

Use this form if you want to:

- Change your primary or contingent beneficiary designation
- Remove the existing contingent beneficiary designation

Your beneficiary change request will not be changed if the annuity is owned by a custodian. Please contact the custodian directly. Changes become effective on the date we deem the request to be in good order. A confirmation will be sent to the contract owner and the agent confirming the changes below.

### 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 that we require additional information to clarify your instructions.

Contract Number	Telephone Number	Best Time To Call _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Owner's Full Name ( <i>First, Middle, Last or Trust/Entity</i> )		Owner's Date of Birth
Joint Owner's Full Name ( <i>if applicable; First, Middle, Last</i> )		Joint Owner's Date of Birth
Owner's Email Address		

### Section B: 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 (FA5011).

#### **Important Notes**

- For Contracts with a Trust as the Owner, the Trust must be listed as the Beneficiary. For Custodial IRA Contracts, the Custodian must be listed as the Beneficiary.
- 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 no selection is indicated for Irrevocability, we will treat the designation as revocable. If neither "Contingent" nor "Primary" is selected, we will treat any beneficiary as a Primary.
- 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 an optional living benefit:***

- If you elected an Optional Living Benefit Rider with the Joint/Spousal option on your Contract 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 will terminate the living benefit rider.

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

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____
Name (First, Middle Initial, Last or Trust/Entity)				
Mailing Address		City/Town	State	Zip Code
Relationship to Owner		Date of Birth/Trust	Social Security No./Tax ID No.	
Email Address				

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____
Name (First, Middle Initial, Last or Trust/Entity)				
Mailing Address		City/Town	State	Zip Code
Relationship to Owner		Date of Birth/Trust	Social Security No./Tax ID No.	
Email Address				

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____
Name (First, Middle Initial, Last or Trust/Entity)				
Mailing Address		City/Town	State	Zip Code
Relationship to Owner		Date of Birth/Trust	Social Security No./Tax ID No.	
Email Address				

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	% of Proceeds: _____
Name (First, Middle Initial, Last or Trust/Entity)				
Mailing Address		City/Town	State	Zip Code
Relationship to Owner		Date of Birth/Trust	Social Security No./Tax ID No.	
Email Address				

**Section C: Acknowledgements and Signature(s)**
**Important Notes**

- If there are joint contract owners, both owners must sign below.
- If there is an irrevocable beneficiary, the irrevocable beneficiary 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 a copy of the title and signature pages of the Trust Agreement or the Trustee Certification and Indemnity form (FA5150) 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 (POA appointed within three years), 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.

If none of the named beneficiaries are living or this designation is ineffective, proceeds will be paid to the owner's estate. If you name a trust as the Beneficiary, submit a copy of the trust for our file.

I understand by completing the beneficiary designations above, the applicable beneficiary designations on my contract will be replaced as instructed.

**Unless the Company has been notified of a community property interest in this contract, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.**

_____	_____	_____
Contract Owner/POA/Custodian/Trustee Signature	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
_____	_____	_____
Joint Contract Owner/POA/Co-Trustee Signature <i>(if applicable)</i>	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
_____	_____	_____
Irrevocable Beneficiary's Signature <i>(if applicable)</i>	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>

This Change of Beneficiary form 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 6<sup>th</sup> 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**