

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 A: Contract 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	Contract Owner's Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Contract Owner's Name		Contract Owner's Date of Birth	
Joint Contract Owner's Name <i>(if applicable)</i>		Joint Contract Owner's Date of Birth	
Residential Address	City/Town	State	Zip Code
Mailing Address <i>(if different from above)</i>	City/Town	State	Zip Code
Contract Owner's Email Address			

Section B: Address Change

Please choose one:

Owner Joint Owner Annuitant Primary Beneficiary Contingent Beneficiary

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

Please Note:

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



Section C: 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 Initial, Last*)

Signature (*former name*)

New Name (*First, Middle Initial, Last*)

Signature (*new name*)

Date Name Changed

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

Section D: Change the Annuitant

Important Notes:

- Annuitant changes are not permitted:
 - If the contract owner is a non-natural owner
 - After the contract has annuitized
 - If the contract is an income 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

Social Security No./Tax Identification No.

U.S. Citizen

Male

Resident Alien _____

Female

Citizen of

Relationship to Contract Owner

Residential Address

City/Town

State

Zip Code

Mailing Address (*if different from above*)

City/Town

State

Zip Code

Phone Number

Email Address

Section E: Change the Joint Annuitant
Important Notes:

- Joint annuitant changes are not permitted if the contract is an income annuity.
- The following products permit changes to joint annuitant after contract issuance, but prior to annuitization on contracts owned by a natural person:
 - SecureFore
 - ForeCare
 - ForeRetirement IV non-qualified plan types with natural owners.
- 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:	Social Security No./Tax Identification No.	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		Citizen of _____	

Relationship to Contract Owner _____

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

Section F: Date of Birth Correction
Important Notes:
For contracts with optional living benefit / optional death benefit:

- Changes to the date of birth for the contract owner, joint contract owner, annuitant (*in the case of a non-natural owner*) or beneficiary of this contract after electing an optional living benefit, may result in recalculation of the Lifetime Withdrawal Percentage and the Lifetime Annual Payment may change as a result. Date of birth changes may impact availability of rider. There are additional restrictions and limitations; please review your prospectus or contract for further details.
- Some optional death benefits are calculated based on owner age, or annuitant (*in the case of a non-natural owner*). As a result, changes to age may result in a recalculation of the optional death benefit value.
- For all riders, changing the date of birth of the contract owner, joint contract owner, annuitant (*in the case of a non-natural owner*), or beneficiary (*if applicable*) may impact the availability of the rider.

For Income Annuities:

- Date of Birth changes may change your annuity payment amount.
- Age restrictions exist for certain annuity income options, optional riders, and annuity commencement date; changes to date of birth may impact these features. Please review your contract for further details.

Section F: Date of Birth Correction (continued)

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.

Section G: 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 H: Replacement Contract Request
 I am not able to find the contract listed above. I request that the Company issue a replacement copy.

Section I: Required Signature(s)
Important Notes:

- If there are joint contract owners, both owners must sign below.
- A signature guarantee may be requested if we are unable to verify an owner's signature.
- If the contract owner is listed as a Trust, you must submit the Trustee Certification and Indemnity form if not already on file with Forethought.
- 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 Forethought. This agreement must be current, notarized, and signed by the contract owner and two witnesses.
- If the contract owner is listed as a company, an officer of the company must sign as a contract owner. The most recent Corporate Resolution must be submitted to us unless it is already on file with Forethought.

 Contract Owner/POA/Custodian/Trustee Signature

 Title (if applicable)

 Date (mm/dd/yyyy)

 Joint Contract Owner/POA/Co-Trustee Signature (if applicable)

 Title (if applicable)

 Date (mm/dd/yyyy)

This Annuity Change Request can be submitted as follows:

U.S. Mail

 Forethought Life Insurance Company
 P.O. Box 758507
 Topeka, Kansas 66675-8507

Private Express Carrier:

 Forethought Life Insurance Company
 Mail Zone 507
 5801 SW 6th Avenue
 Topeka, Kansas 66636

Via Fax

Requests may be submitted via fax to (785) 286-6104 provided your signature is already on file.

Questions? Please Call our Annuity Service Center: (866) 645-2449