

Use this form if you want to:

- Enroll in the Substantially Equal Periodic Payments Program under Internal Revenue Code Section 72(t)/(q).

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

The I.R.C Section 72(t)/72(q) program is not available on contracts starting with '2XX'.

Important Information

Withdrawals in excess of applicable withdrawal limits can severely affect the value of any optional withdrawal benefit and/or optional death benefit under your annuity contract. Such withdrawals may reduce your benefits on a proportional basis rather than by the dollar amount actually withdrawn and may also lock in your annual available withdrawal percentage and/or terminate your Deferral Bonus. It is important for you to understand what impacts a withdrawal may have upon your annuity contract before requesting a withdrawal. You may contact us for a calculation showing the impact of your withdrawal. Please see your prospectus and contract or rider for more information on withdrawal limits.

We recommend that you consult with your financial professional or a qualified tax advisor for any questions regarding withdrawals from your retirement plans.

10% Federal Income Tax Penalty

As a general rule, a 10% federal income tax penalty is imposed on distributions made prior to the owner attaining age 59½ unless an exception otherwise applies. One exception to the 10% federal income tax penalty is for distributions that are part of a series of "substantially equal periodic payments" that are made at least annually for the life (or life expectancy) of the contract owner or for the joint lives (or joint life expectancies) of the contract owner and beneficiary. To be eligible to enroll in Forethought's 72(t)/(q) Program, and to have Forethought report distributions as an exception to the 10% federal income tax penalty, payments must meet the following criteria:

- Be made monthly, quarterly, semi-annually, or annually,
- Continue without modification for the longer of 5 years, or until the contract owner reaches age 59½, and
- Be calculated based on the Fixed Amortization Method, the Fixed Annuity Factor Method, or the Required Minimum Distribution Method as outlined in IRS Notice 2022-6.

Payments exempted from the additional 10% federal income tax by reason of the "substantially equal periodic payments" exception are subject to a recapture tax if the series of payments is modified (other than by reason of death or disability). Modifications to the program as detailed in Notice 2022-6 or other applicable IRS guidance include additional contributions to or withdrawals from the contract; a change in the frequency of payments; and a change in the payment calculation method (except for a one-time allowable change to the RMD method.)

The contract owner is solely responsible for all taxes, penalties and interest that may be imposed by the IRS as a result of any distribution from his/her annuity contract and agrees to hold Forethought harmless in regard to distributions made under this Program.

Contract Charges

Charges for Fixed Contracts

- We will assess a Withdrawal Charge and Market Value Adjustment, if applicable, on any distributions that follow the enrollment guidelines for Substantially Equal Periodic Payments under I.R.C. Section 72(t)/72(q) but exceed the contractual penalty free withdrawal provision.

Charges for Variable Contracts

- We will waive Contingent Deferred Sales Charges (CDSC), if applicable, for distributions that follow the enrollment guidelines for Substantially Equal Periodic Payments under I.R.C. Section 72(t)/72(q).



Section A: Owner 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.

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

Section B: Calculation Method

Please choose one of the following three methods:

 1. Fixed Amortization Method Election

If this is a newly established 72(t)/72(q) program please choose one of the following interest rate options:

- Use an interest rate of _____% (cannot be more than the greater of 5% or 120% of the Federal Mid-Term Rate for either of the 2 months immediately preceding the month in which distributions begin.)
- Use the maximum rate allowable.

If this program was established at a previous carrier and is continuing following a transfer or exchange to the current contract, you must continue the program for the same payment frequency and distribution amount (unless you are switching to the RMD method.) Please provide the following information to continue under the Fixed Amortization Method:

Payment Frequency: _____ Per Payment Amount: \$ _____

Original Start Date of Current 72(t)/72(q) Program (mm/dd/yyyy): _____



Section B: Calculation Method (continued)
 2. Fixed Annuitization Method

If this is a newly established 72(t)/72(q) program please choose one of the following interest rate options:

- Use an interest rate of _____% (cannot be more than the greater of 5% or 120% of the Federal Mid-Term Rate for either of the 2 months immediately preceding the month in which distributions begin.)
- Use the maximum rate allowable.

If this program was established at a previous carrier and is continuing following a transfer or exchange to the current contract, you must continue the program for the same payment frequency and distribution amount (unless you are switching to the RMD method.) Please provide the following information to continue under the Fixed Ammortization Method:

Payment Frequency: _____ Per Payment Amount: \$ _____

Original Start Date of Current 72(t)/72(q) Program (mm/dd/yyyy): _____

 3. Required Minimum Distribution (RMD) Method

The distribution amount will be calculated using the account value at the end of the prior year or the initial premium paid, whichever is applicable, unless this account was established in the current year via a transfer/rollover/exchange from another carrier. In that case, please provide the account balance as of the end of the prior year: \$ _____

Section C: Alternate Life Expectancy Table (Complete ONLY if you do not want the Single Life Table used.)

Forethought Life Insurance Company will use the Single Life Table to determine the life expectancy to be used for the Fixed Amortization and RMD calculation methods unless you specify the use of the Uniform Lifetime Table or Joint and Last Survivor Table below:

- Please use the Uniform Lifetime Table to determine life expectancy
- Please use the Joint and Last Survivor Table to determine life expectancy (must provide the name and date of birth of the oldest beneficiary under this contract.)

Oldest Beneficiary Name: _____

Oldest Beneficiary Date of Birth: _____

Section D: Distribution Instructions (for variable contracts ONLY)
Important Notes:

- Unless instructions are provided in this section, your scheduled payment amount will be distributed proportionately from each of your current investments. Each time a payment is processed, it will be distributed based on the values of each current investment option on the day the payment is processed.
- If you are currently enrolled in a dollar cost averaging (DCA) program, the source of the DCA will be excluded from the distribution.
- You may elect to have your scheduled payments distributed proportionately from each of your current investment options or according to specific dollar or percentage amounts. If you elect to have the amount taken out of a specific investment option(s), this will continue until the investment option is depleted or you submit new distribution instructions.
- Should the balance in a specified investment option be inadequate to meet a scheduled payment, the payment will be delayed pending your authorization to change the investment option(s) from which the scheduled payment should be made.

Section D: Distribution Instructions (for variable contracts ONLY) (continued)
Distribution Election

Please choose one:

-
- Proportionately (pro rata) from each of my current investments.

If you are currently invested in a Personal Protection Portfolio, a Portfolio Planner Asset Allocation model, an Investment Strategy model, Multi-Year Guaranteed Account(s) in ForeInvestors Choice, or optional benefit riders with a Fixed Account investment restriction, you must elect this option.

-
- Equally from each of my current investment options. I understand that if my current investment options cannot support an equal withdrawal from each, the request will be processed proportionately from each current investment option.

-
- As specified in the table below. I understand that if my investment options cannot support a withdrawal from a specific investment option elected, the request will be processed proportionately from each current investment option. (Please list the investment options and either the amount or percent to be withdrawn from each option in the table below).

Name of Investment	Amount to Withdraw	or	Percent to Withdraw
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

Section E: Frequency of Scheduled Payments
Important Notes:

- If a monthly mode of payment is selected and Forethought is calculating the scheduled payment during the first year, we will calculate the annual amount, divide by 12 months and distribute only the monthly amount over the remaining months in the year.

For example, an annual amount of \$1,200 divided by 12 equals a monthly payment of \$100. If you enroll in the program beginning in September, the monthly payment for September, October, November, and December of the current year will be \$100 each month.

- You may select a specific date for your payments to be processed.

Please note: The process date you choose cannot fall within five days of either the process date of any other active enrollment program on your contract or your contract anniversary date. If a specific date is not provided, the payments will be scheduled to begin within approximately 30 days from the date the request is received in good order at Forethought.

Please note: For Direct Rollovers and Direct Transfers, scheduled payments will begin within approximately 30 days from when all proceeds are received from your prior financial institution(s).

- If you have transferred money to Forethought and need to continue a 72(t)/(q) program from your previous carrier, you must continue to use the same frequency of payments that was established at your previous carrier.

Frequency

Please choose one:

-
- Monthly
-
- Quarterly
-
- Semi-Annually
-
- Annually

Date of first payment (if applicable): _____

Section F: Tax Withholding

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

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 at the number shown on page 1. 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**

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 G: Mailing/Address Information

Please choose one:

- Please mail check(s) to the Owner's address of record.
- Please mail check(s) to the address below.
- Please send check(s) by express mail. A delivery fee of \$20 will be charged. (*For street addresses only. Express mail is not deliverable to a P.O. Box.*)

Mailing Address (<i>if different from Owner's Address</i>)	City/Town	State	Zip Code

Section H: Distribution Instructions
H1. Electronic Fund Transfer
Important Notes

- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- A voided check or a letter confirming routing and account information from your bank-on-bank letterhead is **REQUIRED**. No temporary checks will be accepted.
- Please direct deposit my distribution to my **checking** account listed below.
(A voided check is **REQUIRED** below.)
- Please direct deposit my distribution to my **savings** account listed below.
(A letter confirming your bank account information is **REQUIRED** for savings accounts.)

Bank Account Number	Full Name of Bank	Branch Location
9 Digit Routing Number	Contact Person (if any)	Branch Telephone Number

Attach voided check here. Please use tape instead of staples.

John Q. Public
123 Main Street
Anywhere, ST 00000-0000 0000

Pay to the order of _____ \$

VOID Dollars

Any Bank
Anytown, ST 00000

MEMO _____

:000000000: 0000000000 XXXX

↓
↓
 Bank Routing Number Account Number

H2. Brokerage Account – CUSTODIAL OWNED ACCOUNTS ONLY
Important Notes

- For Custodial owned contracts, distribution will be sent directly to the Brokerage Account on record.
- Acceptance of electronic payments may vary by firm.

Section I: Owner Acknowledgements and Signature(s)

You should consult with your tax advisor and financial representative to discuss which method to elect and to consider any optional riders on your contract. Choosing a methodology that violates the withdrawal limitations of your rider will cause your rider values to be recalculated.

I make this enrollment irrevocably. I understand I cannot change this election for at least five years from the date of the first payment, or attainment of age 59½, whichever is longer. I also acknowledge that I am solely responsible for any taxes, penalties or interest due as a result of changing this election.

I have reviewed the Important Information Section on page 1. I elect to enroll in Forethought's Systematic Withdrawal Program and intend the payments to satisfy the Internal Revenue Code requirements for exception to the 10% additional federal income tax as "substantially equal periodic payments".

I understand and acknowledge that Forethought will discontinue reporting amounts as exceptions to the 10% additional federal income tax on IRS Form 1099-R, in the event a modification to the program is identified and that I may be retroactively subject to the additional tax on all previous distributions made under the program.

Neither Forethought, nor its agents or employees provide tax or legal advice. I further acknowledge that any taxes, penalties or interest that may be imposed as a result of this distribution are exclusively my responsibility, and that I agree to hold Forethought, its affiliates, officers, directors, agents and employees harmless in that regard

Important Notes

- A signature guarantee may be requested if we are unable to verify an owner's signature.
- If a Power of Attorney (POA) is signing on behalf of the contract 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 contract owner and two witnesses.
- If the contract owner is listed as a non-natural entity, an officer of the entity must sign as a contract owner. The most recent Corporate Resolution must be submitted to us unless it is already on file with the Company.
- The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUIRED →	Owner's Social Security Number	or	Owner's Federal Tax Identification Number
	Joint Owner's Social Security Number		

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 withholding¹, and
3. I am a U.S. Citizen or other U.S. Person (including a person qualifying as a U.S. Resident Alien)

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

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.

Owner's/Custodian's/Trustee's Signature	Title (if applicable)	Date (mm/dd/yyyy)
Joint Owner's Signature (if applicable)	Title (if applicable)	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.