

Use this form to:

- Establish a systematic withdrawal program or make changes to an existing systematic withdrawal program on a SecureFore product.
- Request a partial or full withdrawal from SecureFore and ForeCare products.

Do not use this form if you want to:

- Request a systematic Required Minimum Distribution. Please complete the Required Minimum Distribution Request 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 & H*)
- Partial Withdrawal (*\$1,000 minimum*) (*Complete Sections A, D, F, G & H*)
- Full Withdrawal (*Complete Sections A, E, F, G & 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 (Not Available on ForeCare Contracts)
Important Notes

- Systematic withdrawals of interest earned will not be subject to withdrawal charges and market value adjustments.
- 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 contract features.
- In the first contract year systematic withdrawals may be set up only to withdraw interest earned
- After the first contract year you have the following options:
 - Free Withdrawal (10% of contract value on the prior contract anniversary);
 - Interest Only;
 - A specified dollar amount, not to exceed free withdrawal amount.
- If the withdrawal reduces the contract value below the amount of the 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.
- 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 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 (*Only available after the first anniversary*)
- Interest 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:

- Monthly¹ Quarterly Semi-Annually Annually

¹Monthly payments 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.
- If the withdrawal reduces the contract value below the amount of the 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.
- Please refer to your contract or riders for more information regarding impacts of withdrawals on optional benefits and certain contract features.
- 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 (*Only available after the first anniversary*)
- Interest Only Withdrawal (*Only available after the first anniversary*)
- 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.*)

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
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.**

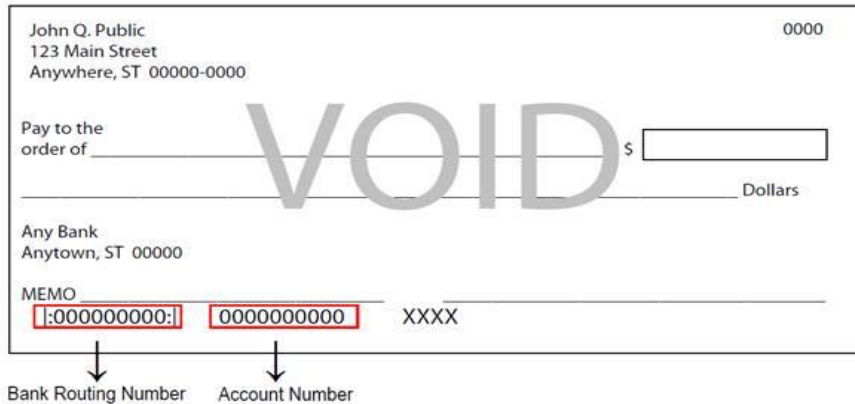
Please choose one:

- 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.



The diagram shows a voided check with the following details:

- Payee: John Q. Public, 123 Main Street, Anywhere, ST 00000-0000
- Pay to the order of: _____
- Amount: _____ Dollars
- Bank: Any Bank, Anytown, ST 00000
- MEMO: _____
- Routing Number: :000000000:
- Account Number: 0000000000 XXXX

Arrows point from the routing and account numbers to labels: Bank Routing Number and 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.
- I understand if this is a withdrawal from a ForeCare Annuity contract, it will impact the Long Term Care Benefits, and in some circumstances may result in the termination of all Long Term Care Extended Benefits.
- Withdrawals from a ForeCare Annuity Contract not for qualified long term care expenses may be subject to taxation and will reduce the total benefit in the same proportion as the reduction in the contract value.
- 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.
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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 (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)
Joint Owner/POA/Co-Trustee Signature (<i>if applicable</i>)	Title (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)
Spouse's Signature (<i>Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI</i>) or check here if applicable <input type="checkbox"/> Not Married	Date (<i>mm/dd/yyyy</i>)	

This Withdrawal Form – Fixed 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 6th 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

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