

Use this form if you want to:

- Change your primary or contingent beneficiary designation
- Remove the existing contingent beneficiary designation

Your beneficiary change request will not be changed if the annuity is owned by a custodian. Please contact the custodian directly. Changes become effective on the date we deem the request to be in good order. A confirmation will be sent to the owner and the agent confirming the changes below.

### Section A: Owner Information

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

Contract Number		Telephone Number		Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner's Full Name ( <i>First, Middle, Last or Trust/Entity</i> )				Owner's Date of Birth	
Joint Owner's Full Name ( <i>if applicable; First, Middle, Last</i> )				Joint Owner's Date of Birth	
Residential Address		City/Town	State	Zip Code	
Mailing Address ( <i>if different from above</i> )		City/Town	State	Zip Code	
Owner's Email Address					

### Section B: Change to Primary or Contingent Beneficiary Designation

**Do not** use this form if you want to:

- Correct beneficiary information. Please complete the Annuity Change Request form (FA5011).

#### **Important Notes**

- For contracts with a Trust as the Owner, the Trust must be listed as the Beneficiary. For Custodial IRA Contracts, the Custodian must be listed as the Beneficiary.
- The percentages you assign for each new beneficiary must be whole percentages (*for example, 50%, 67%, etc.*). The percentage of the benefit for all Primary Beneficiaries must total 100%. The percentage of the benefit for all Contingent Beneficiaries must total 100%. Unless otherwise indicated, proceeds will be distributed equally. Payments to Contingent Beneficiaries only apply in the event there is no surviving Primary Beneficiary.
- If no selection is indicated for Irrevocability, we will treat the designation as revocable. If neither "Contingent" nor "Primary" is selected, we will treat any beneficiary as a Primary.
- To help the government fight the funding of terrorism and money laundering activities, we ask you to provide us with your beneficiary's name, address, date of birth, social security number, and other information that identifies your beneficiary. We may verify this information through various public databases.

#### **For contracts with an optional living benefit:**

- If you elected an Optional Living Benefit Rider with the Joint/Spousal option on your contract and wish to change the primary beneficiary, please first review your contract or current prospectus. Changes to a Primary Beneficiary that is a Covered Life will terminate the living benefit rider.

This form allows you to assign shares of your death benefit to four primary or contingent beneficiaries. If you have more than four primary or contingent beneficiaries, please attach a completed Beneficiary Designations Continued form.



I (we) ask that the beneficiary of the above contract be changed as shown below. **All prior beneficiary designations are revoked.** I (we) agree that the Company is free from liability in relying on a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrevocable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____	Date of Birth
Full Name (First, Middle, Last or Trust/Entity)					Social Security No./Taxpayer I.D.
Residential Address (Physical Address/No P.O. Box)			City/Town	State	Zip Code
Email Address					Relationship to Owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrevocable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____	Date of Birth
Full Name (First, Middle, Last or Trust/Entity)					Social Security No./Taxpayer I.D.
Residential Address (Physical Address/No P.O. Box)			City/Town	State	Zip Code
Email Address					Relationship to Owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrevocable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____	Date of Birth
Full Name (First, Middle, Last or Trust/Entity)					Social Security No./Taxpayer I.D.
Residential Address (Physical Address/No P.O. Box)			City/Town	State	Zip Code
Email Address					Relationship to Owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrevocable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____	Date of Birth
Full Name (First, Middle, Last or Trust/Entity)					Social Security No./Taxpayer I.D.
Residential Address (Physical Address/No P.O. Box)			City/Town	State	Zip Code
Email Address					Relationship to Owner

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrevocable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____	Date of Birth
Full Name (First, Middle, Last or Trust/Entity)					Social Security No./Taxpayer I.D.
Residential Address (Physical Address/No P.O. Box)			City/Town	State	Zip Code
Email Address					Relationship to Owner

**Section C: Acknowledgements and Signature(s)**
**Important Notes**

- If there are joint owners, both owners must sign below.
- If there is an irrevocable beneficiary, the irrevocable beneficiary must sign below.
- A signature guarantee may be requested if we are unable to verify an owner's signature.
- If the owner is listed as a Trust, you must submit Trustee Certification and Indemnity form if not already on file with the Company.
- If a Power of Attorney (POA) is signing on behalf of the owner, you must obtain a signature guarantee and submit a recent copy of the POA agreement unless it is already on file with the Company. This agreement must be current, notarized, and signed by the owner and two witnesses.
- If the owner is listed as a non-natural entity, an officer of the entity must sign as an owner. The most recent Corporate Resolution must be submitted to us unless it is already on file with the Company.
- If the owner or joint owner lives in a community property state, the owner's or joint owner's spouse must also sign.

If none of the named beneficiaries are living or this designation is ineffective, proceeds will be paid to the owner's estate. If you name a trust as the Beneficiary, submit a copy of the trust for our file.

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

Owner/POA/Custodian/Trustee Signature	Title (if applicable)	Date (mm/dd/yyyy)
Joint Owner/POA/Co-Trustee Signature (if applicable)	Title (if applicable)	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature (if applicable)	Title (if applicable)	Date (mm/dd/yyyy)
Witness Signature (Required Only in Massachusetts)	Title (if applicable)	Date (mm/dd/yyyy)
Spouse's Signature (Required in the following community property: AZ, CA, ID, LA, NM, NV, TX, WA, WI) or check here if applicable <input type="checkbox"/> 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 or (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.*