

Contracts issued by  
**Forethought Life Insurance Company**

Use this form to:

- Establish a recurring/systematic withdrawal program or make changes to an existing recurring/systematic withdrawal program on an annuity product.

Do not use this form if you want to:

- Request a systematic Required Minimum Distribution. Please complete the Required Minimum Distribution Request form.
- Request a systematic Registered Investment Advisor Fee. Please complete the Registered Investment Advisor Fee form.
- For Fixed Indexed Annuities – Request Lifetime Annual Payments under the Guaranteed Lifetime Withdrawal Benefit Rider. Please complete the Lifetime Annual Payment Activation form.
- Request systematic withdrawals under an IRC 72(t)/(q) program. Please complete the 72(t)/(q) Enrollment form.

**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: Recurring/Systematic Withdrawals****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- Your contract may allow an amount to be withdrawn each contract year without a Contingent Deferred Sales Charge (CDSC), withdrawal charges, or market value adjustments.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, withdrawal charges, or market value adjustments
- At the time the initial request is processed, a specified dollar amount may not exceed the free withdrawal amount.
- Recurring/Systematic withdrawals may be subject to CDSC, withdrawal charges and market value adjustments, if applicable.
- 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.
- Enrolling in a Recurring/Systematic Withdrawal for a contract with an optional withdrawal benefit rider prior to the end of the deferral bonus period will result in the termination of the deferral bonus.
- Recurring/Systematic Withdrawals will not be set up to exceed the lifetime annual payment provided under your optional withdrawal benefit rider. Once a systematic withdrawal is established, partial withdrawals submitted at a future date may exceed allowed rider amounts resulting in a recalculation of future benefits.
- The Recurring/Systematic withdrawals will continue until we receive notification to stop or change the program.
- If the Recurring/Systematic withdrawals reduce the contract value below the required minimum contract at any time, we will terminate the contract.
- If you select a monthly frequency, you must receive payment through electronic funds transfer.
- 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 per frequency is \$100.
- For more information, please refer to your contract or prospectus if applicable.

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**2A: New or Updated Systematic Withdrawal Program****Please choose one:**

- I want to establish a new Systematic Withdrawal program.
- I have already established a Systematic Withdrawal program and wish to make a change.
  - Please only complete items in Section B2 that you want to change.
  - If you want to change tax withholding, please complete Section 4.
  - If you want to change how you receive distributions, please complete the appropriate items in Section 5.

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**Section 2: Recurring/Systematic Withdrawals (continued)**

**2B: Systematic Withdrawal Program (all fields must be completed for new programs)**

**Please choose one:**

- Free withdrawal amount only
- Performance Credit Account Value only (ForeStructured Growth II and ForeStructured Growth II Advisory only. This election will withdrawal all funds from the Performance Credit Account at each withdrawal)
- 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.)
- Gross Withdrawal, subject to Performance Credit Account Value \$ \_\_\_\_\_ (ForeStructured Growth II and ForeStructured Growth II Advisory only. Your check will be for the amount requested less any federal/state tax and wire/overnight fees, if applicable, subject to being capped at the Performance Credit Account Value. Your contract value will be reduced by the amount requested, subject to being capped at the Performance Credit Account Value)
- Fixed Annuities ONLY (SecureFore) – Interest/Earnings amount only
- Variable Annuities ONLY – My lifetime annual payment provided under my optional withdrawal benefit rider; each occurrence based on the frequency selected above.

If you select this option, your withdrawal amount is calculated based on your current rider values at the time of setup. While your available lifetime annual payment may change under certain circumstances (refer to your prospectus for details), any increase or decrease to these values will not be reflected in your systematic withdrawal unless you initiate a change. You must request increases or decreases to your systematic withdrawal enrollment. If you do not initiate a change, you may violate the terms of your rider.

**Choose a frequency:**

(Minimum amount per frequency is \$100. If under \$100, we will default to the next shortest frequency that meets the minimum requirement)

- Monthly<sup>1</sup>    Quarterly    Semi-Annually    Annually

<sup>1</sup>Frequencies of monthly must be distributed by electronic funds transfer. Not available with Performance Credit Account Value only option.

**Begin my payments:**

- Immediately (For Registered Indexed Linked Annuities, the systematic withdrawal program will be established beginning two valuation days following receipt in Good Order)
- As of this date (mm/dd/yyyy) \_\_\_\_\_ (must be 1<sup>st</sup> – 28<sup>th</sup>)

**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 to Fixed, Fixed Indexed Annuities, or Registered Indexed Linked Annuities.**

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](http://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)

**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.

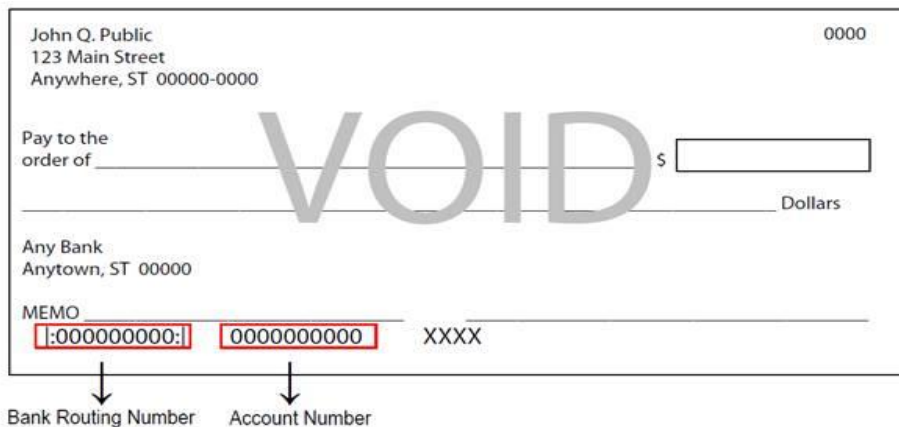
**Please choose one:**

- 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.**



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**Section 6: 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.

***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.*

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**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.

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**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.

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**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Contracts issued by  
**Forethought Life Insurance Company**

Contract Number \_\_\_\_\_

**Section 6: Certification and Signature(s)**

<b>Sign Here</b>	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: \_\_\_\_\_

<b>Sign Here</b>	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.**

<b>Sign Here</b>	Spouse's Signature	Spouse's Printed Name	Date (mm/dd/yyyy)
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<b>Sign Here</b>	Notary/Signature Guarantee (if applicable)	Date (mm/dd/yyyy)
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**Section 7: Submission and Contact Information**

**Website Upload**   Log in at [globalatlantic.com](http://globalatlantic.com), navigate to policy details, and select the **Upload Documents** button

**Email**   [GAOperations@email.gafg.com](mailto: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](http://globalatlantic.com)**

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