

Guide to Fixed Annuity Recommendations

Forethought Life Insurance Company ("Forethought" or "we") has an obligation to ensure every sales recommendation made is in the best interest of a consumer. All recommendations to purchase or replace/exchange an annuity contract must be in the best interest of the client based on information known at the time of the recommendation. To meet this obligation, we require our distribution partners to comply with the National Association of Insurance Commissioners ("NAIC") Suitability in Annuity Transaction Model Regulation (the "Model Regulation"). The purpose of this Guide is to provide important information to assist you in making recommendations to your clients. It also outlines specific Forethought rules, guidelines and requirements.

The purchase of an annuity is a very important decision, and with each client comes a unique set of financial needs, objectives and circumstances. Clients look to your training and knowledge to help them identify and select the annuity solution that best meets their needs.

NAIC Suitability in Annuity Transactions Model Regulation

The Model Regulation sets forth standards requiring insurance producers to act in the best interest of their consumer under the circumstances known at the time a recommendation is made. The Model Regulation requires insurance producers to make recommendations without placing the producer's or the insurer's financial interest ahead of the consumer's interest. In addition, it requires insurers and producers to establish a system to supervise recommendations to ensure recommendations appropriately address the insurance needs and financial objectives of clients.

The specific reasons for the Model Regulation are:

- Establish a regulatory framework to hold insurers and producers accountable for ensuring recommended annuity transactions are in the client's best interest;
- Require producers to complete general annuity training and product specific training for all products they are selling; and
- Where appropriate, makes best interest standards consistent with FINRA Rules

What is Best Interest?

Under the Model Regulation, annuity recommendations must be in the client's best interest given the client's unique circumstances and meet the client's needs and financial objectives at the time of the purchase. Best Interest is meant to ensure that when your client purchases an annuity it is for the right reasons, with a complete understanding of the features of the annuity, including the benefits as well as the conditions, limitations and restrictions. Best Interest requires a professional analysis and judgment, based upon a client's unique circumstances. The Model Regulation requires producers to inform clients about the features of the annuity in order for a client to make an informed decision.

What Client information should be assessed when to make a Best Interest Recommendation?

When purchasing an annuity, a client should use funds intended for long-term growth and should not use funds that he/she needs to meet current financial obligations. Anticipated life events (such as change in job status, a need to care for others and health status) should be identified and considered prior to making a recommendation to purchase an annuity.

When making a recommendation producer must consider the consumer's profile information to determine if the annuity address the consumer's financial situation, insurance needs and financial objectives. A consumer's profile information includes, at a minimum, the following:

- Age
- Current and expected annual income
- Current and expected financial situation and

needs, including the resources that will fund the annuity

- Financial experience
- Insurance needs
- Financial objectives
- Intended use of the annuity
- Financial time horizon
- Debts and Obligations
- Existing assets or financial products, including investment and insurance holdings
- Current and expected liquidity needs
- Liquid net worth
- Risk tolerance
- Current and expected tax status
- Plans for retirement
- Willingness to accept non-guaranteed elements in the annuity
- Investment Experience

Producer Responsibilities

Every recommendation that is made must be in the best interest of the client. A decision to recommend an annuity should be based on an analysis of all information gathered from the client. The information obtained should provide a full and accurate picture of your client's individual needs, financial status and financial objectives. Annuities can be a valuable component of a client's retirement portfolio, but they may not be right for everyone. A determination must be made whether the client has sufficient income, liquid assets and emergency reserves to reasonably pay current and anticipated living expenses after purchasing the proposed annuity. A reasonable guideline is that the client should have three to six months' living expenses. The client should not have an immediate need to access the funds or take withdrawals or other distributions from the proposed annuity during its surrender period. A client should not have too much of their net worth in fixed annuities as a result of the proposed purchase, taking into consideration all annuities owned. A reasonable guideline is that no more than 50% of the client's net worth should be invested in fixed annuity contracts.

In recommending* the purchase of an annuity, your responsibilities include:

- Exercising reasonable diligence, care and skill to know your client's financial situation, insurance needs and financial objectives;
- Understanding the products available to recommend to your client;
- Gathering sufficient information from the client regarding their current financial holdings, income, risk tolerance, time horizon, tax status and needs and objectives.
- Thoroughly evaluating and discussing the circumstances of the transaction with the client to help them make a decision that is in line with their financial needs and objectives.
- Providing the client with relevant and appropriate information so that the client can make an informed decision prior to purchase.
- Ensuring replacement questions are answered and if applicable, required disclosure requirements are satisfied to ensure any replacement is appropriately identified on the application, best interest form, or on any other required form.
- If applicable, ensuring that the required replacement notice is given to the client, and signed and dated by the client on the same date as the application for coverage.
- Communicating the basis of the recommendation and documenting all conversations with the client and making notes about why you recommend certain products. Keep all records and documentation in each client's file in case there are future questions. A reasonable guideline is the life of the contract plus six years.
- Retaining all information in client files for as long as the contract remains in force.
- Providing all required disclosures to the client.
- Making sure to comply with all applicable best interest and replacement laws and regulations.

* Although permissible under Best Interest regulations, Forethought does not accept non-recommended annuity submissions.

Training Requirements

All producers are required to complete:

- A one-time four-hour Best Interest General Annuity Training course (called "General Annuity Training") in those states that have adopted the revised Best Interest Model Regulation. This training will also satisfy General Annuity Training requirements in states with older versions of the NAIC Suitability in Annuity Transactions model regulation. Please consult each state's department of insurance website to obtain information on how to complete this training.
- Forethought product specific training in all states prior to soliciting an application for the applicable annuity product. Please review the state listing within the Global Atlantic producer web portal.

Replacements

The term "replacement" is referred to as a transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that by reason of the transaction, an existing policy or contract has been or is to be:

- Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;
- Converted to reduce paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of non-forfeiture benefits or other policy values;
- Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
- Reissued with any reduction in cash value; or
- Used in a financed purchase

Replacements are further defined as the purchase of a new policy involving the actual or intended use of monies obtained by the withdrawal or surrender of, or by borrowing from values of, an existing policy to pay all or part of any premium due on the new policy.

It is very important to carefully consider the best interests of the clients of any proposed replacement and ensure your client understands the advantages, disadvantages, and potential impact, of a replacement. Specific factors to consider include guaranteed interest rates, loss of existing benefits, potential surrender charges on the existing annuity contract or life insurance policy and the new surrender charge period of the replacing annuity contract.

The replacement should provide a substantial economic benefit to your client before you recommend the change. Below are some items to consider before recommending a replacement sale:

- How do the benefits of the existing product compare with those of the new annuity you are recommending, including rates, surrender charge period and sales loads, riders, etc.?
- Will the new annuity better meet your client's needs and financial objectives?
- Will your client lose any money in the existing annuity contract if it is replaced by the new annuity?
- Is there any outstanding loan on the existing policy? If yes, how will the loan be repaid prior to the replacement?
- Is the client currently taking required minimum distributions (RMDs) and/or other qualified distributions from the existing annuity? If so, how will these distributions be handled with the new policy?
- Has your client replaced an annuity contract within the past 36 months?
- In the case of a deferred to immediate annuity replacement, was an annuitization quote run on the existing deferred annuity contract to ensure the immediate annuity provides a material financial benefit to the client?

Tips for Completing the Annuity Best Interest Questionnaire and Acknowledgment Form

If you are affiliated with a firm that has chosen not to review and approve your annuity purchase recommendations, Forethought requires you to complete a data gathering form and will perform a review of the recommendation to determine whether there is a reasonable basis to believe the annuity effectively addresses the client's financial situation, insurance needs and financial objectives based upon the profile information that was collected. It is important for Forethought to understand your recommendation and how it fits the client's needs and situation. Therefore, it is important that you carefully and thoroughly complete the Annuity Best Interest Questionnaire and Acknowledgement form. If responses are missing or conflicting, we will likely need to request additional information. Please be aware that Forethought will not accept annuities submitted for which client best interest information is not provided.

Potential Indicators of Financial Exploitation

Various suspicious activities ("red flags") may help you recognize possible financial exploitation of clients who are seniors or other vulnerable persons. The mere presence of a red flag by itself does not necessarily indicate financial exploitation. The red flags identified below are warning signs that may warrant additional scrutiny.

Although the red flags set forth below refer to "seniors", these indicators also apply to "vulnerable persons". Vulnerable persons are individuals who are unable to protect themselves from abuse, neglect, or exploitation by others because of a physical or mental impairment.

Red flags of possible financial exploitation include the following activities, whether by the senior or by an individual acting on behalf of the senior:

- Engaging in activity that is not consistent with expected behavior or past behavior. For example, taking several withdrawals within a brief time period in amounts that are not consistent with any prior withdrawal activity or that show a disregard for applicable surrender charges.
- Requesting a withdrawal or surrender where the funds will be used by an individual other than the senior for their own personal benefit, not for the senior's benefit.
- Requesting a wire transfer when the senior does not seem to know where the money is going or what a wire transfer is.
- Requesting a change of beneficiary to the caregiver or attorney-in-fact under a Power of Attorney.

Red flags of possible financial exploitation also include the following interactions you may have with the senior, the financial advisor (including the Forethought appointed agent), caregiver, attorney-in-fact, or other individual:

- The individual shows excessive interest in the senior's finances or assets, does not allow the senior to speak for himself or herself, or is reluctant to leave the senior's side during conversations.
- The senior or individual acting on behalf of the senior seems to speak in a scripted manner when attempting to obtain a withdrawal, surrender or transfer.
- The senior shows an unusual degree of fear or submissiveness toward the individual.
- The senior expresses a fear of eviction from his or her home, or a fear of nursing home placement, if money is not given to a caregiver.
- A new caregiver, relative, or friend suddenly attempts to conduct financial transactions on behalf of the senior without proper documentation.
- The senior or individual acting on behalf of the senior requests a change of beneficiary, especially to the individual acting on behalf of the senior or to a family member of such individual.
- The senior's financial management changes suddenly, such as changing of power of attorney to a different family member or a new individual.
- The senior lacks knowledge about his or her financial status or shows a sudden reluctance to discuss financial matters.

If you suspect or have concerns that financial exploitation may be occurring, please contact Global Atlantic's Compliance Department at fraud@gafg.com.

	Consumer Profile Information Form Fixed Index Annuities Policies/Contracts Issued By: Forethought Life Insurance Company
--	--

This form is designed to help you and your agent determine if purchasing a Forethought Life Insurance Company (Forethought) annuity contract (Annuity) meets your current financial needs and long term goals. Please complete the questionnaire and acknowledgement in its entirety and submit with your application. **INCOMPLETE FORMS MAY BE RETURNED AND DELAY PROCESSING.**

Section 1: Personal Information (Individuals and Trusts)			
Applicant/Owner Information			
1a. Owner Name(s)			
1b. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	1c. Owner Age <small>(If a Trust, age of Person who established the Trust)</small>	1d. Occupation(s) <small>(if retired, list former occupation)</small>	
Joint Owner Information (if applicable)			
2a. Joint Owner Name(s)			
2b. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	2c. Joint Owner Age	2d. Occupation(s) <small>(if retired, list former occupation)</small>	
Additional Information			
3. Premium Amount: \$			
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Owner or Joint Owner active duty military personnel or the dependent of active duty personnel?			

Section 1: Personal Information.
All Owner and Joint Owner Information (as applicable) fields must be completed.

Section 2: Financial Profile (For Joint Owners – information may be combined)						
<small>If the Owner is a non-natural person, the financial profile should be completed on behalf of the non-natural entity.</small>						
Household Net Worth = Total Assets less Debts/Liabilities (excluding primary residence, automobile, and personal possessions)						
5. Approximate Household Net Worth (F) must be the sum of the amounts entered in (A), (B), (C), (D), and (E).						
\$	+	\$	+	\$	= \$	
<small>A. Bank Deposits (e.g. checking, savings, money markets, CDs, etc)</small>		<small>B. Securities (e.g. stocks, bonds, mutual funds, 401(k))</small>		<small>C. Insurance (e.g. annuities and cash value in life insurance)</small>	<small>D. Equity in Real Estate Holdings (other than Primary Residence)</small>	
				<small>E. Other (please explain):</small>	<small>F. Approximate Net Worth</small>	
6. Approximate Household Debt (H) must be the sum of the amounts entered in (A), (B), (C), (D), (E), (F), and (G).						
\$	+	\$	+	\$	+	\$
<small>A. Mortgage(s)</small>		<small>B. Car Loan(s)</small>		<small>C. Student Loan(s)</small>		<small>D. Personal Loan(s)</small>
\$	+	\$	+	\$	=	\$
<small>E. Revolving Debt</small>		<small>F. Other</small>		<small>G. Alimony/Child Support</small>		<small>H. Total</small>
7. Gross Household Annual Income: \$						
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you expect a change in your future income or your future expenses during the surrender charge period?						
<small>If yes, please explain:</small>						

Section 2: Financial Profile
5. Net Worth will be the sum of the amounts entered in 5.A, 5.B, 5.C, 5.D and 5.E. Since annuities are long-term contracts, it is important to include all assets in this section so we can understand the client's ability to meet living expenses and emergencies.



	Consumer Profile Information Form Fixed Index Annuities Policies/Contracts Issued By: Forethought Life Insurance Company
--	--

8. Existing Assets or financial products including investments, Annuities and Life Insurance:

Type	Company	Amount

9. Household Liquid Assets (funds that are immediately accessible): \$

Yes No Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for annuity?

If no, explain why you believe an annuity contract which typically has withdrawal limitations, is suitable for your financial needs:

10. Yes No Are your liquid assets being used to purchase the Annuity?

11. The purchase payment amount represents approximately the following percentage of your Net Worth:

0-25% 26% - 50% 51% - 75% 76% - 100%

If the total premium exceeds 60% of net worth, please complete the Financial Inventory Worksheet (FA9037).

12. Primary Sources of Income: (Check all that apply)

Current Wages Pension Plan Social Security Investment Income
 Required Minimum Distribution (RMD) or 72(t)(q) distributions Other _____

13. Marginal Federal Income Tax Rate:

0% 10% 15% 25% 28% 33% 35% Other _____

14. What is your risk tolerance for the Annuity purchase? (Check one)

Conservative Moderate Aggressive

15. What are your financial objectives in purchasing the Annuity? (Check all that apply)

Income Now Flexibility Tax Deferral Protect Principal Potential Growth Followed by Income
 Pass Assets to Beneficiaries Lifetime Income Payment Other _____

16. Do you now own, or have you previously owned, any of the following financial products? (Check all that apply)

Certificate of Deposit Fixed Annuity Variable Annuity
 Stock/Bond/Mutual Funds Index Annuity Other Investments

17. What is the source of premium funds for the Forethought annuity? (Check all that apply)

Fixed Annuity Life Insurance CD
 Index Annuity Checking Account Stocks/Bonds/Mutual Funds
 Variable Annuity Savings Account Death Benefit
 Reverse Mortgage/Home Equity/Refinance Other _____

18. How would you rate your investment experience?

None
 Low (I have very little investment experience outside of bank savings accounts, money market or certificates of deposit (CD's))
 Medium (I have some experience investing in mutual funds or individual stocks/bonds)
 High (I have been an active participation in managing investments and stay current on securities markets)

9. Household liquid assets are those that are not subject to penalty or surrender charges and can be easily converted to cash without a long delay.

Consumer Profile Information Form
 Fixed Index Annuities
 Policies/Contracts Issued By:
 Forethought Life Insurance Company

19. Yes No Do you currently have any Forethought annuities?
 If yes, please provide contract number(s): _____

20. What is the source of premium funds for the Annuity? (Check all that apply)

<input type="checkbox"/> Fixed Annuity	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> CD
<input type="checkbox"/> Index Annuity	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Stocks/Bonds/Mutual Funds
<input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Death Benefit
<input type="checkbox"/> Reverse Mortgage/Home Equity/Refinance	<input type="checkbox"/> Other _____	

Section 3: Surrender Charge and Replacement Information

Important Notes

Arkansas

- If a replacement is involved, you must complete the Arkansas Replacement Notice.

All Other States

- If a replacement is involved, you must complete the Replacement Comparison Form.

21. Yes No Are there any surrender charges, settlement fees or penalties of any kind associated with the source(s) of premium for the Annuity?

If purchasing the Annuity involves discontinuing, making a partial withdrawal, removing money, or changing an existing policy or contract, a replacement is occurring. If a replacement is involved, you must provide the information below and complete a replacement comparison form (FA5100). Do not reduce the penalty amount/percentage by any bonus offered on the Annuity or any offset such as a positive market value adjustment (MVA).

If multiple sources of premium, list each percentage separately.

Source of Premium (Marketing Name of Product)	Date of Purchase	Penalty Percentage	Penalty Amount (if known)

22. Yes No If you are replacing an existing annuity, does the annuity being replaced have an Income Benefit or Enhanced Death Benefit?
 If yes, please explain the reason for replacement: _____

Section 4: Additional Questions

23. Yes No If you are replacing an existing annuity, was the annuity being replaced purchased within the preceding 60 months?
 Yes No If yes, have you evaluated any benefits you may lose in the existing contract?

24. Yes No Do you (Owner/Annuitant) currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months?
 If yes, please explain: _____

25. Yes No Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?
 If yes, please explain: _____

26. Yes No Did your agent explain whether there were any fees associated with this annuity purchase?

27. Yes No Did your agent explain the Withdrawal Charge Schedule for this annuity?

28. Yes No Is there any other information you considered before deciding to purchase this annuity?
 If yes, please explain: _____

FA5403-01 (01-21)

Page 3 of 7

Section 3: Surrender Charge and Replacement Information.
 If there is a replacement, you must complete the Replacement Comparison form.

Important information about the annuity being replaced will help us understand the benefit(s) of the replacement.

		Consumer Profile Information Form <i>Fixed Index Annuities</i> Policies/Contracts Issued By: Forethought Life Insurance Company			
Section 6: Withdrawal Information/Time Horizon					
29. How and when do you anticipate taking distributions from this annuity? (Select all that are applicable)					
How I Plan to take Distributions	Planned First Distribution				
	Less than 1 year	Between 1 and 5 years	Between 6 and 10 years	10 or more Years	No Planned Distributions
Lump Sum Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Systematic Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Minimum Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Lifetime Withdrawal Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Your response to this question will not limit your ability to change how and when you take further distributions</i>					
30. <input type="checkbox"/> Yes <input type="checkbox"/> No	With the exception of any free withdrawals or Required Minimum Distributions, do you expect to take any money out of this product before the end of the withdrawal charge period? If yes, please explain: _____				
31. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period, you will incur a penalty? If no, please explain: _____				

Section 6: Withdrawal Information/Time Horizon.

The information in this section will help determine if the annuity is suitable for the client's future needs and help document why this annuity is suitable and in the client's best interest.

		Consumer Profile Information Form Fixed Index Annuities Policies/Contracts Issued By: Forethought Life Insurance Company																			
Section 8: Acknowledgements & Disclosures																					
This form is designed to help you determine if purchasing the Annuity contract meets your financial needs. By initialing below, I am stating that I agree and understand that:																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Owner</th> <th style="text-align: center;">Joint Owner (if applicable)</th> <th style="text-align: center;">Acknowledgements</th> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> <td rowspan="8" style="padding: 5px; vertical-align: top;"> The Annuity contract is a long-term retirement contract. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. My agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Consumer Profile Information Form. I believe a Annuity is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest. Forethought does not permit its Agent to advise me with respect to the tax consequences associated with the purchase of the Annuity, including any exchange of an existing insurance policy or contract or withdrawal of funds from any other source, for the purpose of purchasing the Annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary. I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan. If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s) in the event I exercise my Right to Cancel. Capital gains tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract. I am aware of and understand the risks and non-guaranteed elements of an annuity contract. I am aware and understand of the risks associated with the non-guaranteed elements in the recommended product. I believe the purchase recommendation made by my financial professional is in my best interest based on my stated needs and objectives. I certify that my financial professional has provided me with disclosures detailing the scope of our relationship, the products my financial professional is authorized to sell and which insurers my financial professional is appointed with and a description of the sources of cash and non-cash compensation my financial professional may receive as a result of this transaction. In addition, I understand my financial professional may earn various amounts of commissions which could create a conflict of interest for my financial professional. </td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Initials</td> <td style="text-align: center; padding: 5px;">Initials</td> </tr> </table>	Owner	Joint Owner (if applicable)	Acknowledgements	Initials	Initials	The Annuity contract is a long-term retirement contract. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. My agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Consumer Profile Information Form. I believe a Annuity is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest. Forethought does not permit its Agent to advise me with respect to the tax consequences associated with the purchase of the Annuity, including any exchange of an existing insurance policy or contract or withdrawal of funds from any other source, for the purpose of purchasing the Annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary. I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan. If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s) in the event I exercise my Right to Cancel. Capital gains tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract. I am aware of and understand the risks and non-guaranteed elements of an annuity contract. I am aware and understand of the risks associated with the non-guaranteed elements in the recommended product. I believe the purchase recommendation made by my financial professional is in my best interest based on my stated needs and objectives. I certify that my financial professional has provided me with disclosures detailing the scope of our relationship, the products my financial professional is authorized to sell and which insurers my financial professional is appointed with and a description of the sources of cash and non-cash compensation my financial professional may receive as a result of this transaction. In addition, I understand my financial professional may earn various amounts of commissions which could create a conflict of interest for my financial professional.	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	<p>My Agent and Forethought may rely upon the information provided by me in this Consumer Profile Information Form and all such information is true and accurate to the best of my knowledge.</p> <p>_____</p> <p style="text-align: center;">Owner's Signature</p> <p>_____</p> <p style="text-align: center;">Date (mm/dd/yyyy)</p> <p>_____</p> <p style="text-align: center;">Joint Owner's Signature</p> <p>_____</p> <p style="text-align: center;">Date (mm/dd/yyyy)</p>
Owner	Joint Owner (if applicable)	Acknowledgements																			
Initials	Initials	The Annuity contract is a long-term retirement contract. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. My agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Consumer Profile Information Form. I believe a Annuity is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest. Forethought does not permit its Agent to advise me with respect to the tax consequences associated with the purchase of the Annuity, including any exchange of an existing insurance policy or contract or withdrawal of funds from any other source, for the purpose of purchasing the Annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary. I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan. If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s) in the event I exercise my Right to Cancel. Capital gains tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract. I am aware of and understand the risks and non-guaranteed elements of an annuity contract. I am aware and understand of the risks associated with the non-guaranteed elements in the recommended product. I believe the purchase recommendation made by my financial professional is in my best interest based on my stated needs and objectives. I certify that my financial professional has provided me with disclosures detailing the scope of our relationship, the products my financial professional is authorized to sell and which insurers my financial professional is appointed with and a description of the sources of cash and non-cash compensation my financial professional may receive as a result of this transaction. In addition, I understand my financial professional may earn various amounts of commissions which could create a conflict of interest for my financial professional.																			
Initials	Initials																				
Initials	Initials																				
Initials	Initials																				
Initials	Initials																				
Initials	Initials																				
Initials	Initials																				
Initials	Initials																				

Section 6: Client Acknowledgements.
 Please have the client review the Acknowledgements and initial them, acknowledging that they agree and understand.

These acknowledgements will help us verify that the client understands that annuities are:

- long term investments
- may have withdrawal charges, and
- offer no additional tax deferral if the funds are from an IRA, 401(k) or other self-directed qualified plan

Agents are not permitted to advise clients of tax consequences.

Make sure the client signs and dates this form.

	Consumer Profile Information Form Fixed Index Annuities Policies/Contracts Issued By: Forethought Life Insurance Company
Section 7: Agent Confirmation (this section MUST be completed)	
1. Please describe how the Annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.	
2. Please describe any disadvantages for your client in purchasing the annuity.	
3. How long have you known the Applicant?	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously sold the Applicant any other investment or insurance products? If yes, please provide a summary: _____	
5. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you signing this application in a state different from the Applicant? If yes, please explain: _____	
By signing below, I acknowledge that: The Applicant(s)' decision to purchase the Annuity is based on my recommendation. Based on all the circumstances known to me at the time of the recommendation and based on the information the Applicant(s) provided to me, this transaction is suitable for and effectively addresses the Applicant(s)' insurance needs and/or financial objectives. I acknowledge that I have made reasonable efforts to gather sufficient information directly from the Applicant(s) in order to determine the recommendation I am making effectively addresses the Applicant(s) financial situation, insurance needs and financial objectives based on the stated needs and objectives of the Applicant(s) and if applicable, my recommendation is in the Applicant(s) best interest. I certify that I have taken steps to manage all material conflicts of interest and have provided the Applicant(s) all applicable disclosures. I have verified the identity of the Applicant(s) and believe the information the Applicant(s) provided to me regarding his or her identity is true and accurate. With respect to qualified contract sales, the undersigned agent acknowledges that the Impartial Conduct Standards have been met, and that all other conditions of an applicable Prohibited Transaction Exemption have been met and the agent will comply with all applicable recordkeeping requirements. The undersigned agent further acknowledges that Forethought is not a fiduciary or acting as a Financial Institution.	
_____	_____
Agent's Signature	Date (mm/dd/yyyy)

Section 7: Agent Confirmation.
 You must complete this section. If it is not completed, the form will not be accepted and will be returned to you.

Please provide detailed information to support your recommendation. Include any information you believe would be helpful in our review process.

Make sure you sign and date this form.

	<p style="text-align: right;">Consumer Profile Information Form <i>Fixed Index Annuities</i> Policies/Contracts Issued By: Forethought Life Insurance Company</p>
---	---

Applicant Disclosure:
 When an agent provides you with a recommendation, the agent must act in your best interest and not his/her interest ahead of yours. At the same time, the way the agent may make money may create a conflict with your interests. You should understand, and ask your agent about any conflicts because they can affect the recommendations he/she provides to you.


Regular Commissions:
 Your agent is primarily compensated through regular commissions paid on the Annuity issued by Forethought. Varying by contract type, these commissions generally range from 3% to 7% of the premium payment paid.

Contingent and Non-Cash Compensation:
 Forethought may pay a firm or agency your agent is contracted with commissions relating to your purchase of the Annuity. In some cases, commission may not be tied to a specific recommendation, but rather are tied to the total business the firm or agency places with Forethought. Also, as is typical in many industries, Forethought may offer incentive-based contests that may reward firms or agencies for achieving sales objectives. Typical of these rewards are invitations to any Forethought sales meetings or other incentive trips. The firm or agency may also receive sales support services such as marketing leads, marketing materials, and financial support for marketing etc.

Section 8: Department of Labor Fiduciary Certification <i>(Must Complete for Qualified Contracts Using Best Interest Contract Exemption Only)</i>	
The above signed agent and undersigned representative of the Financial Institution acknowledge that Financial Institution and agent have complied with all relevant Best Interest Contract Prohibited Transaction Exemption Conditions with respect to the sale of _____, I acknowledge that Forethought is not a fiduciary or acting as a Financial Institution. <small>(Product Name)</small>	
Agent Name	IMO Name
Name of Financial Institution	
Financial Institution Authorized Representative Signature	Printed Name
Title	Date (mm/dd/yyyy)

Financial Inventory Worksheet

The Financial Inventory Worksheet must accompany the Annuity Best Interest Questionnaire and Acknowledgement form if the total premium to be invested in the annuity exceeds 50% of the client's net worth. Please provide detailed information on the Worksheet, which must be signed by the client.

		Financial Inventory Worksheet Policies/Contracts Issued By: Forethought Life Insurance Company	
Owner Name		Joint Owner Name	
<p>INSTRUCTIONS – This Financial Inventory Worksheet is to be completed in conjunction with the Annuity Suitability Questionnaire and Acknowledgement.</p> <p>IF THE TOTAL PREMIUM EXCEEDS 50% OF NET WORTH, PLEASE COMPLETE THIS FINANCIAL INVENTORY WORKSHEET</p>			
<p>Monthly Household Income</p> Salary / Wages \$ _____ Social Security payments \$ _____ Pension / Retirement \$ _____ Interest / Dividend Income ¹ \$ _____ Rental Income \$ _____ Other \$ _____ Total Income \$ _____		<p>Household Net Worth (Do not include primary residence, personal belongings or personal property such as jewelry, furnishings, and vehicles.)</p> Cash or Cash Equivalents \$ _____ Securities \$ _____ Insurance \$ _____ Other \$ _____ Net Worth \$ _____ (Total Assets minus Total Liabilities)	
<p>Monthly Household Expenses</p> Rent / Mortgage Payment \$ _____ Utilities \$ _____ Debt Repayment \$ _____ Transportation \$ _____ Food \$ _____ Health Care \$ _____ Taxes ² \$ _____ Dependent Support \$ _____ Charitable Donations \$ _____ Travel \$ _____ Other \$ _____ Total Expenses \$ _____ Disposable Income \$ _____ (Total Income minus total Expenses)		<p>Household Liquid Assets (Assets that can be easily converted to cash, without penalty. Do not include personal belongings or personal property such as jewelry, furnishings and vehicles.)</p> Checking Accounts \$ _____ Savings Accounts \$ _____ Securities \$ _____ Annuity Free Withdrawals ³ \$ _____ Other \$ _____ Total Liquidity⁴ \$ _____	
_____ Owner Signature		_____ Joint Owner Signature	
<p>Forethought Life Insurance Company P.O. Box 758502 Topeka, KS 66675-8502 Phone: (866) 645-2449</p>			
<p>¹Do not include income currently earned on money that will be used to purchase this annuity. ²Include property tax and income taxes. ³Do not include free withdrawals from annuity being applied for ⁴Do not include assets intended for purchase of this annuity</p>			
FA9037-03(BD) (11-16)		Page 1 of 1	

Replacement Comparison

The Replacement Comparison Form must be completed in conjunction with the proposed replacement of an existing annuity contract. All sections must be completed.

	Replacement Comparison Policies/Contracts Issued By: Forethought Life Insurance Company
--	--

Owner Name	Joint Owner Name	Date (mm/dd/yyyy)
------------	------------------	-------------------

Instructions: This Replacement Comparison Form is to be completed in conjunction with the replacement of an existing annuity contract. All sections of this form must be completed including the narrative section on page 2.

Specs and Features	Replaced Contract	Proposed Contract
Name of Company		Forethought Life Insurance Company
Type of Contract (e.g. fixed, fixed indexed, variable)		Fixed Index
Product Name		<input type="checkbox"/> ForeAccumulation II <input type="checkbox"/> ForeIncome II <input type="checkbox"/> ForeAccumulation II Advisory <input type="checkbox"/> ForeIncome II Advisory
Writing Agent		
Date of Issue (mm/dd/yyyy)		N/A
Initial Premium		
Premium Bonus	_____ % or <input type="checkbox"/> N/A	N/A
Premium Bonus Recapture Charge	Current Year \$ _____ or <input type="checkbox"/> N/A	N/A
Current Accumulation Value	\$ _____	N/A
Current Surrender Value	\$ _____	N/A
Withdrawal Charge Period		_____ Yrs
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> N/A in CA, DE, or over age 80 in FL
Terminal Illness Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A in CA
Nursing Home Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A in CA
Guaranteed Minimum Fixed Interest Rate	_____ %	Guaranteed Minimum Fixed Interest Rate 0.50%
Guaranteed Lifetime Withdrawal Rider Charge	_____ % of _____	_____ % of Withdrawal Base
Accumulation Guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Income Rider Guarantee	Lifetime Guarantee: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Lifetime Guarantee
Current Death Benefit	\$ _____	Contract Value
Enhanced Death Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enhanced Death Benefit Charge	_____ % of _____	_____ % of Enhanced Death Benefit Amount

Owner(s) should be the same on both the new and existing contracts.

In each box, please provide as much detail as possible.



	Replacement Comparison Policies/Contracts Issued By: Forethought Life Insurance Company
--	--

Mandatory	Please provide a summary explaining how the client will benefit more from the new annuity vs. the product being replaced. Include commentary regarding how the current contract is not meeting the client's financial objectives. Discuss features, benefits, growth potential and other significant issues. Supplement with a letter if needed.

Owner Signature	Date (mm/dd/yyyy)
Joint Owner Signature	Date (mm/dd/yyyy)
Agent Signature	Agent Number
	Date (mm/dd/yyyy)

This Replacement Comparison 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 th Avenue Topeka, Kansas 66636	Via Fax (785) 286-6104 Via Email annuityservicecenter@gafg.com
Questions? Please call our Annuity Service Center: (866) 645-2449		

This section is mandatory. Please provide specific details for the reasons for the replacement.

Signatures of the Owner, Joint Owner (if applicable) and Agent are required.

Tips for Completing the Annuity Best Interest Questionnaire and Acknowledgment Form – ForeCare

It is important for Forethought to understand your recommendation and how it meets the client's needs and situation. Therefore, it is important that you carefully and thoroughly complete the Annuity Best Interest Questionnaire and Acknowledgement Form, specific to ForeCare. If responses are missing or conflicting, we will likely need to request additional information.

	Annuity Suitability Questionnaire and Acknowledgement <i>ForeCare</i> Policies/Contracts Issued By: Forethought Life Insurance Company
This form is designed to help you and your agent determine if purchasing a Forethought Life Insurance Company annuity contract meets your current financial needs and long term goals. Please complete the questionnaire and acknowledgement in its entirety and submit with your application. INCOMPLETE FORMS MAY BE RETURNED AND DELAY PROCESSING.	
Section 1: Personal Information (Individuals and Trusts)	
Owner Information 1a. Owner Name(s)	
1b. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	1c. Owner Age <small>(If a Trust, age of Person who established the Trust)</small>
1d. Occupation(s) <small>(If retired, list former occupation)</small>	
Joint Owner Information (if applicable) 2a. Joint Owner Name(s)	
2b. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	2c. Joint Owner Age
2d. Occupation(s) <small>(If retired, list former occupation)</small>	
Additional Information 3. Premium Amount: \$ _____	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Owner or Joint Owner active duty military personnel or the dependent of active duty personnel?	
Section 2: Financial Profile (For Joint Owners – information may be combined)	
If the Owner is a non-natural person, the financial profile should be completed on behalf of the non-natural entity.	
Net Worth = Total Assets less Debts/Liabilities (excluding primary residence, automobile, and personal possessions) 5. Approximate Net Worth (E) must be the sum of the amounts entered in (A), (B), (C), and (D).	
\$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____	E. Approximate Net Worth
A. Cash or Cash Equivalents <small>(e.g. checking, savings, money markets, CDs, etc)</small>	B. Securities <small>(e.g. stocks, bonds, mutual funds, 401(k))</small>
C. Insurance <small>(e.g. annuities and cash value in life insurance)</small>	D. Other <small>(please explain):</small>
6. Gross Household Annual Income: \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Do you expect a change in your future income or your future expenses during the surrender charge period? If yes, please explain: _____	
7. Liquid Assets: \$ _____	
8. <input type="checkbox"/> Yes <input type="checkbox"/> No Are your liquid assets being used to purchase this annuity?	
9. This annuity transaction represents approximately the following percentage of your Net Worth: <input type="checkbox"/> 0-25% <input type="checkbox"/> 26% - 50% <input type="checkbox"/> 51% - 75% <input type="checkbox"/> 76% - 100%	
If the total premium exceeds 50% of net worth, please complete the Financial Inventory Worksheet.	
10. Primary Sources of Income: (Check all that apply) <input type="checkbox"/> Current Wages <input type="checkbox"/> Pension Plan <input type="checkbox"/> Social Security <input type="checkbox"/> Investment Income <input type="checkbox"/> Required Minimum Distribution (RMD) or 72(t)/(q) distributions <input type="checkbox"/> Other _____	
11. Marginal Federal Income Tax Rate: <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other _____	

Section 1: Personal Information.
All Owner and Joint Owner Information (as applicable) fields must be completed.

Section 2: Financial Profile
5. Net Worth will be the sum of the amounts entered in 5.A, 5.B, 5.C, and 5.D. Since annuities are long-term contracts, it is important to include all assets in this section so we can understand the client's ability to meet living expenses and emergencies.

7. Liquid assets are those that are not subject to penalty or surrender charges and can be easily converted to cash.





Annuity Suitability Questionnaire and Acknowledgement

ForeCare
Policies/Contracts Issued By:
Forethought Life Insurance Company

Section 2: Financial Profile (For Joint Owners – information may be combined) (continued)

12. What is your risk tolerance for this annuity purchase? **(Check one)**
 Conservative Moderate Aggressive
13. What are your financial objectives in purchasing a Forethought Annuity? **(Check all that apply)**
 Long Term Care Protection Flexibility Tax Deferral Protected Principal
 Pass Assets to Beneficiaries Other _____
14. Do you now own, or have you previously owned, any of the following financial products? **(Check all that apply)**
 Certificate of Deposit Fixed Annuity Variable Annuity
 Stock/Bond/Mutual Funds Indexed Annuity Other Investments
15. Yes No Do you currently have any Forethought annuities?
 If yes, please provide contract number(s): _____
16. What is the source of premium funds for the Forethought annuity? **(Check all that apply)**
 Fixed Annuity Life Insurance CD
 Indexed Annuity Checking Account Stocks/Bonds/Mutual Funds
 Variable Annuity Savings Account Death Benefit
 Reverse Mortgage/Home Equity/Refinance Other _____

Section 3: Surrender Charge and Replacement Information

If a replacement is involved, you must complete the Replacement Comparison Form.

17. Time Horizon (when these annuity funds will likely be accessed): _____ years
18. Yes No Are there any surrender charges, settlement fees or penalties of any kind associated with the source(s) of premium for the Forethought annuity?

If purchasing this Forethought annuity involves discontinuing, making a partial withdrawal, removing money, or changing an existing policy or contract, a replacement is occurring. If a replacement is involved, you must provide the information below and complete a replacement comparison form. Do not reduce the penalty amount/percentage by any bonus on this annuity or any offset such as a positive market value adjustment (MVA).

If multiple sources of premium, list each percentage separately.

Source of Premium (Marketing Name of Product)	Date of Purchase	Penalty Percentage	Penalty Amount (if known)

19. Yes No Was there any other material information you considered before deciding to purchase this annuity?
 If yes, please explain: _____

PLEASE CONTINUE TO NEXT PAGE

Section 2. Financial Profile.

Since annuities are long-term contracts, it is important to include all financial information in this section so we can understand the client's financial profile.

Section 3: Surrender Charge and Replacement Information.

If there is a replacement, you must complete the Replacement Comparison form. [Example on Page 13.]



Annuity Suitability Questionnaire and Acknowledgement

ForeCare
Policies/Contracts Issued By:
Forethought Life Insurance Company

Section 4: Client Acknowledgements

This form is designed to help you determine if purchasing a Forethought Life Insurance Company annuity contract meets your financial needs.

By initialing below, I am stating that I agree and understand that:

Owner	Joint Owner (if applicable)	Acknowledgements
_____ Initials	_____ Initials	The Forethought annuity contract is a long-term investment. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. The agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Annuity Suitability Questionnaire and Acknowledgement. I believe a Forethought annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.
_____ Initials	_____ Initials	Forethought does not permit its Agent to advise me with respect to the tax consequences associated with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary.
_____ Initials	_____ Initials	A tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract.
_____ Initials	_____ Initials	If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s).
_____ Initials	_____ Initials	I understand that the ForeCare Multiplier provides up to two or three times (depending on underwriting eligibility) the amount of Contract Value in long term care coverage to spend on qualified long term care expenses up to the maximum monthly benefit. I understand that the ForeCare Multiplier is only available upon use of the qualified long term care benefit and that the Multiplier does not apply to my Contract Value or the Death Benefit. I understand that withdrawals, other than for qualified long term care expenses, will adversely affect the amount of coverage I will have in the future.
_____ Initials	_____ Initials	I understand that there is a monthly fee for the long term care rider. As a result, I acknowledge that the annuity return will be less than the declared interest rate, due to payment of the Long-Term Care rider fee. However, even after deduction of the rider fee, the Contract Value at month end will not be less than the Contract Value at the prior month end, less any applicable withdrawals.
_____ Initials	_____ Initials	I understand that the Forethought Annuity Contract is not a mutual fund, savings account, certificate of deposit, bond, security or similar financial product.

The Agent and Forethought may rely upon the information provided by me in this Annuity Suitability Acknowledgement and all such information is true and accurate to the best of my knowledge and the Agent and Forethought may rely on such information.

Owner's Signature

Date (mm/dd/yyyy)

Joint Owner's Signature

Date (mm/dd/yyyy)

Section 4: Client Acknowledgements.

Please have the client review the Acknowledgements and initial them, acknowledging that they agree and understand.

These acknowledgements will help us verify that the client understands that annuities:

- are long term investments, and
- may have withdrawal charges and fees

Verify the client understands the ForeCare Multiplier.

Agents are not permitted to advise clients of tax consequences.

Make sure the client signs and dates this form.

Annuity Suitability Questionnaire and Acknowledgement
ForeCare
 Policies/Contracts Issued By:
 Forethought Life Insurance Company

Section 5: Agent Confirmation (this section MUST be completed)

1. Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

2. Please describe any disadvantages for your client in selecting this annuity.

3. How long have you known the proposed annuity owner?

4. Yes No Have you previously sold the customer any other annuity or insurance products?
 If yes, please provide a summary: _____

5. Yes No Are you signing this application in a state different from the Owner/Annuitant?
 If yes, please explain: _____

By signing below, I acknowledge that:

The Owner(s)' decision to purchase this annuity is based on my recommendation. Based on all the circumstances known to me at the time of the recommendation and based on the information the Owner(s) provided to me, this transaction is suitable for the Owner(s)' insurance needs and/or financial objectives.

I have made every reasonable effort to obtain information pertaining to the Owner(s)' net worth, liquid assets, income, time horizon, tax status, risk tolerance, financial objectives and other information needed to make a recommendation.

I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

Agent's Signature

Date (mm/dd/yyyy)

Section 5: Agent Confirmation.
 You must complete the Agent Confirmation Section. If it is not completed, the form will not be accepted and will be returned to you.

Please provide detailed information to support your recommendation. Include any information you believe would be helpful in our review process.

Make sure you sign and date this form.

This Annuity Suitability Questionnaire and Acknowledgement – ForeCare can be submitted as follows:

<p>U.S. Mail Forethought Life Insurance Company P.O. Box 758507 Topeka, Kansas 66675-8507</p>	<p>Private Express Carrier Forethought Life Insurance Company Mail Zone 507 5801 SW 6th Avenue Topeka, Kansas 66636</p>
---	---

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

Replacement Comparison Form – ForeCare

The Replacement Comparison Form must be completed in conjunction with the proposed replacement of an existing annuity contract. All sections must be completed.

	ForeCare Replacement Comparison Form Policies/Contracts Issued By: Forethought Life Insurance Company
--	--

Owner Name	Joint Owner Name	Date (mm/dd/yyyy)
------------	------------------	-------------------

Instructions

This Replacement Comparison Form is to be completed in conjunction with the replacement of an existing annuity contract. All sections of this Form must be completed including the narrative section on page 2.

Specs and Features	Previous Contract	Proposed Contract
Name of Company		<i>Forethought Life Insurance Company</i>
Type of Contract (e.g. fixed, fixed indexed, variable)		<i>Fixed Annuity with LTC Rider</i>
Product Name		<i>ForeCare</i>
Date of Issue		N/A
Initial Premium	\$ _____	\$ _____
Premium Bonus	_____ % or <input type="checkbox"/> N/A	N/A
Premium Bonus Recapture Charge	Current Year _____ % or <input type="checkbox"/> N/A	N/A
Current Accumulation Value	\$ _____	N/A
Current Surrender Value	\$ _____	N/A
Surrender Charge Period		
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Minimum Fixed Interest Rate	_____ %	_____ %
Total LTC Coverage Benefit	\$ _____	\$ _____
LTC Maximum Monthly Benefit	\$ _____	\$ _____
Death Benefit	\$ _____	\$ _____
Writing Agent		

Owner should be the same on both the new and existing contracts.

In each box, please provide as much detail as possible.





ForeCare Replacement Comparison Form

Policies/Contracts Issued By:
Forethought Life Insurance Company

Mandatory

Please provide a summary explaining how the client will benefit more from the new annuity vs. the product being replaced. If the applicant is age 65 or older, include a detailed explanation on how the replacement of the existing annuity contract with the proposed annuity contract will provide the client with a *substantial financial benefit*. Include commentary regarding how the current contract is not meeting the client's financial objectives. Discuss features, benefits, income, growth potential and other significant issues.

Multiple horizontal lines for providing a summary explanation of the replacement.

This section is mandatory. Please provide specific details for the reasons for the replacement.

Client Signature

Date (mm/dd/yyyy)

Agent Signature

Date (mm/dd/yyyy)

Signatures of the Owner, Joint Owner (if applicable) and Agent are required.

This ForeCare Replacement Comparison 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 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

Financial Inventory Worksheet – ForeCare

The Financial Inventory Worksheet must accompany the Best Interest Annuity Questionnaire and Acknowledgement form if the total premium to be invested in the annuity exceeds 50% of the client's net worth. Please provide detailed information on the Worksheet, which must be signed by the client.

	Financial Inventory Worksheet Policies/Contracts Issued By: Forethought Life Insurance Company
---	---

Owner Name	Joint Owner Name
------------	------------------

INSTRUCTIONS – This Financial Inventory Worksheet is to be completed in conjunction with the Annuity Suitability Questionnaire and Acknowledgement.

IF THE TOTAL PREMIUM EXCEEDS 50% OF NET WORTH, PLEASE COMPLETE THIS FINANCIAL INVENTORY WORKSHEET

Monthly Household Income

Salary / Wages	\$ _____
Social Security payments	\$ _____
Pension / Retirement	\$ _____
Interest / Dividend Income ¹	\$ _____
Rental Income	\$ _____
Other	\$ _____

Total Income \$ _____

Household Net Worth

(Do not include primary residence, personal belongings or personal property such as jewelry, furnishings, and vehicles.)

Cash or Cash Equivalents	\$ _____
Securities	\$ _____
Insurance	\$ _____
Other	\$ _____

Net Worth \$ _____
(Total Assets minus Total Liabilities)

Monthly Household Expenses

Rent / Mortgage Payment	\$ _____
Utilities	\$ _____
Debt Repayment	\$ _____
Transportation	\$ _____
Food	\$ _____
Health Care	\$ _____
Taxes ²	\$ _____
Dependent Support	\$ _____
Charitable Donations	\$ _____
Travel	\$ _____
Other	\$ _____

Total Expenses \$ _____

Disposable Income \$ _____
(Total Income minus total Expenses)

Household Liquid Assets

(Assets that can be easily converted to cash, without penalty. Do not include personal belongings or personal property such as jewelry, furnishings and vehicles.)

Checking Accounts	\$ _____
Savings Accounts	\$ _____
Securities	\$ _____
Annuity Free Withdrawals ³	\$ _____
Other	\$ _____

Total Liquidity⁴ \$ _____

Owner Signature

Joint Owner Signature

Forethought Life Insurance Company
 P.O. Box 758502
 Topeka, KS 66675-8502
 Phone: (866) 645-2449

¹Do not include income currently earned on money that will be used to purchase this annuity.
²Include property tax and income taxes.
³Do not include free withdrawals from annuity being applied for
⁴Do not include assets intended for purchase of this annuity

FAQs- General Best Interest

What information should be collected to conduct a Best Interest consideration?

- Age
- Current and expected annual income
- Financial needs and objectives, including debts and other obligations
- Financial Experience
- Insurance Needs
- Source of funds to pay for the annuity
- Making sure client has adequate income to cover expenses and emergency funds
- Time horizon and risk tolerance
- Intended use of the annuity
- Existing assets
- Current and expected liquidity needs
- Current and expected tax status
- Retirement timing and plans
- Risk tolerance, including client's willingness to accept non-guaranteed elements
- Whether the annuity is a replacement

What are factors that could make a recommendation of an annuity not in the client's best interest?

- Client refuses to provide financial information
- Client has insufficient liquid assets
- Client resides in a nursing home
- A replacement or surrender occurred in the last 36 months involving a similar annuity contract type.
- The source of funds for the annuity purchase comes from either a reverse mortgage or home equity loan
- Undisclosed replacement(s)
- An application in which the annuity owner's annual income is less than \$30,000
- An application in which the proposed premium comprises more than 50% of the annuity owner's net worth
- A replacement in which the surrender charge assessed on the existing annuity exceeds 10%
- Replacement in which the current annuity contract is less than thirty-six (36) months old

What assets should be considered when estimating "liquid assets"?

"Liquid assets" should only include assets that can be readily converted to cash without incurring charges for early withdrawals and/or tax penalties.

Examples of liquid assets:

- Checking, savings and money market accounts
- Any security sold without penalties
- Certificates of Deposits (CDs) without penalties
- Annuities out of the surrender charge period
- Retirement accounts that can be accessed without penalty

Examples of non-liquid assets:

- Long-term investment positions
- Real estate
- Vehicles
- Personal property
- Reverse mortgages or home equity loan/line of credit funds
- Funds used to purchase the annuity

Helpful Information

The following situations may require additional review and may result in requests for additional information:

- Financial information provided is not consistent (e.g., investment objective is inconsistent with the features and benefits of the recommended annuity or no reasonable explanation provided for items listed in the “Other” category within the Best Interest Annuity Questionnaire and Acknowledgement)
- Time horizon is inconsistent with investment objectives and income needs
- Undisclosed Replacement: The source of premium does not match transaction type (i.e., money from a checking account, but for an odd amount)
- Replacement may not be in the best interest of the client or reason for replacement does not make sense or is inconsistent with other stated objectives
- Client may not have sufficient income or emergency reserves as determined on a case-by-case basis
- Surrender charges or penalties involving a replacement are in excess of 2% of the surrender value
- Rationale expressed for replacement does not provide a substantial financial benefit to the client
- Transaction amount is considered too high relative to client’s networth
- Client purchased an annuity within the past 36 months (60 months in California) and is looking to replace it
- Any concerns raised regarding the solicitation or best interest form as the result of contact with either the producer or the client
- Producer is recommending replacement of an existing annuity contract that he or she sold to client

Factors that may lead to an enhanced review or declination of the submission include, but are not limited to the following:

- Sale to client age 80 or older
- An application in which the annuity owner’s annual income is less than \$30,000
- Client’s liquid net worth after the annuity purchase must be equal to or greater than \$30,000
- An application in which the proposed premium comprises more than 50% of the client’s net worth (Client must have retirement assets equal to or greater than \$100,000)
- A replacement in which the surrender charge assessed on the existing annuity exceeds 2%
- Replacement in which the current annuity contract is less than thirty-six (36) months old and the current annuity contract does not have a return of premium option

This material is intended to provide educational information regarding the features and mechanics of the product and is intended for producer use only. It should not be considered, and does not constitute, personalized investment advice. The issuing insurance company is not an investment adviser nor registered as such with the SEC or any state securities regulatory authority. It’s not acting in any fiduciary capacity with respect to any contract and/or investment.

Global Atlantic Financial Group (Global Atlantic) is the marketing name for The Global Atlantic Financial Group LLC and its subsidiaries, including Forethought Life Insurance Company and Accordia Life and Annuity Company. Each subsidiary is responsible for its own financial and contractual obligations. These subsidiaries are not authorized to do business in New York.

Fixed index annuities are issues by Forethought Life Insurance Company, 10 West Market Street, Suite 2300, Indianapolis, Indiana.