

Contracts issued by
Forethought Life Insurance Company

Use this form if you want to:

- Change an address
- Change a name
- Change the annuitant
- Remove, add or change a joint annuitant
- Correct a date of birth
- Correct a Social Security Number or Tax Identification Number
- Request a replacement contract

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

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	

Section 2: Address Change

Please choose one:

- Owner
 Joint Owner
 Annuitant
 Primary Beneficiary
 Contingent Beneficiary
 Joint Annuitant

Residential Address	City/Town	State	Zip Code
Mailing Address (if different from above)	City/Town	State	Zip Code
Phone Number	Email Address		

Please Note:

When an owner or joint owner's address is changed, a confirmation will be sent to both the old and new addresses for security purposes.



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Section 3: Name Change

Do not use this form if you want to:

- Change the ownership of this contract. Please complete the Non-Qualified Ownership Change form or the Qualified Ownership Change form.
- Change your beneficiary designation(s). Please complete the Change of Beneficiary form.

Please choose one:

Owner Joint Owner Annuitant Joint Annuitant Primary Beneficiary Contingent Beneficiary

Reason for Change (Please choose one):

Marriage (please attach a copy of marriage certificate) Spelling Correction
 Divorce (please attach a copy of divorce decree) Other (please attach a copy of court documents)

Former Name (first, middle, last)	Signature (former name)
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New Name (first, middle, last)	Signature (new name)
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Date Name Changed _____

All legal documents submitted will be used for validation purposes only.

Section 4: Change the Annuitant

Important Notes:

- Annuitant changes are not permitted:
 - If the owner is a non-natural owner or on Qualified contracts
 - After the contract has annuitized
 - If the contract is a ForeCertain Annuity
- To help the government fight the funding of terrorism and money laundering activities, we ask you to provide us with the name, address, date of birth, social security number, and other information that identifies your annuitant. We may verify this information through various public databases.

Name of New Annuitant _____

Date of Birth	SSN/Tax ID	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien _____ <div style="text-align: right; margin-left: 100px;">Citizen of</div>	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Owner _____

Residential Address	City/Town	State	Zip Code
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Mailing Address (if different from above)	City/Town	State	Zip Code
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Phone Number	Email Address
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Section 5: Change the Joint Annuitant

Important Notes:

- Joint annuitant changes are not permitted if the contract is a ForeCertain Annuity.
- If ownership is changed to a non-natural entity – the Joint Annuitant Role may terminate.
- The following products DO NOT allow joint annuitant to be named at contract issuance and/or changed on contracts owned by a non-natural person or on a Qualified contract:
 - ForeAccumulation II
 - ForeIncome II
 - ForeStructured Growth
 - ForeStructured Growth II
 - Income 150+SE
- The following products DO NOT offer a joint annuitant role:
 - ForeAccumulation
 - ForeIncome
- To help the government fight the funding of terrorism and money laundering activities, we ask you to provide us with the name, address, date of birth, social security number, and other information that identifies your joint annuitant. We may verify this information through various public databases.

I want to: add **or** remove **or** change the joint annuitant

Name of New Joint Annuitant _____

Date of Birth	SSN/Tax ID	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		Citizen of _____	

Relationship to Owner _____

Residential Address	City/Town	State	Zip Code
Mailing Address (if different from above)	City/Town	State	Zip Code
Phone Number	Email Address		

Section 6: Date of Birth Correction

Important Notes:

For contracts with optional living benefit / optional death benefit:

- Changes to the date of birth for the owner, joint owner, or annuitant may impact availability of product features/riders and may impact contract values, available withdrawal amounts, annuity payments, and death benefit amounts. See the misstatement of age provision in your contract.

Please choose one:

Owner¹ Joint Owner¹ Annuitant² Joint Annuitant¹ Primary Beneficiary Contingent Beneficiary

From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

¹ A copy of a driver's license or a birth certificate must accompany this request.

² If the owner is non-natural, or if the change is for an income annuity, a copy of a driver's license or a birth certificate must accompany this request.

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Section 7: Social Security Number or Tax Identification Number Correction

Please choose one:

Owner¹ Joint Owner¹ Annuitant² Joint Annuitant¹ Primary Beneficiary Contingent Beneficiary

From _____ To _____

¹ A copy of a W-9 tax form must accompany this request. You can obtain this form by calling (866) 645-2449 or at the Internal Revenue Service web site at www.irs.gov.

² If the owner is non-natural, or if the change is for an income annuity, a copy of a W-9 tax form must accompany this request. You can obtain this form by calling (866) 645-2449 or at the Internal Revenue Service web site at www.irs.gov.

Section 8: Replacement Contract Request

I am not able to find the contract listed above. I request that the Company issue a replacement copy.

Section 9: Required Signature(s)

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	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: _____

Sign Here	Annuitant's Signature	Annuitant'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 Annuitant's Signature	Joint Annuitant'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: _____

Section 10: 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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