

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
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Owner's Full Name (<i>First, Middle, Last or Trust/Entity</i>)	Owner's Date of Birth
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Joint Owner's Full Name (<i>if applicable; First, Middle, Last</i>)	Joint Owner's Date of Birth
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Annuitant's Name (<i>If Owner is a non-natural person</i>)
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Joint Annuitant's Name

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

Select one:

- I want to establish my Guaranteed Lifetime Annual Income (GLAI) – Continue to Section B.
- I have already established my Guaranteed Lifetime Annual Income and wish to request a change – Continue to Section E.

Section B: Income Options

Withdrawals under the Guaranteed Lifetime Income Benefit (GLIB) option cannot begin until the youngest covered person reaches age 55. The Joint Life Income Option can only be selected if both covered persons are spouses. In addition, for the Joint Life Income Option if there is one Owner, then the spouse must be the SOLE Primary Beneficiary.

Income Options (*Based on Attained Age on Option Date*)

Select one:

- Single Life Income Option Joint Life Income Option, based on the age of the youngest Income Life.

Section C: Income Life Information

If Single Life Coverage Option is elected, Income Life 1 must be the single Primary Owner or the oldest Joint Owner. If Joint Life Income Option is elected, Income Life 1 and Income Life 2 must be spouses, and must be either Joint Owners or a Single Owner with SOLE spouse Beneficiary. If the Owner is a non-natural person, Annuitant replaces Owner in the preceding sentences.

Income Life 1	Date of Birth	SSN/Tax ID
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Income Life 2 (<i>For Joint Income Only</i>)	Date of Birth	SSN/Tax ID
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Section D: Guaranteed Lifetime Income Option Date (Option Date) and Frequency (Initial Election Only)

Choose your Option Date and Withdrawal Option.

Guaranteed Lifetime Income Option Date¹ (mm/dd/yyyy): _____Systematic Withdrawal Options: Monthly Quarterly Semi-Annually Annually

¹This date must follow age 55 of youngest covered person. This is the date the request will be processed, not the deposit date. Check will be mailed within 1-2 business days after the Option Date to owner's address of record. This request must be received 10 – 15 business days prior to Option Date in order to process request on Option Date.

Section E: Change or Discontinuation of the Systematic Withdrawal Under the Guaranteed Lifetime Income Benefit (After Initial Election Has Been Made)

Select one:

- I wish to make a change to the amount of my existing Systematic Withdrawal under the Guaranteed Lifetime Income Benefit.
- I wish to stop receiving Systematic Withdrawals under the Guaranteed Lifetime Income Benefit.¹ (Go to Section H)
- I wish to decrease my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year.
- I wish to change my distribution frequency to: Monthly Quarterly Semi-Annually Annually
- I wish to increase my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year. I understand if this amount exceeds the Guaranteed Lifetime Annual Income, then excess withdrawal amounts will result, which will reduce or eliminate the GLAI in future contract years.

¹This election does terminate the Guaranteed Lifetime Income Benefit. Systematic Withdrawals under the Guaranteed Lifetime Income Benefit can be resumed at a later date.

Section F: Tax Withholding**Please Note:** This section is not applicable for custodial owned contracts.**F1: Federal Income Tax Withholding**

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

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

Please choose one:

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

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

Section F: Tax Withholding (continued)

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

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

Connecticut

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

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

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

District of Columbia

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

Michigan

- If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate.

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

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

Please choose one:

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

Please Note:

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

Section G: Distribution Instructions**G1: U.S. Mail**

Please choose one:

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- Please mail check(s) to the Owner's address of record.

G2: Electronic Funds Transfer
Important Notes

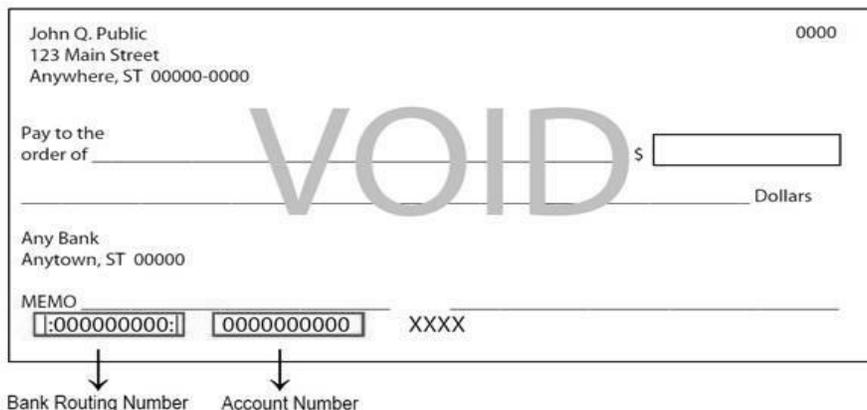
- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- A voided check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

Please choose one:

-
- Please direct deposit my distribution to my
- checking**
- account listed below.
-
- (A voided check is **REQUIRED** below.)*
-
-
- Please direct deposit my distribution to my
- savings**
- account listed below.
-
- (Direct deposit into a savings account is not available for contracts starting with 2XX.)
 (A letter confirming your bank account information is **REQUIRED** for savings accounts.)*

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

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



REQUIRED CERTIFICATION AND SIGNATURE(S) ON NEXT PAGE

Section H: Certification and Signature(s)

By signing below I authorize Forethought Life Insurance Company ("Company") to act on the instructions indicated above. I understand that once withdrawals have begun, all future withdrawals will be considered withdrawals during the Benefit

Period. The instructions may be changed by giving the Company 10 days advance written notification.

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

REQUIRED →	Owner's Social Security No./Taxpayer I.D.	Joint Owner's Social Security No.
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Certification

Under penalties of perjury, I certify that:

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

Instructions

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

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

Owner/POA Signature	Title (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)
Joint Owner/POA Signature (<i>if applicable</i>)	Title (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)
Spouse's Signature (<i>Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI</i>) or check here if applicable <input type="checkbox"/> Not Married		Date (<i>mm/dd/yyyy</i>)

PLEASE CONTINUE TO NEXT PAGE

Guaranteed Lifetime Income Benefit Termination - The Guaranteed Lifetime Income Benefit terminates on the date on which the earliest of the following events occur:

1. The termination of the Contract.

2. Any date following the Option Date that the owner is changed other than for spousal continuation of the Contract where a Joint Life Income Option has been selected.
3. Election to begin payments under an Annuity Option.
4. The death benefit is paid under the contract.
5. If the GLAI drops to less than the Minimum Systematic Withdrawal Amount (\$100) after the Option Date.
6. Upon the death following the Option Date of the person on whose life the income depends. For single life option, the death of the Income Life. For joint life option, the latest of the Income Life or the spouse of the Income Life if the spouse has continued the GLAI following the death of the Income Life.

The Income Base and the Guaranteed Lifetime Annual Income are set equal to zero (0) at the time this benefit is terminated and remains zero (0) until the termination of this Contract. Once this benefit terminates, it may not be reinstated.

This Guaranteed Lifetime Income Benefit Election Form can be submitted as follows:
U.S. Mail

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

Private Express Carrier

 Forethought Life Insurance Company
 One Forethought Center
 Batesville, IN 47006

Via Fax

Please fax to (877) 554-2413

Via Email

annuitypolicy@gafig.com

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

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