



WARNING: Any person who knowingly presents a false statement in an application for insurance is guilty of a criminal offense and subject to penalties under state law.

1a Proposed Insured / Annuitant

Please Print

First Name		M.I.	Last Name		SSN (Required)	
					- -	
Birthdate (mo/day/yr)	Age	Sex	Telephone	Email Address		
/ /		<input type="checkbox"/> F <input type="checkbox"/> M	()			
Street Address			City	State	ZIP Code	

1b Certificateholder / Owner (if different from Insured / Annuitant)

First Name		M.I.	Last Name		SSN/TIN (Required)	
					- -	
Relationship to Insured			Telephone	Email Address		
			()			
Street Address			City	State	ZIP Code	

2 Health Questions

To be completed only by the Proposed Insured / Annuitant. Please answer each question by initialing the appropriate response. *All applicants must answer questions 1 and 2.*

1. Are you currently confined to a hospital or are you receiving hospice care, or within the last twelve months have you been told by a medical practitioner that you should be confined to a hospital or receive hospice care but you chose to not follow that instruction?	_____ Yes _____ No
2. Has a medical practitioner advised you that you have a terminal illness or condition, or that your life expectancy is twelve months or less?	_____ Yes _____ No

If you answered Yes to question 1 or 2 you will be issued the Annuity product – you do not need to complete questions 3 and 4.

3. Are you confined to a nursing home (including custodial care) or other such facility, or within the last twelve months have you been told by a medical practitioner that you should be confined to such a facility but you chose to not follow that instruction?	_____ Yes _____ No																				
4. During the last five years has a medical practitioner diagnosed you as having, or treated you for, any of the following: <table border="0" style="width: 100%;"> <tr> <td>AIDS/ARC</td> <td>Cancer</td> <td>Heart Disorder</td> <td>Liver Disorder</td> <td>_____ Yes</td> </tr> <tr> <td>Alzheimer's/Dementia</td> <td>Circulatory Disorder</td> <td>Insulin Dependent Diabetes</td> <td>Lung Disorder</td> <td>_____ No</td> </tr> <tr> <td>Blood Disorder</td> <td>Congestive Heart Failure</td> <td>Kidney Disorder</td> <td>Stroke</td> <td></td> </tr> <tr> <td>Brain Disorder</td> <td>COPD</td> <td></td> <td></td> <td></td> </tr> </table>	AIDS/ARC	Cancer	Heart Disorder	Liver Disorder	_____ Yes	Alzheimer's/Dementia	Circulatory Disorder	Insulin Dependent Diabetes	Lung Disorder	_____ No	Blood Disorder	Congestive Heart Failure	Kidney Disorder	Stroke		Brain Disorder	COPD				
AIDS/ARC	Cancer	Heart Disorder	Liver Disorder	_____ Yes																	
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Brain Disorder	COPD																				

If you answer No to all health questions you will be issued a policy that provides full coverage. If you answer No to both questions 1 and 2, and you answer Yes to either question 3 or 4, you will be issued life insurance with limited death benefits during the first one or two years (depending on your age and selected payment plan).

AUTHORIZATION: By completing the Health Questions and signing this Enrollment Form, any medical doctor or facility, or other person is authorized to give Forethought Life Insurance Company records or information regarding the Proposed Insured's/Annuitant's health. This authorization is limited to matters related to the Health Questions.

3 Coverage & Payment Plan

Life Insurance		Annuity	
Initial Face Amount	Face Amount at 6 Months	Total of Planned Premiums (Funeral Amount)	
Payment Plan		Payment Plan	
<input type="checkbox"/> Single	<input type="checkbox"/> 3 Year	<input type="checkbox"/> 5 Year	<input type="checkbox"/> Single
<input type="checkbox"/> 7 Year	<input type="checkbox"/> 10 Year	<input type="checkbox"/> Other _____	

4 Premiums (if by check make payable to Forethought Life Insurance Company)

Single Premium	Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannual	<input type="checkbox"/> Annual	Initial _____
	Multi-Pay Premiums Method	<input type="checkbox"/> APA (complete Section 10)		<input type="checkbox"/> Coupon Book		+ Modal _____
		<input type="checkbox"/> Credit Card (complete separate CC Payment Authorization)				Total

5 Replacement

Is the insurance applied for intended to replace or change any existing life insurance or annuity coverage? If "Yes," please provide name of the insurance company(s), policy number(s), and replacement form(s) required by your state.
 Yes No Company(s): _____ Policy Number(s): _____

6 Direction for Payment of Proceeds

Death proceeds are to be paid to the Beneficiary which is the estate of the Insured. If another Beneficiary is desired, provide the information below. This designation is subject to any assignment or other directions received from the Certificateholder during the Insured's lifetime.

7 Beneficiary

First Name	M.I.	Last Name	SSN	
Relationship to Insured		Telephone ()	Email Address	
Street Address		City	State	ZIP Code

8 Secondary Addressee – Where to send copies of premium lapse notices (for Multi-Pay Life only)

First Name	M.I.	Last Name	SSN	
Relationship to Insured		Telephone ()	Email Address	
Street Address		City	State	ZIP Code

9 Agreement

The above information is true and complete to the best of my knowledge and belief. I understand that a material misrepresentation, untrue declaration, or failure to disclose all material facts may result in loss or cancellation of coverage. I understand no coverage shall be in effect until the first premium has been paid, a contract has been issued while the Insured/Annuitant is living, and the Insured's/Annuitant's insurability remains unchanged.

 Signature of Proposed Insured/Annuitant (if legal representative/guardian attach legal documentation)

 Certificateholder/Owner Signature (if different)

GA3015-01-AZ

10 Automatic Payment Authorization (Attach voided check; Two premiums may be withdrawn the following month to keep your coverage current. To prevent this from happening you may prefer to include an additional initial premium payment.)

Name & Phone # of Financial Institution _____ () _____
 Routing # _____ Account # _____ Checking Savings
 Draw Date: Standard Date (about 30 days after issue of coverage) Custom Date ____ (Select 1-28)

I authorize Forethought Life Insurance Company to withdraw from my account the amount of premium due and request that the institution honor such withdrawals. I agree that the Institution's rights shall be the same as if it were a check drawn and signed by me. I further agree that if any withdrawal fails or is disallowed neither the Institution nor Forethought Life Insurance Company shall be under any liability whatsoever. This authorization shall continue until the Institution receives written notification from me or the contract is paid in full.

Signature of Account Holder _____ Date _____

11 Agent's Agreement

Is the insurance/annuity applied for intended to replace or change any existing life insurance or annuity? Yes No
 If all health questions are answered "No," I certify the information was provided directly by the Proposed Insured / Annuitant.

Forethought Agent Number (not license number): [][][][][][][][] Telephone: () _____

Printed Name of Agent _____ Signature of Agent _____ Date _____
 Agent Location _____ Address _____

FUNERAL PLANNING AGREEMENT (“Agreement”)

Performance Guarantee

The Funeral Firm **will** provide the planned funeral as shown on the accompanying statement of funeral goods and services unless factors beyond its control prevent it from doing so. The Funeral Firm will furnish the brands or makes of merchandise shown or, if unavailable, merchandise of equivalent quality. If the Funeral Firm is unable to provide the planned funeral, another funeral firm may agree to provide the goods and services.

Price Guarantee

The Funeral Firm **will** accept the Forethought Life Insurance Company life insurance or annuity contract (“Insurance Contract”) death benefit as the full payment for the Guaranteed Funeral Goods and Services, even if the retail price for those items at the time of need is greater than the death benefit. If the at-need retail price is less than the death benefit, the excess will be paid to the beneficiary named in the Insurance Contract. The beneficiary may authorize payment of the excess for additional items not listed in this Agreement. The Funeral Firm is not entitled to receive the death benefits purchased to fund Non-Guaranteed Cash Advance Items to cover the retail price of guaranteed items.

The date from which this guarantee is effective will be determined by the type of Insurance Contract you purchase.

1. If you purchase an Insurance Contract which will pay an immediate death benefit that equals or exceeds The Total Guaranteed Funeral Price for death from any cause, this guarantee is effective immediately; or
2. If you purchase an Insurance Contract which has a limited death benefit, this guarantee will become effective at the end of the limited death benefit period; or
3. If you purchase an Insurance Contract through a flexible payment plan, this guarantee will be effective when the premiums paid equal or exceed an amount equal to the Total Guaranteed Funeral Price increased by 4% annually, compounded quarterly. For example, to guarantee a \$3,000 funeral price at the end of 3 years, you would have paid premiums of \$3,375; \$3,650 at the end of 5 years; or \$3,948 at the end of 7 years. The flexible payment plan is NOT a loan. Neither you nor your survivors are obligated to make payments under the flexible payment plan. However, if the premiums paid are less than the amount required to obtain a guarantee your survivors must pay the Funeral Firm the difference between the at-need retail price and the death benefit available from your total coverage.

Limitation on Price and Performance Guarantees

The Funeral Firm must be designated to receive the death benefit payable under the Insurance Contract. These guarantees will not apply if the Insurance Contract is voided, lapsed, borrowed against, or surrendered, coverage is not purchased within 30 days, or death benefits are paid under the suicide provision of the Insurance Contract.

Freedom of Choice Guarantee

Designating the Funeral Firm to receive the proceeds of the Insurance Contract does not restrict any right to purchase funeral merchandise or services in the open market, with the advantages of competition, at any time before the Funeral Firm delivers the funeral.

Cancellation Guarantee

This Agreement may be cancelled at any time. Cancellation of this Agreement does not cancel your Insurance Contract, which may only be terminated in accordance with its terms and conditions of the Insurance Contract. The owner of the Insurance Contract will receive the cash value if the Insurance Contract is surrendered more than 30 days from issue. In the early years, the cash value may be substantially less than the premiums paid.

Disclosures

By completing this Agreement and by signing an application for the Insurance Contract, you acknowledge that: you were shown current General, Casket and Outer Burial Container price lists prior to discussing those prices, services or merchandise; you have read, understood, and received a copy of this Agreement; the person presenting this document is a representative of the Funeral Firm and an agent of Forethought Life Insurance Company to whom commissions may be paid. In addition you acknowledge that to secure the Funeral Firm guarantees stated above, you direct that proceeds are to be paid to the Funeral Firm in an amount not to exceed the retail price of the funeral provided. These directions may be changed any time before the funeral is provided by giving written notice to Forethought Life Insurance Company.

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

GUARANTEED FUNERAL GOODS AND SERVICES

OUR SERVICE

Arrangement and Professional Staff Services \$ _____

Embalming \$ _____

If you have selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below:

Other Preparation \$ _____

Use of Facilities/Staff/Equipment for:

 Visitation ___ Days @ \$ ___/day \$ _____

 Funeral/Memorial Service \$ _____

 Graveside Service \$ _____

Transfer of Deceased (___ mi.) \$ _____

Family Car(s) # ___ @ \$ ___ each \$ _____

Hearse \$ _____

Escort \$ _____

Forwarding/Receiving Remains \$ _____

Other Services/Facilities/Equipment: \$ _____

(Specify) _____ \$ _____

_____ \$ _____

TOTAL SERVICES \$

DISPOSITION Burial Cremation Other

CASKET None \$

Manufacturer _____

Model # and Name _____

Exterior Material & Color _____

Interior Material & Color _____

Your cemetery requires an outer container for burial:

Yes No

OUTER BURIAL CONTAINER \$

Manufacturer _____

Model # and Name _____

Material _____

OTHER GUARANTEED MERCHANDISE (Specify)

_____ \$

TOTAL GUARANTEED FUNERAL PRICE \$

REQUIRED PURCHASES

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. Any legal, cemetery or crematory requirement that we represented to you as compelling the purchase of any goods and services called for by this Agreement is identified and described below: _____

NON-GUARANTEED CASH ADVANCE ITEMS

<input type="checkbox"/> Acknowledgement Cards	\$ _____	<input type="checkbox"/> Vault Company Service Charge	\$ _____
<input type="checkbox"/> Obituary Notices	\$ _____	<input type="checkbox"/> Shipping Container	\$ _____
<input type="checkbox"/> Death Certificate	\$ _____	<input type="checkbox"/> Crematory Service Charge	\$ _____
<input type="checkbox"/> Flowers	\$ _____	<input type="checkbox"/> Grave Opening and Closing	\$ _____
<input type="checkbox"/> Clergy Honorarium	\$ _____	Sales Tax	\$ _____
<input type="checkbox"/> Music	\$ _____	<input type="checkbox"/> Other (Specify) _____	\$ _____

We charge you for our services in obtaining those items marked with an "X."

I understand that these items are not guaranteed by the funeral home and there may be extra funds required at death. **ALLOWANCE FOR CASH ADVANCE ITEMS** \$

TOTAL GUARANTEED AND NON-GUARANTEED FUNERAL PRICE \$

(if applicable) The sale evidenced by this Agreement was solicited at a location other than Funeral Firm's place of business. **YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD (3rd) BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ACCOMPANYING NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.**

Funeral Firm Name	Address	Telephone	
Funeral Counselor Signature	Funeral Recipient (Insured)	Signature	Date