

Contracts issued by
Forethought Life Insurance Company

Use this form to:

- Request a partial withdrawal on an annuity product.

Do not use this form if you want to:

- Request a full transfer or 1035 Exchange. Please complete the receiving company's paperwork and include a Letter of Authorization.

As a general rule, a 10% federal income tax penalty is imposed on distributions made prior to the owner attaining age 59½. Forethought recommends that you consult with your financial professional or a qualified tax advisor for any questions regarding the tax implications of withdrawals from your tax-deferred account.

Please be advised that a Withdrawal may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the contract.

Section 1: 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 SSN/Tax ID	
Owner's Name (first, middle, last or trust/entity)		Owner's Date of Birth	
Owner's Email Address		Telephone Number	
Owner's Residential Address	City/Town	State	Zip Code
Owner's Mailing Address (if different from above)	City/Town	State	Zip Code
Joint Owner's Name (first, middle, last)		Joint Owner's SSN	
Joint Owner's Email Address		Joint Owner's Date of Birth	



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Section 2: Partial Withdrawal

Important Notes

- Your contract may allow an amount to be withdrawn each contract year without a Contingent Deferred Sales Charge (CDSC), withdrawal charges, or market value adjustments. This free withdrawal amount is based on total premium payments and contract provisions. Withdrawals that exceed the free withdrawal amount may be subject to CDSC or withdrawal charges, or market value adjustments.
- Withdrawals in excess of applicable withdrawal limits can severely affect the value of any optional withdrawal benefit and/or optional death benefit under your 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 Such withdrawals may reduce your benefits on a proportional basis rather than by the dollar amount actually withdrawn and may also lock in your annual available withdrawal percentage and/or terminate your deferral bonus.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 contract before requesting a withdrawal. You may contact us for a calculation showing the impact of your withdrawal. Please see your prospectus if applicable and annuity contract or rider for more information on withdrawal limits.
- For ForeStructured Growth, ForeStructured Growth II, ForeStructured Growth Advisory, and ForeStructured Growth II Advisory, withdrawals will proportionately reduce your Indexed Strategy Base, which could be significantly more than the dollar amount of your withdrawal. If you take a withdrawal from an Indexed Strategy prior to the end of the Strategy Term, the amount of your withdrawal will be based on the Strategy Interim Value, which may result in significant loss.
- Partial withdrawals may be subject to CDSC, withdrawal charges, market value adjustments and rider fees, if applicable.
- If the withdrawal reduces the contract value below the required minimum contract value, we will treat the request as a withdrawal of the entire contract value and terminate the contract.
- For Fixed Indexed Annuities, ForeStructured Growth, and ForeStructured Growth Advisory, funds will be withdrawn proportionately from all strategies for in which they are currently allocated.
- For ForeStructured Growth II and ForeStructured Growth II Advisory, funds will be withdrawn from the Performance Credit Account Value, if applicable. If the Performance Credit Account Value is depleted, any remaining funds will be withdrawn proportionately from all strategies for which they are currently allocated
- The minimum amount for a partial withdrawal is \$1,000.
- For more information, please refer to your contract or prospectus if applicable.

Please choose one:

- Free withdrawal amount only
- Performance Credit Account Value only
(ForeStructured Growth II and ForeStructured Growth II Advisory only)
- Net Withdrawal \$ _____
(Your check will be for the amount requested. Your contract value will be reduced by this amount plus any applicable withdrawal charges, federal/state tax, wire/overnight fees and market value adjustments, if applicable.)
- Gross Withdrawal \$ _____
(Your check will be for the amount requested less any applicable withdrawal charges, federal/state tax, wire/overnight fees and market value adjustments, if applicable. Your contract value will be reduced by the amount requested.)
- Variable Annuities ONLY – My remaining lifetime annual payment for the current contract year provided under my optional withdrawal benefit rider (minus any tax withholding elections and wire or overnight fees.)

Please process:

- Immediately
(ForeStructured Growth, ForeStructured Growth II, ForeStructured Growth Advisory, and ForeStructured Growth II Advisory withdrawals will be processed two valuation days following receipt in Good Order)
- When the contract is out of the surrender charge or withdrawal charge period.
- As of this date (mm/dd/yyyy) _____

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Section 3: Investment Selection for Distribution (ONLY Applicable for Variable Annuities)

Distribution Election – ONLY fill out this section for variable annuities.

This is not applicable for Fixed, Fixed Indexed Annuities, or ForeStructured Growth, ForeStructured Growth II, ForeStructured Growth Advisory, and ForeStructured Growth II Advisory.

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, or optional benefit riders with Fixed Account investment restrictions, you must elect this option.
- As specified in the table below. I understand that if the 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	%
	\$	or	%

Section 4: Tax Withholding

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

4A. 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.

Please choose one:

- 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**

4B. 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.

Please choose one:

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

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Section 5: Distribution Instructions

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

5A. U.S. Mail / Express Mail

Please mail check(s) to the Owner's address of record.

5B. Electronic Funds Transfer

Please choose one:

- Electronic Funds Transfer (EFT) to my bank account.
 - 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. Deposit slips are not accepted.
- Wire Transfer to my bank account – A wire transfer fee of \$15 will be charged.
 - 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. Deposit slips are not accepted.

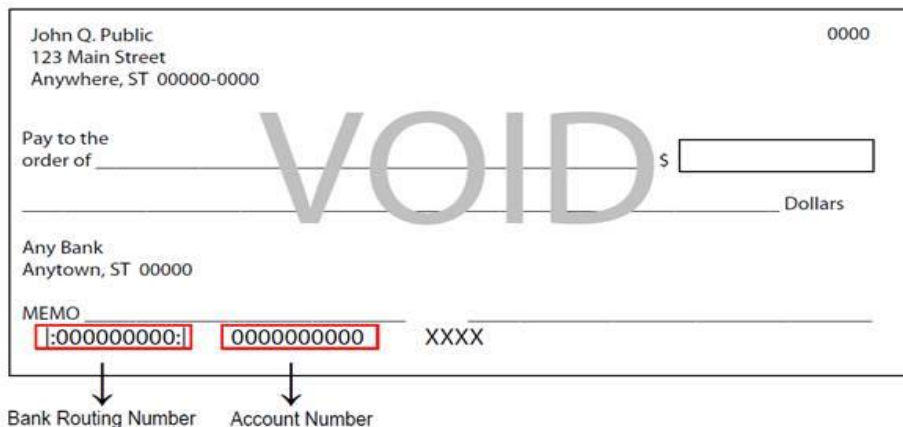
Please choose one:

- Please send my distribution to my **checking** account listed below.
(A voided check is **REQUIRED** in Section 5C.)
- 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
Further credit to (contract owner)		Further credit to (contract owner account number)

5C. Voided Check

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



5D. 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.

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Section 6: Instructions or Additional Comments

Section 7: Certification and Signature(s)

Important Notes

- It is recommended that the client seek the advice of an attorney and/or tax expert prior to making this withdrawal.
- If there are joint owners, both owners must sign below.
- A notary or 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 the Trustee Certification and Indemnity form if not already on file with the Company.
- The POA must be signed by the contract owner and comply with state law requirements (e.g., notarized, signature of two witnesses, if applicable).
- 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.
- I understand if this is a withdrawal from a ForeCare Annuity contract, it will impact the Long-Term Care Benefits, and in some circumstances may result in the termination of all Long-Term Care Extended Benefits.
- Withdrawals from a ForeCare Annuity Contract not for qualified long term care expenses may be subject to taxation and will reduce the total benefit in the same proportion as the reduction in the contract value.

Voluntary Use of Client Initiated Electronic Signature: *If you, the Owner (or Joint Owner, POA, Custodian or Trustee, if applicable) have voluntarily chosen to utilize an electronic signature to effectuate the transaction(s) set forth in this form by using an electronic process, technology or solution not offered or provided to you by the Company, then by applying your electronic signature to this form you agree to the following: (1) you agree the signature used on this form will be the electronic representation of your signature for all purposes; (2) you have reviewed and agree to be bound by all terms and conditions of this form you have signed electronically; (3) you understand that this form will be deemed to be signed in the United States; and (4) you will provide the Company with the required certificate of completion and audit trail that was generated by the electronic signature process you used to sign this form.*

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.

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Section 7: Certification and Signature(s) (continued)

Sign Here	Owner's Signature	Owner's Printed Name	Date (mm/dd/yyyy)
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Required if signing on behalf of an Entity, please select one of the title options below. If 'Other', please provide title.
 Trustee Conservator/Guardian Power of Attorney Executor Other: _____

Sign Here	Joint Owner's Signature (if applicable)	Joint Owner's Printed Name	Date (mm/dd/yyyy)
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Required if signing on behalf of an Entity, please select one of the title options below. If 'Other', please provide title.
 Trustee Conservator/Guardian Power of Attorney Executor Other: _____

Community Property:

Spouse's signature required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, and WI. If you live in one of the community property states listed above, your spouse may have rights to the benefits of or an interest in this Contract under state law. If you are unsure of whether these community property laws apply to you, consult with your legal advisor to determine whether a spousal signature is required on this form. Forethought Life Insurance Company disclaims any responsibility for, or liability associated with determining the applicability of community property laws, or the validity of the requested transaction.

If you do not have a spouse, or if your spouse is deceased, check this box.

Sign Here	Spouse's Signature	Spouse's Printed Name	Date (mm/dd/yyyy)
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Sign Here	Notary/Signature Guarantee (if applicable)	Date (mm/dd/yyyy)
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Section 8: Submission and Contact Information

Website Upload Log in at globalatlantic.com, navigate to policy details, and select the **Upload Documents** button

Email **GAOperations@email.gafg.com**

U.S. Mail / Express Courier Forethought Life Insurance Company
 123 Town Square Place, PMB 711
 Jersey City, NJ 07310

Fax (855) 299-0104

Questions? Call the Global Atlantic Service Center at **(833) ASK-GA4U** or **(833)-275-4248**

For up-to-date values and details, log on at globalatlantic.com

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