

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	Name of Deceased
Owner/Participant Name (If different than 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 (First, Middle, Last or Trust/Entity)		Date of Birth
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)

- Beneficiary
 Guardian
 Trustee
 Executor of Estate
 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 – (Annuitization form with Annuity Option elected must accompany this form.)
 Payment of entire death benefit within 5 years. This option applies to non-qualified contracts, Roth IRA accounts with non-person beneficiaries and Traditional IRA accounts with non-person beneficiaries if the IRA owner died before their Required Beginning Date. Specify payment structure/dates _____.
 Qualified Contracts – Payment of entire death benefit by December 31st of the 10th year after the death. Specify payment structure/dates _____. (Not available to non-person beneficiary, including but not limited to Trusts, Estates, and 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

Regardless of whether federal income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have enough withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. **The company will withhold using the default rate of 10% unless you opt out of withholding below or make an alternate election on IRS Form W-4R.** This withholding election form and instructions can be obtained at www.irs.gov or by calling us. Once a payment has been issued, withholding cannot be changed.

Withholding Election:

- DO NOT WITHHOLD** federal income tax from my payment
- WITHHOLD** the default rate of 10% from my payment for federal income tax
- WITHHOLD** federal income tax based on the included IRS Form W-4R*

***If the IRS Form W-4R is not included with this form, then the default rate will be applied**

E2: State Income Tax Withholding

State withholding requirements vary widely and can be dependent upon factors such as the type of contract or distribution, whether federal withholding is being applied and the age of the payee. You are encouraged to consult a tax advisor or review your State Tax Department's website for requirements applicable to your situation before making your state withholding election. If you do not make an election or if your election does not meet the requirements mandated by your state of residence, including making the election on the state specific withholding election form if applicable, we will apply the state default or mandatory withholding rate.

- DO NOT WITHHOLD** state income tax from my payment (*Must meet state requirements*)
- WITHHOLD** the default rate from my payment for state income tax
- WITHHOLD** the following amount or percentage from my payment for state income tax: _____
(*Must meet state requirements*)

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

Social Security No./Taxpayer I.D.

US TAXPAYER CERTIFICATION:

By submitting this form, I am certifying under penalties of perjury, that:

1. The Taxpayer Identification Number that appears on this form is correct,
2. I have not been notified by the IRS that I am subject to backup withholding or I am no longer subject to backup withholding.
3. I am a U.S. person.

NON-RESIDENT ALIEN STATUS:

If you are a Non-Resident Alien, the US Taxpayer certification language above does not apply to you. Please check the box and provide your country of residence below.

 Under penalties of perjury, I certify that I am a Non-Resident Alien, and my country of residence is: _____.

Taxable amounts paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

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)

 Spouse's Signature (Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI) or check here if applicable Not Married

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

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 information to obtain or amend insurance coverage or to make a 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.