

FORETHOUGHT® FORELIFESM

LICENSING AND APPOINTMENTS

Licensing and Appointment Documents A3072-01

This packet contains:

- Final Expense Life Insurance Selling Agreement - Form **A3073-01**
- Forethought® University Certification - Form **A3075-01**
- Schedule of Commission for Final Expense Life Insurance Sales - Form **M2112**

ISSUED BY FORETHOUGHT LIFE INSURANCE COMPANY

**FORE
THOUGHT®**

Forethought Life Insurance Company/Forethought National Life Insurance Company



FINAL EXPENSE LIFE INSURANCE SELLING AGREEMENT

This Agreement is entered into by and between Forethought Life Insurance Company, a corporation organized under the laws of the State of Indiana, or Forethought National Life Insurance Company, a corporation organized under the laws of the State of Texas for all sales transacted in Texas, having its principal office at One Forethought Center, Batesville, Indiana 47006 (hereinafter referred to as "Company," "us," "we," or "our."), and the Agency/Agent identified in the Appointment Data and Information section of this Agreement (hereinafter referred to as "Agent," "you" or "your"). This Agreement shall be effective upon its acceptance by Company at its administrative offices located in Batesville, Indiana. It is agreed by the parties as follows:

APPOINTMENTS, AGENTS AND INDEPENDENT CONTRACTOR STATUS

APPOINTMENT. Company appoints you as one of its Agents for the purpose of procuring, through agents appointed by us or assigned to you by us, applications for individual and group life insurance policies (hereinafter referred to as "policy" or "policies") which will be issued by Company. For the purposes of this Agreement, the term "application" shall include enrollment of persons for individual or group policies. Unless previously approved by us in writing, you and your agents appointed by us may not begin solicitation of policies until such time as we have issued a letter confirming the appointment(s).

INDEPENDENT CONTRACTOR, TAXES AND OTHER OBLIGATIONS. You are an independent contractor and nothing contained in this Agreement shall be construed to create the relationship of employer and employee between you, or any other agent, and us. You shall be free to exercise independent judgment as to the persons from whom applications for policies will be solicited and the time and place of such solicitations. You shall make and file all reports and returns required by any federal or state statute or regulation pertaining to withholding taxes, unemployment insurance, pension and profit sharing plans, and shall pay all taxes, contributions, interest, or penalties thereunder in connection with the wages, salaries, or other remuneration paid or allowed by you to employees or appointees of yours or to others. You assume full responsibility and exclusive liability for failure to comply with any such applicable statutes or regulations.

As an independent contractor and not an employee of ours, all agency expenses, including but not limited to rentals, transportation, salaries, attorney or legal fees which pertain to the administration of your business, postage, advertising, agent licensing fees and/or agent occupational taxes, shall be your liability and not ours.

APPOINTMENT OF AGENTS. Your subordinate agents (hereinafter referred to as "agent" or "agents") include: (a) agents assigned to you by us and (b) agents appointed by you and subject to the terms of this Agreement, provided you maintain (to the extent required by applicable state law) a valid license and appointment as our agent in each state in which you appoint any such agents. Each agent whom you appoint must be validly licensed and execute a written agent's agreement directly with us, and such agreement shall be effective only when also executed by us. You have no authority to modify or amend any part of such agreement. We reserve the following rights at our discretion without liability to you: (a) to refuse to contract with any proposed agent and (b) to terminate our agreement with any of your agents under the terms of such agreement.

NONEXCLUSIVE TERRITORY. You are authorized to do business under the conditions of this Agreement in any state in which we are authorized to do business and to issue the specific policy you intend to sell provided you are properly licensed in such state to sell such policy. No territory is exclusively assigned. We reserve the right to withdraw

from all or any portion of any state(s) at our discretion without liability to you.

RESPONSIBILITIES OF AGENCY/AGENT. You shall be responsible for the fidelity and honesty of all of your agents. All monies collected, received, or which otherwise come into your control or the control of your agents, which belong to us, our policy or certificate owners (hereinafter referred to as a "policy owner" or as "policy owners") or applicants shall be securely held in a fiduciary capacity and shall not be used for any personal or other purposes whatsoever, but shall be immediately paid over to us. You guarantee the payment to us of all monies intended for or owing to us, our policy owners, prospective policy owners, or applicants that are collected, received, or otherwise come into your control or the control of your agents.

RESTRICTED AUTHORITY OF AGENCY/AGENT. Your right, power, or authority on our behalf shall exist only as expressly stated in this Agreement. No right, power, or authority shall be implied either from the grant or denial of powers specifically mentioned herein or the failure to mention any right or power herein. You agree that you and your agents are without authority to do or perform and expressly agree not to do or perform the following acts on our behalf: (a) incur any indebtedness or liability; (b) make, alter, or discharge contracts; (c) waive forfeitures; (d) quote rates other than as quoted by us; (e) extend the time for payment of any premium; (f) waive payment in cash; (g) guarantee dividends; or (h) deliver any policy more than ten days after issuance by us or fail to promptly return the delivery receipt to us. Further, you agree that you and your agents shall not: (i) violate the insurance laws of any state in which you may be soliciting applications for policies; (j) withhold any of our, the policy owner's, prospective policy owner's or applicant's monies or property; (k) rebate or offer to rebate all or any part of a premium on our policies; (l) induce or attempt to induce any of our policy owners to discontinue payment of premiums or to relinquish any policy; (m) induce or attempt to induce any of our agents to leave our service; (n) perpetrate any fraud against us, or policy owners, prospective policy owners or applicants; (o) fail to provide contract disclosure documents to policy applicants as required by the Company or applicable state law; (p) fail to provide compensation disclosure to policy applicants as required by state law; or (q) violate any Policies and Procedures of the Company.

COMMISSIONS AND CHARGEBACKS

COMMISSIONS. You shall be paid commissions on premiums paid to and received by us, in accordance with the Schedule of Commissions attached hereto and made a part hereof. We reserve the right, in our sole discretion, to amend the Schedule of Commissions at any time; provided, however, that any such change shall only be effective for commissions payable on applications dated after the effective date of such change. Commissions shall be paid hereunder only for so long as you or your agent are the agent of record. Commissions are subject to chargeback in accordance with the Schedule of Commissions. Your commissions shall be reduced by the amount of any commissions to which your agents are entitled and we pay directly to such agents. Commissions shall be payable hereunder only in accordance with the Schedule of Commissions and shall not be allowed on premiums waived or commuted by reason of death, disability, or exercise of policy options. Commissions that become payable shall be paid to you, your executors, administrators, or assigns; however, neither this Agreement nor any benefits to accrue hereunder may be assigned or transferred, either in whole or in part, without our written consent. In no event will you be entitled to receive commissions that revert to you from your terminated agents in excess of the amount such terminated agents would have received under the provisions of their agent agreements with us; provided however, that this shall not impair any right you may have to receive override commissions on any policies

written by the terminated agent which remain in force after the date of such agent's termination.

SET-OFFS AND CHARGEBACKS AGAINST COMMISSIONS. You agree that we may, at any time, set-off against commissions due or to become due to you, or to anyone claiming through or under you, any amount due from you or your agents to us including any chargebacks. If not set-off, all such amounts shall be paid to us within 30 days of written request therefor. We do not waive any of our rights to pursue collection of any indebtedness owed by you or your agents to us. In the event we initiate legal action to collect any indebtedness of you or your agents, you shall reimburse us for reasonable attorney's fees and expenses in connection therewith. This provision shall remain in full force and effect regardless of any termination of this Agreement.

STATEMENT OF ACCOUNT. We will furnish you a copy of your commission account weekly provided that transactions occur in your account during the previous week. Unless you notify us in writing within 30 days of the issue date of each statement of any differences between such statement and your account, you shall have waived the right to contest the accuracy, correctness, and basis of the statement. Such statement shall be competent and conclusive evidence of the status of your account.

ADVERTISING AND ADMINISTRATION

REPRESENTATION. You and your agents will not represent yourself as holding any professional or trade certification that implies expertise in financial matters relating specifically to persons 65 or older, including but not limited to "certified senior advisor," until and unless you provide us with complete information regarding the nature of such certification and we approve in writing the use of such certification in connection with the sale of our product.

RESERVATIONS. We reserve the following rights at our discretion without liability to you: (a) to change commissions on any policy form or rider upon furnishing notice to you, but such change shall not affect applications received by us prior to such notice, (b) to withdraw any policy forms; (c) to change our premium rates, (d) to reject policy applications or premiums without specifying cause, and (e) to adopt policies and procedures from time to time relating to any matter not otherwise covered in this Agreement.

ADVERTISING. You and your agents shall not use or authorize any advertisement, circular, news release or other communication using our name or our product names (whether written, oral, audio, or visual) without prior written approval by us.

PERSONAL PROPERTY AND FUNDS. All application and policy forms, related advertising and marketing materials, books, documents, vouchers, receipts, lists, notices, or other papers of any kind used by you in any transaction involving us and any other personal property furnished by us shall remain our property, shall be open to inspection by us at all times, and shall be returned to us at termination of this Agreement along with all uncollected premium receipts and undelivered policies sent to you for delivery and collection.

REIMBURSEMENT. You agree to pay directly or reimburse us for the following expenses: (a) all agent taxes, municipal license fees, and local and state taxes for the territory covered by this Agreement, (b) all charges provided in our policies and procedures, and (c) the premium for an indemnity bond in a satisfactory amount to secure your fidelity and faithful performance under this Agreement, if such bond is requested by us.

MISCELLANEOUS

LEGAL ACTION. You may not institute any administrative or legal proceedings on our behalf without our written approval. If any administrative or legal action is brought against you or us, or both jointly, by reason of any alleged act, fault, or failure by you in connection with your activities hereunder, we may require you to defend such action at your expense. If we bring any administrative or legal action, or both, by reason of an alleged act, fault, or failure by you

in connection with your activities hereunder, we may require you to pay for an attorney who we select to represent us. However, at our option, we may defend or institute any such action and expend such sums, including attorney fees, as may in our judgment be necessary, and you will be required to reimburse us for all such amounts.

INDEMNIFICATION. You hereby agree to, at all times hereafter, defend, indemnify and hold harmless the Company, its affiliates and their respective employees, officers, directors and shareholders from all claims, liability or loss which result from your real or alleged negligent or willful acts, or your errors, omissions or breach of any provision of this Agreement and such acts, errors, omissions or breaches of your servants, agents or employees, in the performance of duties under this Agreement. Claims, liability or loss includes, but is not limited to, all costs, expenses, attorney fees and other legal fees, penalties, fines, direct or consequential damages, assessments, verdicts (including punitive damages to the extent permissible under the law of the state where any claim or suit is filed which seeks recovery of punitive damages against us) and any other expense or expenditure incurred by us as a result of your performance, or the performance of your agent(s), under the terms of this Agreement. This indemnification will be in addition to any liability you may otherwise have.

We hereby agree to, at all times hereafter, defend, indemnify and hold you and your employees, officers, directors and shareholders harmless from all claims, liability or loss which result from our real or alleged negligent or willful acts, or our errors, omissions or breach of any provision of this Agreement, and such acts, errors, omissions or breaches of our servants, agents or employees, in the performance of duties under this Agreement. Claims, liability or loss includes all costs, expenses, attorney fees and other legal fees, penalties, fines, direct or consequential damages, assessments, verdicts (including punitive damages to the extent permissible under the law of the state where any claim or suit is filed which seeks recovery of punitive damages against you) and any other expense or expenditure incurred by you as a result of our performance under the terms of this Agreement. We agree to provide you with policies that to the best of our knowledge and belief meet all applicable minimum insurance code and regulatory compliance requirements.

TERMINATION. This Agreement may be terminated without cause by either party upon at least 15 days prior written notice, or immediately, upon written notice, for cause. This Agreement shall terminate for cause in the event of your breach of any provision of this Agreement. Such termination shall not impair your right to receive commissions on policies previously procured except if termination is because of your breach of any provision of this Agreement in which case commissions will not be paid after date of termination. Commissions payable hereunder after the termination of this Agreement shall be paid only so long as such commissions exceed \$300 during any calendar year. After termination of this Agreement, all amounts owed to us hereunder are due and payable immediately without further notice or demand.

COMPLAINTS AND INVESTIGATIONS. You shall cooperate fully in any insurance regulatory investigation or proceeding or judicial proceedings arising in connection with the policies marketed under this Agreement. Without limiting the foregoing:

- (a) You will promptly notify the Company of any written customer complaint or notice of any regulatory investigation or proceeding or judicial proceeding received by you or your agent in connection with any policy marketed under this Agreement or any activity in connection with any such policy.
- (b) In the case of a customer complaint, you will cooperate in investigating such complaint and any response by you to such complaint will be sent to the Company for approval not less than five business days prior to its being sent to the customer or regulatory authority, except that if a more prompt response is required, the proposed response shall be communicated by telephone or facsimile.
- (c) The provisions of this section shall remain in full force and effect regardless of any termination of this Agreement.

CUSTOMER INFORMATION. You shall treat customer information as confidential as required by applicable law and by the Company, as described in the Company's privacy notices and in accordance with the Company policies and procedures. You shall also take reasonable and appropriate steps to establish and implement administrative, physical and technical procedures to ensure the confidentiality, security and integrity of customer information in accordance with applicable law. You agree to comply with the Company's terms of use, policies and procedures with respect to use of Company electronic systems and databases providing access to customer information by you, your employees, and agents and shall promptly report to the Company any breach of security related to such systems and databases of which you becomes aware. You may use customer information only for the purpose of fulfilling your obligations under this Agreement. You will limit access to customer information to your employees, agents and other parties who need to know such customer information to permit you to fulfill your obligations under this Agreement and who have agreed to treat such customer information in accordance with the terms of this Agreement. You shall not disclose or otherwise make accessible customer information to anyone other than to the individual to whom the information relates (or to his or her legally authorized representative) or to other persons pursuant to a valid authorization signed by the individual to whom the information relates (or by his or her legally authorized representative), except as required for you to fulfill your obligations under this Agreement, as otherwise directed by the Company, or as expressly required by applicable law.

For purposes of this Agreement, "customer information" means information in electronic, paper or any other form that you or your agents obtained, had access to or created in connection with your obligations under this Agreement regarding individuals who applied for or purchased policies. Customer information includes nonpublic personal information, and protected health information, as defined in applicable law. Customer information may also include, but is not limited to, information such as the individual's name, address, telephone number, social security number, as well as the fact that the individual has applied for, is insured under, or has purchased a policy issued by the Company. Customer information does not, however, include information that is (1) generally available in the public domain and is derived or received from such public sources by you; (2) received, obtained, developed or created by you independently from the performance of your obligations under this Agreement; (3) disclosed to you by a third party, provided such disclosure was made to you without any violation of any independent obligation of confidentiality or applicable law of which you are aware.

For purposes of this Agreement, "applicable law" means any state or federal law, rule or regulations including, but not limited to, state insurance law and regulations and the Gramm-Leach-Bliley Act and related federal regulations.

ANTI-MONEY LAUNDERING PROGRAM. You agree that you will remain in compliance with all applicable anti-money laundering laws and regulations. You further agree to fully cooperate and assist the Company in implementing and carrying out its anti-money laundering program as applicable to your activities under this Agreement including providing requested customer information, following customer identification procedures, and cooperating with the required training of agents and employees including providing any requested certification and information regarding such training.

ENTIRE AGREEMENT AND CHOICE OF LAWS. Forbearance or negligence by us to insist upon compliance by you with any of the terms and provisions in this Agreement shall not be construed as or constitute a waiver thereof. This Agreement shall be interpreted in accordance with, and governed by, the laws of the State of Indiana. Unless otherwise provided, all matters to be performed by us under this Agreement shall be performable at our office in Batesville, Indiana. Any amount due to either party under this Agreement shall be payable at our office in Batesville, Indiana. Any suit arising under this Agreement between you and us shall be instituted and tried in Ripley County, Indiana.

This Agreement supersedes all prior agreements, either oral or written, between the parties relating to the subject matter hereof, and except

for any amendment of the Schedule of Commissions pursuant to the terms of this Agreement, may not be modified in any way unless by written agreement signed by the parties to this Agreement.

All agreements between you and us are contained in this Agreement, including the following exhibit which is attached hereto and made a part hereof: Schedule of Commissions.

In the event that any provision or clause of this Agreement is determined to be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.

ASSIGNMENTS; RIGHTS AND REMEDIES ARE CUMULATIVE. Neither party to this Agreement may assign its rights or duties under this Agreement without the prior written consent of the other party. The rights, remedies and obligations contained in this Agreement are cumulative and are in addition to any and all rights, remedies and obligations, at law or in equity, which the parties hereto are entitled to under state and federal laws.

NOTICES. Any notices required under the terms of this Agreement shall be sent, if to the Agent at the address set forth in the Appointment Data and Information section of said Agreement, and if to Company at: Forethought Financial Services Inc., One Forethought Center, Batesville, Indiana 47006, or at such other addresses as either party may from time to time designate to the other in writing.

CONTACT INFORMATION.

Forethought Life Insurance Company or
Forethought National Life Insurance Company
c/o Agent Contracting and Licensing
P.O. Box 216
Batesville, Indiana 47006-0216
Phone: 888-606-6372
Fax: 800-675-7542

APPOINTMENT DATA AND INFORMATION

Please Print or Type Clearly

1 GENERAL INFORMATION				
Full Name (First, MI, Last)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security # (Individual)	Date of Birth (Individual)
Firm Name (If Applicable)			Federal Tax ID #	
Residence Street Address		City	State	Zip Code
Business Street Address		City	State	Zip Code
Mailing Address (If different from Business Street Address)		City	State	Zip Code
Residential Phone	Cell Phone	Business Phone	Fax Number	Email Address
Beneficiary of Agent		Relationship to Agent		Social Security # (Beneficiary)

2 COMMUNICATION PREFERENCES			
Preferred method of communication (Choose One)	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Business Phone	<input type="checkbox"/> Residence Phone
Preferred method of receiving information (Choose One)	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail

3 AGENT STATEMENTS (If you answer Yes to any question, please provide details on a separate sheet and attach)
<ul style="list-style-type: none"> ▪ Have you ever plead no contest or been convicted of a crime, including felony, misdemeanor or military offense? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Have you ever had a license refused/suspended/revoked or currently restricted or under investigation? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Has an insurance carrier cancelled your contract or appointment for any reason other than lack of productivity? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with, or do you have any unsatisfied liens or judgments? Yes <input type="checkbox"/> No <input type="checkbox"/>

4 FAIR CREDIT REPORTING ACT DISCLOSURE TO PROSPECTIVE AGENTS
<p>In compliance with the Fair Credit Reporting Act (FCRA) you are hereby notified that the Company may obtain a consumer report, or investigative consumer report, including information as to your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, criminal records, and employment history. Such inquiry will be made upon our receipt of your completed Agreement. By signing this Agreement, you authorize us to make these inquiries.</p> <p>You have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a summary of your rights under the FCRA. Upon written request to us within a reasonable time after our receipt of this document, such additional disclosure shall be made to you in writing.</p> <p>Please forward your request to:</p> <p style="padding-left: 40px;">Forethought Life Insurance Company or Forethought National Life Insurance Company (for agents seeking appointments in Texas) Attention: Agent Contracting and Licensing P.O. Box 216 Batesville, IN 47006-0216</p> <p style="padding-left: 40px;">Or Fax To: 800-675-7542</p> <p>For additional information concerning the FCRA, you can find the complete text of the FCRA, 15 U.S.C. 1681 et seq, at the Federal Trade Commission's web site (http://www.ftc.gov.)</p>

IMO Complete Solutions Inc 055901

5 AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDITS)

I hereby authorize Forethought Life Insurance Company or Forethought National Life Insurance Company to initiate automatic credit entries, and the financial institution named below to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until the insurance company designated above has received written notification from me of its termination, allowing said company enough time to act on it.

Account Name (print): _____ Account Type: Checking Account Savings Account

**PLEASE ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE
OR COMPLETE THE FINANCIAL INSTITUTION (BANK) INFORMATION BELOW:**

Bank Name: _____ Bank Telephone: (____) _____

Bank Address: _____

City, State, Zip: _____

Account Number: _____ Bank Transit/ Routing Number: _____

ACKNOWLEDGEMENTS AND SIGNATURE

6 WRITING AGENT CERTIFICATION ACKNOWLEDGEMENT

I certify that I have read and understand Forethought's Anti-Money Laundering Guidelines for Agents and Brokers and that I will follow the Guidelines. I understand that my failure to follow the Guidelines could result in the immediate termination of my appointment to sell policies on behalf of Forethought Life Insurance Company or Forethought National Life Insurance Company.

Initials

7 TAXPAYER ACKNOWLEDGEMENTS

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number; and,
2. I am not subject to backup withholding either because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) 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.
3. I am a U.S. citizen (including resident alien).

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

8 GENERAL ACKNOWLEDGEMENTS

I hereby certify that my answers to the questions contained in this Agreement are true and correct. I acknowledge that the Company has informed me of its practice to conduct routine investigative reports on me and my agents for licensing purposes, initial and renewal state appointments, and at any time Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize Company to conduct these investigations and authorize all persons and entities (including past and present employers) to provide Company all requested information. I hereby release from liability all persons and entities which supply said information to Company and agree to hold Company harmless from any liability for conducting this investigation. I hereby authorize Company to use these investigative reports and to provide these reports and any other pertinent information to any affiliated companies and to third parties where the third parties' legal interests and/or obligations are involved. I also authorize Company to distribute any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any affiliated companies or which is generated by Company or from any affiliated companies' data source that is not part of the investigative report, to all affiliated companies or to third parties including but not limited to agents or agencies that assume your debit balance responsibilities.

I further certify that I have reviewed this Agreement and further understand that if any information provided in said Agreement is found to be incorrect or incomplete, it will be grounds for rejecting this Agreement or for termination of said Agreement, all at the sole discretion of Company. I also certify that this Agreement has not been altered, modified or changed by me in any manner and that I agree to be bound by the provisions of said Agreement.

9 SIGNATURE

IN WITNESS WHEREOF, Agency/Agent has caused this Agreement to be executed either individually or by its duly authorized representatives as of the date set forth below.

AGENCY/AGENT

- Forethought Life Insurance Company
- Forethought National Life Insurance Company

Print Name / Title

X _____
Signature Date

10 AGENT CHECKLIST – Submit Required Documents to Your Marketing Organization (Retain a Copy For Your Records)

- Checklist:**
- Fully Completed **and** Signed Final Expense Life Insurance Selling Agreement (A3073-01)
 - Copy of License/s for ALL States Where Appointment is Requested
 - Voided Check Attached if Section #5 is Not Completed
 - Signed Commission Schedule (M2112)

11 FOR MARKETING ORGANIZATION USE ONLY

- Complete Hierarchy Information Sheet (A3074-01)
- Submit All Required Documents to Forethought Life Insurance Company or Forethought National Life Insurance Company at Fax or Address Below.

Marketing Organization Signature: _____ Date: _____

Fax All Pages of Agreement To:
Forethought Life Insurance Company or
Forethought National Life Insurance Company
c/o Agent Contracting and Licensing
800-675-7542

Mail All Pages of Agreement To:
Forethought Life Insurance Company or
Forethought National Life Insurance Company
c/o Agent Contracting and Licensing
P.O. Box 216
Batesville, IN 47006-0216

Forethought® University Certification For Forethought® ForeLifeSM Representatives Partnering With Member Funeral Homes

Section 1 - Forethought® University Certification Program

The educators of Forethought Life Insurance Company want to ensure you have the information you need to get off to a great start and continue to succeed with us. This program will show the industry and your clients your expertise and commitment to Forethought's values of personal principles, standards and professionalism.

Section 2 - Requirements for Certification

When you sign up to sell the Forethought® ForeLifeSM product, follow this simple process:

1. Review the Code of Professional Responsibility.
2. Sign this certification. This confirms that you have read, understood, and will comply with Forethought's Code of Professional Responsibility.
3. Remain in good standing with Forethought.

Section 3 - Code of Professional Responsibility

PROFESSIONAL RESPONSIBILITY TO CONSUMERS

1. **Discuss coverage benefits** with every consumer including funeral expenses and other end-of-life expenses and the unique rapid claims process. Forethought Life Insurance Company provides an easy process to set aside funds to pay for funeral and other end-of-life expenses. This unique plan includes a rapid claims process, providing your families with much needed funds at an extremely difficult time.
2. **Introduce the complete Forethought® ForeLifeSM value offering** including the ForeHelpSM Family Representatives and the planning tools available via the web. Explain to your clients that Forethought also provides end of life education, assistance, and planning tools through the ForeHelpSM Family Representative and on the forethought.com website.
3. **Connect the consumer to a member of the Forethought Funeral Planning NetworkSM** for completion of the end-of-life planning process. Direct your client to work with a Forethought Funeral Planning NetworkSM partner to select actual goods and services before or at the time of need. You or your client can find a funeral home professional in the area by using the forethought.com website, or by contacting the ForeHelpSM line at 1-800-959-6886.

4. **Remain ethical in all aspects of business so as to serve each client in a professional and caring manner.** Operate your business with the highest principles of honesty, integrity, and professionalism.

PROFESSIONAL RESPONSIBILITY TO FORETHOUGHT FUNERAL PLANNING NETWORKSM

1. **Clearly represent yourself as a Forethought ForeLife Representative and a partner to the Forethought Funeral Planning NetworkSM** so the consumer is able to distinguish your offerings from the funeral homes offerings. You CANNOT in any way, represent a funeral home, a funeral home's prices, a funeral home's merchandise or services. **Phrases that contain the word "guarantee" MUST BE avoided when discussing the funeral arrangement process.** For example, "Your funeral plan will be guaranteed if you take it to a funeral home." Only a licensed funeral director can arrange and/or guarantee the details and handle the logistics of a funeral.
2. **Promote the Forethought Funeral Planning NetworkSM,** Discuss access to the largest end-of-life assistance network in the United States with each client. Our trusted network of more than 5,000 funeral homes and cemeteries are committed to helping families at their time of need and can assist them in selecting funeral merchandise and services prior to the time of need.

PROFESSIONAL RESPONSIBILITY TO FORETHOUGHT LIFE INSURANCE COMPANY

1. **Comply with AML Laws and Regulations,** Agents must remain in compliance with all applicable anti-money laundering laws and regulations. Agents must fully cooperate and assist the Company in implementing and carrying out its anti-money laundering program as applicable to your activities including providing requested customer information, following customer identification procedures, and cooperating with the required training including providing any requested certification and information regarding such training.

I CERTIFY that I have read, understand and will follow Forethought's Code of Professional Responsibility for Forethought ForeLife Representatives. I understand that my failure to follow the Code of Professional Responsibility may result in the termination of my appointment with Forethought Life Insurance Company.

Forethought ForeLife Representative Signature

Printed Name

Date

FORETHOUGHT® FORELIFESM
SCHEDULE OF COMMISSIONS



AGENT SCHEDULE

The Schedule of Commissions ("Schedule") is an addendum to Final Expense Insurance Selling Agreement ("Agreement"). This Schedule is for Forethought Life Insurance Company and Forethought National Life Insurance Company ("Company") insurance policies sold under the attached Agreement which are issued on or after the Schedule Effective Date. No commissions will be earned or paid unless the corresponding form of insurance policy is available for sale by Company in the applicable state.

Schedule Effective Date: November 1, 2008

Please Print or Type

Agent Name	Company Number
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Commission Advance Period: 9 months

ForeLife SM	Life Pay	10 Pay				
		Year 1	Years 2-10	Year 1	Years 2-10	
					Full	Graded
Ultra 40-70	110.00%	8.00%	-	-	-	-
Preferred 40-75	110.00%	8.00%	95.00%	2.00%	1.00%	
Standard 76-80	110.00%	8.00%	95.00%	2.00%	-	
Basic 40-75	75.00%	4.05%	-	-	-	
76-80	75.00%	0.00%	-	-	-	

Commission Payments

Commissions are expressed as a percentage of premiums paid unless otherwise noted. First Year commission is calculated as a percentage of the modal premium. Commissions for quarterly and semi-annual premiums will be paid as earned regardless of the advance commission period selected.

Renewal commissions are calculated as a percentage of premiums credited to a policy after all premium payments due and owing the Company during the first policy year have been received. No commissions are paid after the tenth policy year.

In its sole discretion Company may pay directly to any sub-agent any commission due the sub-agent from the agent and it may also set-off such payment or payments against any commissions due or to become due to the agent.

Commission Chargebacks

All commissions will be charged back 100% when coverage is rescinded due to a contested death claim.

Year 1 commissions will be charged back 100% at any time coverage is not taken, voided, or coverage is converted and first year commission is paid on the new coverage, or if non-accidental death occurs during the first policy year on Basic or Standard product.

When termination occurs during the first policy year due to suicide, non-accidental death of a Preferred or Ultra product, surrender or lapse for nonpayment of premiums due, chargeback of commissions paid in the first policy year will be prorated monthly based on earned premiums.

Chargebacks are not assessed at any time when death is due to an accident.

Termination of the Agreement shall not terminate Company's right to chargeback commissions that were paid by Company under the terms of said Agreement

No commission shall be paid on the sale of a policy which involves the total or partial replacement of a policy issued by Company or any of its affiliates unless specifically provided for in writing.

ACCEPTED AND AGREED TO:

_____ *Authorized Signature – Agent* _____ *Date*

Mail, Email or Fax Documents To:
 Forethought Life Insurance Company or Forethought National Life Insurance Company
 PO Box 216
 Batesville, IN 47006-0216
 Fax: 800-675-7542 Final.Expense@forethought.com

Send completed paperwork
with copy of License and
copy of E&O insurance.

Fax to: (937) 898-3048
or scan and email

Email to
Barbw@completesolutions411.com

75 N. Dixie Drive
Vandalia, Ohio 45377
866-866-7951