner</i>)	
Owner Name		Owner Social Security/ Tax I.D. Number	
Residential Address		City/Town	State Zip Code
Mailing Address (<i>if different from above</i>)		City/Town	State Zip Code
Owner Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Owner Email Address	
Joint Owner or Trustee Name		Joint Owner Social Security Number	
Co-Trustee Name(s) (<i>if applicable</i>)			
Owner Signature		Date (mm/dd/yyyy)	
Joint Owner or Trustee Signature (<i>if applicable</i>)		Date (mm/dd/yyyy)	

Section C: Previous Registered Representative Information (block transfers only)

Previous Registered Representative Name	Social Security Number	Name of Firm
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Section D: New Registered Representative Information (you must complete this section)

Note: Commission percentages will be distributed evenly between representatives unless otherwise noted. If more than one registered representative is assigned to the contract, please fill in the commission percentage for each.

Please provide a list of contract numbers with Contract Owner(s) names.

Name	Social Security Number	Commission Percentage
1.		
2.		
3.		

Branch Manager (<i>print name</i>)	Branch Manager Signature	Date (<i>mm/dd/yyyy</i>)
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Section E: New Firm Information (you must complete this section)

Firm Name			
Email Address	Firm's Telephone Number	Firm's Fax Number	
Street Address	City	State	Zip Code

Section F: Authorized Signature for Block Transfers

Please note, if requesting a block transfer and client signatures have not been provided, the releasing firm must comply with NASD Rule 04-72 and authorized signatures from both the Accepting and Releasing Firm must be provided below.

Releasing Firm Authorization

Broker Dealer Firm Name	
Name of Authorized Individual (<i>please print</i>)	Title of Authorized Individual (<i>please print</i>)
Signature of Authorized Individual	Date Signed (<i>mm/dd/yyyy</i>)
<i>This transfer meets NASD Rule 04-72 requirements.</i>	

Accepting Firm Authorization

Broker Dealer Firm Name	
Name of Authorized Individual (<i>please print</i>)	Title of Authorized Individual (<i>please print</i>)
Signature of Authorized Individual	Date Signed (<i>mm/dd/yyyy</i>)

This Registered Representative Change Request – Annuity Form can be submitted as follows:
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 6th Avenue
 Topeka, Kansas 66636

Via Fax

Requests may be submitted via fax to (785) 286-6104 provided your signature is already on file.

Questions? Please Call our Annuity Service Center: (866) 645-2449