

Not for use with ForeInvestors Choice products. To request a withdrawal from a ForeInvestors Choice contract use the Withdrawal Form – ForeInvestors Choice Variable Annuity.

Use this form to request a:

- Systematic Withdrawal - establish new program or make changes to existing program
- Partial Withdrawal
- Full Surrender

Changes become effective on the date we deem the request to be in good order.

Important Information

Withdrawals in excess of applicable withdrawal limits can severely affect the value of any optional withdrawal benefit and/or optional death benefit under your annuity contract. Such withdrawals may reduce your benefits on a proportional basis rather than by the dollar amount actually withdrawn and may also lock in your annual available withdrawal percentage and/or terminate your deferral bonus. It is important for you to understand what impacts a withdrawal may have upon your annuity contract before requesting a withdrawal. You may contact us for a calculation showing the impact of your withdrawal. Please see your prospectus and annuity contract or rider for more information on withdrawal limits.

As a general rule, a 10% federal income tax penalty is imposed on distributions made prior to the owner attaining age 59½. Forethought recommends that you consult with your financial professional or a qualified tax advisor for any questions regarding withdrawals from your retirement plans.

Your contract allows an amount to be withdrawn each contract year without a Contingent Deferred Sales Charge (CDSC). This free withdrawal amount is based on total premium payments and contract provisions. Withdrawals that exceed the free withdrawal amount may be subject to CDSC.

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 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.

Please choose one:

- Systematic withdrawal (*complete sections C, E, G, H and I*)
- Partial withdrawal (*complete sections D, E, G, H, and I*)
- Full surrender (*complete sections F, G, H, and I*)

For custodial contracts Sections G and H 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

Do not use this form if you want to:

- Request a systematic Required Minimum Distribution. Please complete the Required Minimum Distribution Request – Variable Annuity form.
- Request systematic withdrawals under an IRC 72(t)/(q) program. Please complete the I.R.C. Section 72(t)/(q) Enrollment form.
- Request systematic Registered Investment Advisor fee withdrawals. Please complete the Registered Investment Advisor fee withdrawal form.

Important Notes

- Please refer to your contract or current prospectus for more information regarding withdrawal limits allowed under certain optional benefit riders to ensure you do not exceed permissible limits and for any other information on the optional rider you have elected.
- Enrolling in a systematic withdrawal for a contract with an optional withdrawal benefit rider prior to the end of the deferral bonus period will result in the termination of the deferral bonus.
- Systematic withdrawals will not be set up to exceed the contract's free withdrawal amount. Systematic withdrawals may be subject to withdrawal charges if a future partial withdrawal brings total withdrawals in a contract year over the free withdrawal amount. If applicable, funds will be withdrawn proportionately from each of your current investment options. For more information, please refer to your contract or current prospectus.
- Systematic withdrawals will not be set up to exceed the lifetime annual payment provided under your optional withdrawal benefit rider. Once a systematic withdrawal is established, partial withdrawals submitted at a future date may exceed allowed rider amounts resulting in a recalculation of future benefits.
- Systematic withdrawals will be processed using the gross surrender method. Any applicable tax withholding and surrender charges, if applicable, will be taken from the amount requested.
- Systematic withdrawals must be at least \$100 each occurrence.
- If you select a monthly frequency, you must receive payment through electronic transfer.

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 G.
 - If you want to change how you receive distributions complete the appropriate items in Section H.

Section C: Systematic Withdrawal (continued)
C2: Systematic Withdrawal Program (all fields must be completed for a new programs)
Please choose one:

- My lifetime annual payment provided under my optional withdrawal benefit rider, each occurrence based on the frequency selected below.

If you select this option your withdrawal amount is calculated based on your current rider values at the time of setup. While your available lifetime annual payment may change under certain circumstances (refer to your prospectus for details), any increase or decrease to these values will not be reflected in your systematic withdrawal unless you initiate a change. You must request increases or decreases to your systematic withdrawal enrollment. If you do not initiate a change, you may violate the terms of your rider.

- Free withdrawal amount only (*Free withdrawal amount is the greater of: (a) a percentage of premiums as stated in your contract that would otherwise be subject to a CDSC, or (b) earnings.*)

- A specified amount of \$ _____ each occurrence based on the frequency elected below.

- Each contract year, a percentage of the total premiums invested in the contract: _____ %.

This percentage will be based on the total premiums as of the date your systematic withdrawal is established. If subsequent payments are received, you must request an increase to your systematic withdrawal.

Choose a frequency:

- Monthly* Quarterly Semi-Annually Annually

* Monthly payments must be received by electronic transfer. Please complete Section I to provide bank information.

You may elect a specific date for the withdrawals from your contract. Please allow 30 days from the date you mail this form for the Company to establish your systematic withdrawal. If the process date for your withdrawal falls on a weekend or holiday, the withdrawal will occur on the following business day. If your requested start date has already passed, the Company will automatically establish your systematic withdrawal to start the following month using the day of the month you request below.

Process this request: (*The selected option is the date we process the request, not the date you receive the funds.*)

- Immediately As of this date (mm/dd/yyyy): _____

Section D: Partial Withdrawal

Do not use this form if you want to:

- Request a Required Minimum Distribution. Please complete the Required Minimum Distribution Request – Variable Annuity form.
- Request a partial 1035 Exchange or Transfer/Rollover to another financial institution. Please complete the exchange forms required by the financial institution receiving the funds.

Important Notes

- Please refer to your contract or current prospectus for more information regarding withdrawal limits allowed under certain optional benefit riders to ensure you do not exceed permissible limits and for any other information on the optional rider you have elected.
- You must have a certain amount of money invested in your annuity at all times, as stated in your contract. If the withdrawal reduces the contract value below the amount of the minimum contract value we may treat the request as a withdrawal of the entire contract value. For more information, please refer to your contract or current prospectus.
- 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.
- A partial withdrawal for a contract with an optional withdrawal benefit rider prior to the end of the deferral bonus period will result in the termination of the deferral bonus.

Section D: Partial Withdrawal (continued)
Partial Withdrawal Amount
Please choose one:

- My remaining lifetime annual payment for the current contract year provided under my optional withdrawal benefit rider (minus any tax withholding elections and wire or overnight fees).
- The maximum withdrawal amount of this annuity not subject to a CDSC (minus any tax withholding elections and wire or overnight fees).
- Other amount (please specify): \$ _____

If you have selected Other amount above, please select one of the following options for determining the amount of your check. Check one option only; if no option is selected, we will use the gross surrender method.

- Gross surrender method – please deduct any applicable charges, tax withholding elections, and wire or overnight fees from the amount I have requested above, or
- Net surrender method – please send me the amount I have requested above. Deduct any applicable charges, tax withholding elections, and wire or overnight fees from my remaining contract value.

(A net withdrawal request will withdraw a greater amount of contract value; therefore your CDSC may be greater under this method.)

Process this request: *(The selected option is the date we process the request, not the date you receive the funds.)*

- Immediately
- As of this date (mm/dd/yyyy): _____
- When my contract is no longer subject to CDSCs

Section E: Investment Selection for Distribution
Distribution Election
Please choose one:

- Proportionately (pro rata) from each of my current investments
If you are currently invested in a Personal Protection Portfolio, a Portfolio Planner Asset Allocation model, an Investment Strategy model, or optional benefit riders with Fixed Account investment restrictions, you must elect this option.
- As specified in the table below. I understand that if the investment options cannot support a withdrawal from a specific investment option elected the request will be processed proportionately from each current investment option. (Please list the investment options and either the amount or percent to be withdrawn from each option in the table below.)

Name of Investment	Amount to Withdraw	or	Percent to Withdraw
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%

Section F: Full Surrender

Do not use this form if you want to:

- Request a full 1035 Exchange or Transfer/Rollover to another financial institution. Please complete the exchange forms required by the financial institution receiving the funds.

Important Notes

- Full surrenders may be subject to CDSCs. If you surrender the entire contract value, this contract will terminate. For more information, please refer to your contract or current prospectus.

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

- As owner(s) of this account I/we elect to surrender the entire contract value AND
- The contract is attached.
 - I/We certify the contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Process this request: *(The selected option is the date we process the request, not the date you receive the funds.)*

- Immediately
- As of this date (mm/dd/yyyy): _____
- When my contract is no longer subject to CDSCs

Section G: Tax Withholding

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

G1: 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 that 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).

Section G: Tax Withholding (continued)
G2: 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.

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 H: Distribution Instructions
H1: 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. *(For street addresses only. Express mail is not deliverable to a P.O. Box.)*

Mailing Address (if different from Owner's Address)

City/Town

State

Zip Code

Section H: Distribution Instructions (continued)
H2: 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 H4 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 (if any)	Branch Telephone Number

H3: Federal Wire
Important Notes

- Not available for systematic withdrawals
- A wire transfer of \$15 will be charged
- **Please attach a voided check in Section H4 or attach a letter confirming routing and account information from your bank on bank letterhead. No temporary checks will be accepted.**

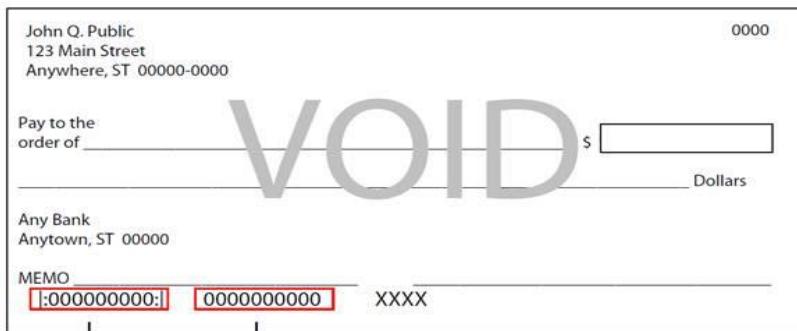
Please choose one:

- 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)

H4: 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: 000000000 XXXX

Bank Routing Number Account Number

Section I: 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*)

Contract Number: _____

This Withdrawal Form – ForeRetirement Variable Annuity 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

Please fax to (785) 286-6104

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

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.