

Contracts issued by
Forethought Life Insurance Company

Use this form to:

- An individual owner (self-directed) to a custodian
- A custodian to an individual owner (self-directed)
- One custodian to another custodian

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 Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Owner's Name		Owner'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 2: Guidelines

Important Information

- If you want to make any changes to your existing beneficiaries, please complete Section D.
 - **If the request is to change from a custodian to a custodian or an individual to a custodian, the beneficiary will automatically be the custodian.**
 - **If no beneficiary change is provided for requests from a custodian to an individual as owner, the beneficiary will be listed as the estate until instructed otherwise.**
- If you are currently receiving payments, including Lifetime Annual Payments, through systematic withdrawal, a systematic IRC 72(t) program, or telephone redemption, these enrollments will be discontinued. The new owner must complete new enrollment forms for these programs to continue receiving payments.
- To help the government fight the funding of terrorism and money laundering activities, we ask you to provide us with your name, address, date of birth, social security number, and other information that identifies you. We may verify this information through various public databases.

For ForeIncome II, ForeIncome II Advisory, Income 150+SE, & Income 150+SE Advisory annuity contracts only:

- Any change to an owner, other than for spousal continuation during the Withdrawal Charge Period, will terminate the Guaranteed Minimum Surrender Value Benefit.
- Any change to a covered life after the Activation Date, other than for removal of a covered life on joint life income options due to the first death of a covered life, will terminate the Guaranteed Lifetime Withdrawal Benefit.

For ForeAccumulation II & ForeAccumulation II Advisory annuity contracts only:

- Any change to an owner will terminate the Enhanced Death Benefit.

For ForeStructured Growth, ForeStructured Growth Advisory, ForeStructured Growth II and ForeStructured Growth II Advisory annuity contracts only:

- A change to an owner will terminate the Return of Premium Death Benefit.



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Section 3: Change an Owner

Do not use this form if you want to:

- Change the ownership of a non-qualified contract. Please complete the Non-Qualified Ownership Change form.
- Correct owner information. Please complete the Annuity Change Request form.

Please choose one:

- Change the existing individual (self-directed) owner to a custodial owner
- Change the existing custodial owner to an individual (self-directed owner)
- Change the existing custodial owner to another custodial owner

Please provide the new owner information below:

Name of New Owner _____

Date of Birth/Trust (mm/dd/yyyy)	SSN/Tax ID	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien _____ Citizen of	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Owner		Relationship to Annuitant	
Mailing Address		City	State
Residential Address (if different than Mailing Address)		City	State
Telephone Number		Email Address	

Section 4: 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.

Important Notes

- 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 neither "primary" nor "contingent" is selected, we will treat any beneficiary as a primary. If no selection is indicated for Irrevocability, we will treat the designation as revocable.

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 lifetime withdrawal benefit:

- If you have a lifetime withdrawal benefit 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 (a life used to determine the Lifetime Annual Payment) will terminate the lifetime withdrawal benefit.
- If you are changing the existing custodial owner to an individual (self-directed owner), have a lifetime withdrawal benefit, and chose the joint/spousal income option, your spouse must be the sole primary beneficiary.

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 ask that the beneficiary of the above contract be changed as shown below. **All prior beneficiary designations are revoked.** I 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.

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Section 4: Change to Primary or Contingent Beneficiary Designation (continued)

<input type="checkbox"/> Primary	Irrevocable:	<input type="checkbox"/> Male	<input type="checkbox"/> U.S. Citizen	% of Proceeds:
<input type="checkbox"/> Contingent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Resident Alien _____	
Citizen of _____				

Name (first, middle, last or trust/entity)

Mailing Address

Relationship to Owner	Date of Birth/Trust (mm/dd/yyyy)	SSN/Tax ID
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Email Address

<input type="checkbox"/> Primary	Irrevocable:	<input type="checkbox"/> Male	<input type="checkbox"/> U.S. Citizen	% of Proceeds:
<input type="checkbox"/> Contingent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Resident Alien _____	
Citizen of _____				

Name (first, middle, last or trust/entity)

Mailing Address

Relationship to Owner	Date of Birth/Trust (mm/dd/yyyy)	SSN/Tax ID
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Email Address

<input type="checkbox"/> Primary	Irrevocable:	<input type="checkbox"/> Male	<input type="checkbox"/> U.S. Citizen	% of Proceeds:
<input type="checkbox"/> Contingent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Resident Alien _____	
Citizen of _____				

Name (first, middle, last or trust/entity)

Mailing Address

Relationship to Owner	Date of Birth/Trust (mm/dd/yyyy)	SSN/Tax ID
-----------------------	----------------------------------	------------

Email Address

<input type="checkbox"/> Primary	Irrevocable:	<input type="checkbox"/> Male	<input type="checkbox"/> U.S. Citizen	% of Proceeds:
<input type="checkbox"/> Contingent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Resident Alien _____	
Citizen of _____				

Name (first, middle, last or trust/entity)

Mailing Address

Relationship to Owner	Date of Birth/Trust (mm/dd/yyyy)	SSN/Tax ID
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Email Address

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Section 5: Certification and Signature(s)

Important Notes

- If there is an irrevocable beneficiary, the irrevocable beneficiary must sign below.
- A signature guarantee may be requested if we are unable to verify the owner's signature.
- If a Power of Attorney (POA) is signing on behalf of the owner, you must 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.

Existing Owner

I have asked to change the owner of a qualified contract. I understand the annuity will now be:

- Owned by a custodian and the beneficiary of the annuity will be changed to the custodian.
- Self-directed and the beneficiary of the annuity will be changed to the estate of the new owner, unless a designation is provided with this request.

By completing one or more sections of this form and signing below, I certify the information provided herein is true and complete.

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.

- Conservator/Guardian Power of Attorney Other: _____

Sign Here	Irrevocable Beneficiary's Owner Signature (if applicable)	Irrevocable Beneficiary's Printed Name	Date (mm/dd/yyyy)
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We are required to have Spousal Consent to change the ownership of your policy(s). This form will be returned if this section is not complete.

- 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 5: Certification and Signature(s) (continued)

New Owner

I confirm that the Social Security or Tax Identification Number I entered on this form is correct and that I do not have any back taxes owed to the Internal Revenue Service (IRS). I understand I will own the annuity contract once you have approved the change of ownership.

By completing one or more sections of this form and signing below, I certify the information provided herein is true and complete.

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.

Conservator/Guardian Power of Attorney Other: _____

Sign Here	Irrevocable Beneficiary's Owner Signature (if applicable)	Irrevocable Beneficiary's Printed Name	Date (mm/dd/yyyy)
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Section 6: 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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