

Use this form if you want to:

- Designate how the death benefit value of your contract will be paid to your beneficiary or beneficiaries
- If electing this option at time of purchase, the beneficiaries noted on the application should be the same as noted on this form. If the beneficiary designations do not match, then the beneficiaries designated on this form will prevail.

Important Information

- Elections made with this form will revoke any prior beneficiary designations previously received.
- This type of designation is not available if a trust, charity or estate is named as the beneficiary of the contract, nor is it available for contracts owned by a custodian, plan or trust.
- If you choose to annuitize your contract, any restriction option elected will become null and void.
- If you change your beneficiary(ies) after submission of this form, any prior restriction option elected will be null and void and a new Predetermined Death Benefit Election Form will need to be submitted.
- All predetermined death benefit elections must conform to the required distribution rules under Section 72(s) of the Internal Revenue Code for Non-Qualified plans and Section 401(a)(9) of the Internal Revenue Code for Qualified Plans. Tax laws are subject to change and such changes may affect the income tax consequences of your elections on this form. Forethought Life Insurance Company does not guarantee any specific tax outcome. Please discuss your election with your tax advisor before completing this form.

If Forethought Life Insurance Company ("Company") is not given due proof of death in sufficient time to begin annuity payments within the required period, the Company will pay the death benefit in installments such that the entire death benefit will be paid within the required five year period.

Election Option Explanations

Full Restriction: The full amount of the death benefit will be applied to the Beneficiary Option Election you select.

Partial Restriction: You may select a certain percentage of the death benefit to be paid in a lump-sum to the designated beneficiary(ies). The remainder will be applied to the Beneficiary Option Election selected by the Contract Owner(s).

Life Only Annuitization: This option will restrict the beneficiary to receive level annuitization payments over his/her lifetime.

Life with _____ (10-20) Years of Annuity Payments Guaranteed Annuitization: This option will restrict the beneficiary to receive level annuitization payments over the longer of his/her lifetime or for the number of years specified herein, but not to exceed the Beneficiary's life expectancy at the time payments begin. Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly.

Period Certain for _____ (10-20) Years Annuitization: This option will restrict the beneficiary to receive level annuitization payments for a period that you choose, but not to exceed the beneficiary's life expectancy at the time the payments begin. Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly.

Single Life Expectancy Option: This option will restrict the beneficiary to receive payments in amounts to be calculated based on current IRS rules and regulations at the time the option is processed. The Life Expectancy factor will be used to determine the required distribution that should be taken each year. The yearly distribution will also fluctuate based on the performance of the underlying investments. Your beneficiary may make sub account transfers, if available in Your contract, during the duration of the option.

When requesting this option on a Qualified annuity, if your death occurs after you begin receiving RMD payments, your beneficiary will continue to receive RMDs based on the longer of your calculated life expectancy or the beneficiary's.

When requesting this option on a Non-Qualified annuity the beneficiary will continue to receive payments under Single Life Expectancy guidelines.



Section A: Owner Information

Contract Number(s)			Owner's Social Security Number:		
Owner's First Name	Last Name	M.I.	Joint Owner's First Name	Last Name	M.I.

Section B: Beneficiary Option Election

Completing the Primary and/or Contingent beneficiary designations below will replace all existing beneficiary designations on file. You must assign percentages and not dollar amounts for the benefit you want each beneficiary to receive. If you do not provide percentages, this form will be deemed Not In Good Order. The percentages you assign for each beneficiary must be whole percentages (for example, 50%, 67%, etc.) and the total of all percentages added together must be 100%. Payments to Contingent Beneficiaries only apply in the event there is no surviving Primary Beneficiary. If you have more than one beneficiary listed, you must indicate whether they are a primary or contingent beneficiary. Additionally, you may select a different distribution option for each beneficiary.

This form allows you to assign shares of your death benefit to three beneficiaries. If you have more than three beneficiaries, please use additional forms.

If the Primary Beneficiary of this contract is changed after electing any Living Benefit Riders with a Joint/Spousal option the benefit may terminate on the first death. There are additional restrictions and limitations, please see your contract for further details.

The Social Security Number and address *must* be provided for each beneficiary listed. This will assist us in paying out any death benefit proceeds to the appropriate party(ies). Please provide all requested information for the request to be considered in good order.

<input type="checkbox"/> Primary	Percent %	Date of Birth (<i>mm/dd/yyyy</i>)	Social Security Number/Taxpayer I.D.
<input type="checkbox"/> Contingent			

 Per Stirpes: Yes No

 Irrevocable: Yes No

 Full Restriction Election
 Partial Restriction _____ % Percentage limit for lump sum payment

 No Restriction
 Life Only Annuitization

 Life with _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly)

 Period Certain for _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly).

 Single Life Expectancy Option

Beneficiary Full Name (<i>First, Middle, Last</i>)		Relationship to Owner	
Street Address	City/Town	State	Zip Code



Section B: Beneficiary Option Election (continued)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent %	Date of Birth (mm/dd/yyyy)	Social Security Number/Taxpayer I.D.	
Per Stirpes: <input type="checkbox"/> Yes <input type="checkbox"/> No Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Full Restriction Election <input type="checkbox"/> Partial Restriction _____% Percentage limit for lump sum payment <input type="checkbox"/> No Restriction				
<input type="checkbox"/> Life Only Annuitization <input type="checkbox"/> Life with _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly) <input type="checkbox"/> Period Certain for _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly). <input type="checkbox"/> Single Life Expectancy Option				
Beneficiary Full Name (First, Middle, Last)			Relationship to Owner	
Street Address		City/Town	State	Zip Code
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent %	Date of Birth (mm/dd/yyyy)	Social Security Number/Taxpayer I.D.	
Per Stirpes: <input type="checkbox"/> Yes <input type="checkbox"/> No Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Full Restriction Election <input type="checkbox"/> Partial Restriction _____% Percentage limit for lump sum payment <input type="checkbox"/> No Restriction				
<input type="checkbox"/> Life Only Annuitization <input type="checkbox"/> Life with _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly) <input type="checkbox"/> Period Certain for _____ (10-20) Years of Annuity Payments Guaranteed Annuitization (Applicable law may require a shorter guarantee period, which will vary depending on your age and the beneficiary's age at the time of your death. We will automatically reduce the period accordingly). <input type="checkbox"/> Single Life Expectancy Option				
Beneficiary Full Name (First, Middle, Last)			Relationship to Owner	
Street Address		City/Town	State	Zip Code

Section C: Acknowledgements and Signature(s)

By signing below, you acknowledge and accept the following terms and conditions:

- This beneficiary designation will remain in effect during the accumulation phase of this contract unless we receive written notification from you to change the current beneficiary designation or Forethought discontinues this program. If this contract is annuitized while you are living, any restriction option elected will become null and void.
- The beneficiary will have no right to change the option or receive a lump sum payment unless specifically elected in this form.
- Irrevocable Beneficiaries currently listed under the contract are always required to sign the form below.
- If there is no living beneficiary when death benefits become payable or the beneficiary dies while receiving payments, payment will be made as provided by the contract.
- Forethought is required to adhere to IRS regulations when paying out a Death Claim.
- Lifetime payments to beneficiaries must begin within a certain period of time following my death.
- If the contract owner is changed, any restriction option elected will become null and void when Forethought receives properly executed complete ownership change instructions. Named beneficiaries and their assigned percentages will remain with no restrictions. The new contract owner may establish a new restriction by completing another "Predetermined Death Benefit Election" form.

I understand that by completing the beneficiary designations above, the applicable beneficiary designations on my contract will be replaced as instructed.

Owner's Signature	Date (mm/dd/yyyy)
Joint Owner's Signature (if applicable)	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature	Date (mm/dd/yyyy)

This form can be submitted as follows:

U.S. Mail or Private Express Carrier:
Forethought Life Insurance Company
 123 Town Square Place
 PMB 711
 Jersey City, NJ 07310

Submit Via Fax:
 Please fax to (855) 299-0104

Submit Via E-mail:
 GAOperations@email.gafg.com

Questions? Please contact us at:
 (833) ASK-GA4U | (833) 275-4248

Our Website is:
 www.globalatlantic.com

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