

Use this form to:

- Establish a systematic withdrawal program or make changes to an existing systematic withdrawal program on a fixed index annuity product.
- Request a partial or full withdrawal on a fixed index 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 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. The IRC 72(t)/(q) program is not available on contracts starting with '2XX'.

### Section A: 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	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 Residential Address	City/Town	State	Zip Code
Owner's Mailing Address ( <i>if different from above</i> )	City/Town	State	Zip Code
Owner's Email Address			

### Section B: Type of Request

Please make sure to complete all sections applicable for your request. Incomplete or unclear requests will delay processing. If you have questions about completing this form, please contact the annuity service center.

**Select one:**

- Systematic Withdrawal (*\$100 minimum*) (*Complete Sections A, C, F, G and H*)
- Partial Withdrawal (*\$1,000 minimum*) (*Complete Sections A, D, F, G and H*)
- Full Withdrawal (*Complete Sections A, E, F, G and H*)

For custodial contracts Sections F and G should not be completed. Proceeds will be sent directly to the firm using the delivery method contained in the custodial agreement.



**Section C: Systematic Withdrawal**
**Important Notes**

- Systematic withdrawals may be subject to withdrawal charges and market value adjustments, if applicable.
- Please refer to your contract or riders for more information regarding impacts of withdrawals on optional benefits and certain features.
- If the withdrawal reduces the contract value below the required minimum contract value after withdrawal, we will treat the request as a withdrawal of the entire contract value.
- If you select a monthly frequency, you must receive payment through electronic funds transfer.
- The systematic withdrawal program will continue until we receive notification to stop or change the program.
- Funds will be withdrawn proportionately from all account strategies in which they are currently invested.
- The minimum amount per frequency is \$100.
- For more information, please refer to your contract.

**C1: 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 C2 that you want to change.
  - If you want to change tax withholding, please complete Section F.
  - If you want to change how you receive distributions, please complete the appropriate items in Section G.

**C2: Systematic Withdrawal Program (all fields must be completed for new programs)**
**Please choose one:**

- Free withdrawal amount only
- Net Withdraw \$ \_\_\_\_\_ (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 Withdraw \$ \_\_\_\_\_ (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.)

**Choose a frequency:**

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

<sup>1</sup>Frequencies of monthly must be distributed by electronic funds transfer

**Begin my payments:**

- Immediately    As of this date (mm/dd/yyyy) \_\_\_\_\_

**Section D: Partial Withdrawal**

**Important Notes**

- Partial withdrawals may be subject to withdrawal charges and market value adjustments, if applicable.
- Please refer to your contract or riders for more information regarding impacts of withdrawals on optional benefits and certain features.
- If the withdrawal reduces the contract value below the required minimum contract value after withdrawal, we will treat the request as a withdrawal of the entire contract value.
- We are unable to process a partial withdrawal request that asks to leave a specific dollar amount in the contract; we will only accept requests for an exact dollar amount.
- Funds will be withdrawn proportionately from all account strategies in which they are currently invested.
- The minimum amount for a partial withdrawal is \$1,000.
- For more information, please refer to your contract.

**Please choose one:**

- Free withdrawal amount only
- Net Withdraw \$ \_\_\_\_\_ (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 Withdraw \$ \_\_\_\_\_ (Your check will be for the amount requested less any applicable withdrawal charges, federal/state tax, and market value adjustments, if applicable. Your contract value will be reduced by the amount requested.)

**Please process:**

- Immediately
- When the contract is no longer subject to withdrawal charges
- As of this date (mm/dd/yyyy) \_\_\_\_\_

**Section E: Full Withdrawal**

**Important Notes**

- Full withdrawals may be subject to withdrawal charges and market value adjustments, if applicable.
- If you withdraw the entire contract value, this contract will terminate.
- For more information, please refer to your contract.

**Please select the appropriate boxes below if you elect to close your account:**

- As owner(s) of this account, I/we elect to withdraw the entire contract value; and
- Contract is attached; or
- I/we certify the contract has been lost or destroyed, and to the best of my/our knowledge and believe, is not in anyone's possession

**Please process:**

- Immediately
- When the contract is no longer subject to withdrawal charges
- As of this date (mm/dd/yyyy) \_\_\_\_\_

**Section F: Tax Withholding**

**Please Note:** This section is not applicable for custodial owned contracts.

**F1: Federal Income Tax Withholding**

Federal tax law requires us to withhold 10% of the taxable amount of your distribution unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the Social Security or Taxpayer Identification Number you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN.

**Please choose one:**

- Do not withhold
- Withhold 10%
- Withhold the following amount: \$ \_\_\_\_\_
- Withhold the following percent: \_\_\_\_\_ % (Must be a whole percentage. Cannot exceed 90% of the taxable distribution.)

**Please Note:** If no option is selected, federal tax law requires us to withhold 10% of the taxable distribution (non-resident aliens may be subject to a higher percentage as explained above).

**F2: State Income Tax Withholding****Mandatory Withholding****Arkansas, California, Georgia, North Carolina, and Oregon**

- If you reside in one of these states, you may opt out of the mandatory state withholding by electing 'Do not withhold' below.

**Connecticut**

- If you reside in Connecticut, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be taken at the default rate, unless otherwise specified by you.
- Please refer to and complete the Connecticut withholding certificate, Form CT-W4P.

**Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, Vermont, and Virginia**

- If you reside in one of these states and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.

**District of Columbia**

- **Full distributions from IRAs and qualified plans:** If you reside in the District of Columbia and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.
- **All other applicable distributions:** These distributions can be treated as voluntary withholding.

**Michigan**

- If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate.
- Please refer to and complete the Michigan withholding certificate, the MI W-4P.

**Section F: Tax Withholding (continued)**
**F2: State Income Tax Withholding (continued)**
**Voluntary Withholding**

*Alabama, Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia, and Wisconsin*

- If you reside in one of these states, you may voluntarily elect state income tax withholding below. If no option is selected state income tax will not be withheld.

**Please choose one:**

- Do not withhold
- Withhold the following amount: \$ \_\_\_\_\_
- Withhold the following percent: \_\_\_\_\_ % *(Must be a whole percentage.)*

**Please Note:**

- If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the “default” amount prescribed by your state.
- If you reside in a state that does not provide a “default” amount such as Delaware, Kansas or Massachusetts, we will automatically withhold at a rate of 5%.

**Section G: Distribution Instructions**

**Please Note:** This section is not applicable for custodial owned contracts.

**G1: U.S. Mail / Express Mail**
**Please choose one:**

- Please mail check(s) to the Owner’s address of record.
- Please mail check(s) to the address listed below.
- Please send check(s) by express mail. A delivery fee of \$20 will be charged. *(Not applicable for systematic withdrawals or contracts starting with “2XX”) (For street addresses only. Express mail is not deliverable to a P.O. Box.)*

Mailing Address <i>(if different from Owner’s Address)</i>	City/Town	State	Zip Code
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**G2: Electronic Funds Transfer**
**Important Notes**

- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- **Please attach a voided check in Section G4 or attach a letter confirming routing and account information from your bank on bank letterhead. No temporary checks will be accepted.**

**Please choose one:**

- Please direct deposit my distribution to my **checking** account listed below.
- Please direct deposit my distribution to my **savings** account listed below.

Bank Account Number	Full Name of Bank	Branch Location
9 Digit Routing Number	Contact Person <i>(if any)</i>	Branch Telephone Number

**Section G: Distribution Instructions (continued)**

**G3: Federal Wire**

**Important Notes**

- Not available for contracts starting with '2XX'.
- Not available for systematic withdrawals.
- A wire transfer fee of \$15 will be charged.
- **Please attach a voided check in Section G4 or attach a letter confirming routing and account information from your bank on bank letterhead. No temporary checks will be accepted.**

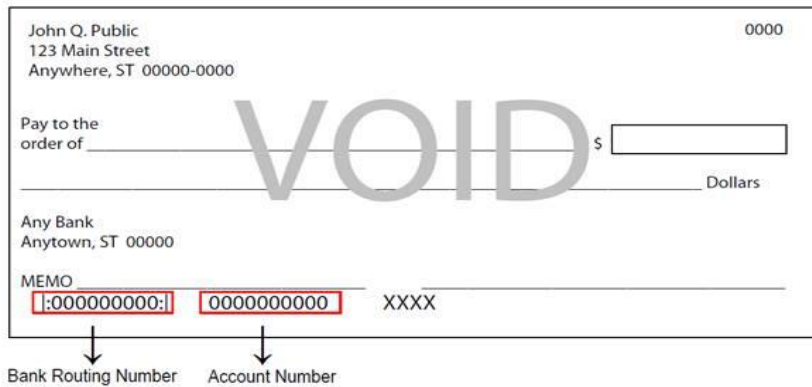
**Please choose one:**

- Please wire my distribution to the **checking** account listed below.
- Please wire my distribution to the **savings** account listed below.

Financial Institution Account Number	9 Digit Routing Number	Full Name of Financial Institution
Name on Account	Contact Person (if any)	Contact's Telephone Number
Further credit to (contract owner)		Further credit to (contract owner account number)

**G4: Voided Check**

**Attach voided check here. Please use tape instead of staples.**



John Q. Public  
123 Main Street  
Anywhere, ST 00000-0000

0000

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Any Bank  
Anytown, ST 00000

MEMO  
:000000000: 0000000000 XXXX

Bank Routing Number      Account Number

**Section H: 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 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.
- If a Power of Attorney (POA) is signing on behalf of the owner, you must obtain a signature guarantee and 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.
- If the owner or joint owner lives in a community property state, the owner's or joint owner's spouse must also sign.

**CERTIFICATION:**
**Taxpayer Identification Number (*must be completed*)**
**REQUIRED →**

Owner's Social Security No./Taxpayer I.D.

Joint Owner's Social Security No.

**Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
  - a) I am exempt from backup withholding; or
  - b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
  - c) the IRS has notified me that I am no longer subject to backup withholding.

**Instructions**

You must cross out item 2 of the above certification if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

 \_\_\_\_\_  
 Owner/POA/Custodian/Trustee Signature

 \_\_\_\_\_  
 Title (*if applicable*)

 \_\_\_\_\_  
 Date (*mm/dd/yyyy*)

 \_\_\_\_\_  
 Joint Owner/POA/Co-Trustee Signature (*if applicable*)

 \_\_\_\_\_  
 Title (*if applicable*)

 \_\_\_\_\_  
 Date (*mm/dd/yyyy*)

 \_\_\_\_\_  
 Spouse's Signature (*Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI*) or check here if applicable  Not Married

 \_\_\_\_\_  
 Date (*mm/dd/yyyy*)

**This Withdrawal Form – Fixed Index Annuity can be submitted as follows:**

**For contracts starting with 5XX, 6XX, 7XX or 8XX:**

**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**

Please fax to (785) 286-6104

**Via Email**

annuityservicecenter@gafg.com

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

**For contracts starting with 2XX:**

**U.S. Mail**

Forethought Life Insurance Company  
P.O. Box 246  
Batesville, IN 47006

**Private Express Carrier**

Forethought Life Insurance Company  
One Forethought Center  
Batesville, IN 47006

**Via Fax**

Please fax to (877) 554-2413

**Via Email**

annuitypolicyservice@gafg.com

**Questions? Please call our Annuity Service Center: (877) 244-7526**

*This information is intended to provide educational information about the features and mechanics of the product. It should not be considered, and does not constitute, personalized investment advice. The issuing insurance company is not an investment adviser. It's not acting in any fiduciary capacity with respect to any contract and/or investment.*