



FORE  
THOUGHT®

Forethought Life Insurance Company  
Forethought National Life Insurance Company  
Tel: 1-888-606-6372 • Email: [final.expense@forethought.com](mailto:final.expense@forethought.com)

FORE  
THOUGHT®

FOR AGENT USE ONLY – NOT FOR USE WITH CONSUMERS

What must I do to verify a customer's identity?

For all new business involving covered products, you must obtain sufficient information about the new contract owner for you to form a reasonable belief that you know the true identity of each new contract owner. Such information about the new contract owner may include: **(1) name; (2) date of birth; (3) mailing address; and (4) a Social Security number if the person has one.** If the person does not have a Social Security number, you may obtain a passport number and country of issuance, U.S. alien ID card number, or number and country of issuance for any other government-issued ID with evidence of nationality and a photo.

Generally, you will collect such identifying information for new contract owners as specified on the appropriate Forethought application for a covered product.

As stated above, you must take such steps as are necessary for you to form a reasonable belief that you know the true identity of the new contract owner before a contract is issued or within a reasonable period of time thereafter. The identity of a new contract owner shall be verified as follows:

1. If reasonably available, you should examine an unexpired driver's license or other government-issued ID card with a photo and evidence of residence or nationality.
2. If such an ID is not reasonably available, you should take other appropriate steps to form a reasonable belief that you know the true identity of the new contract owner. Such steps might include the following:
  - a. An in-person meeting at the individual's residence or place of work; or
  - b. Having personal knowledge of the individual's identity—for example, the individual is your friend or colleague.

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## THE FORETHOUGHT ADVANTAGE

Welcome to Forethought Life Insurance Company or Forethought National Life Insurance Company (“Forethought”). Congratulations on taking this step that will positively impact the lives in your community. You are in a position to provide a unique and valuable service to your clients. This guide was created for you to provide you with the techniques, tools and procedures used to assist families. Again, congratulations and we look forward to supporting your success.

### Advantages to you

- Services available to you and your clients that will differentiate you from other final expense sellers
- Access to the largest end-of-life assistance network of over 5000 Forethought Funeral Planning Network<sup>SM</sup> partners
- Up to 12 months advanced commissions
- Commissionable policy fee
- Commissions paid and deposited daily
- Online reporting and tracking
- World-class agent support on products and services with same-day issue on new business and agent contracting

## AML - SPOTTING SUSPICIOUS ACTIVITY

The list below suggests various “red flags” that may cause you to suspect money laundering. The list is meant to provide you with typical indicators of suspicious activity, but it is not exhaustive. You may encounter other circumstances that cause you to suspect improper activity. You should report any suspicious activity involving a covered product to us, even if it does not involve one of the red flags mentioned below. We use the term “customer” below to mean the contract owner, the insured or annuitant or any other person involved in the sale of a covered product, depending on the context. Common red flags for money laundering include the following:

- The purchase of an insurance product inconsistent with the customer’s needs or involving premium payments that exceed the customer’s apparent means.
- Unusual payment methods, such as cash (if the use of cash is unusual) or structured payments involving cash equivalents, such as cashier’s checks, money orders or traveler’s checks, that appear to be designed to avoid reporting requirements. For example, a contract owner who wishes to make a large single premium payment with cash or with several cashier’s checks, each made out for \$10,000 or less, should raise a red flag. *(Cash equivalents in amounts of \$10,000 or less can be purchased with cash without triggering federal currency reporting requirements at the time of purchase.)*
- Payment with a check or wire transfer payable through a non-U.S. or non-Canadian bank.
- Early termination or return of a product, especially at a cost to the customer, or where payment is made by, or the refund check is directed to, an apparently unrelated third party.
- An unusual pattern of policy or annuity returns during the “free-look” period or an unusual pattern of early surrenders.
- A request to transfer the benefit of a product to an apparently unrelated third party.
- A customer shows little concern for the investment performance of the product, but much concern about the early termination features of the product.
- A customer is reluctant to provide identifying information when purchasing a product, or provides minimal or seemingly fictitious information.
- A customer borrows the maximum amount available soon after purchasing the product.
- A customer’s account has unexplained or sudden extensive transfer activity without any apparent legitimate purpose.
- For no apparent reason, a customer has multiple accounts under a single name or multiple names, with a large number of inter-account or third-party transfers.
- A customer exhibits lack of concern regarding risks, commissions or other transactional costs.
- A customer requests that a transaction be processed in such a manner so as to avoid our normal documentation requirements.
- A customer or a person associated with the customer has a questionable background or is the subject of news reports indicating possible criminal, civil or regulatory violations.
- A customer transfers funds to or from a jurisdiction identified by the Financial Action Task Force as a “non-cooperative country or territory” (NCCT). The only country currently on the NCCT list is Myanmar. The most recent NCCT list can be found at [www.oecd.org](http://www.oecd.org).
- A customer resides in or is a citizen of any of the jurisdictions identified by the U.S. State Department as countries whose government sponsors international terrorism. The countries currently identified by the State Department are Cuba, Iran, Libya, North Korea, Sudan and Syria. The most recent list of countries identified as sponsors of terrorism can be found at [www.state.gov/s/ct/rls/pgtrpt/](http://www.state.gov/s/ct/rls/pgtrpt/).

**What should I do if I suspect money laundering?**

If you take an application or encounter a transaction involving a covered product that causes you to suspect actual or attempted money laundering, you should suspend the transaction and promptly contact us at the number listed below. You must contact us even if you have an independent duty to file a Suspicious Activity Report.

You should not give the customer any indication of your concern or make any comment that could be construed as an accusation of improper or illegal activity. If we file a Suspicious Activity Report with federal authorities, you may not disclose the filing to any person.

**What are the reporting requirements for cash and cash equivalents?**

The following requirements apply to all Forethought® products, not just covered products: If you receive one or more cash payments totaling more than \$10,000 over any 12-month period from one person or from two or more associated persons, you must report it to us at the number listed below. If you receive a money order, cashier’s check or other cash equivalent and you know, or have reason to believe, that the cash equivalent is being used in an attempt to avoid federal currency reporting requirements, you must report it to us at the number listed below.

**What about products not covered by these guidelines?**

If you suspect improper or illegal activity involving any Forethought product, you must contact us at the number listed below even if the product is not covered by these guidelines.

**How do I contact Forethought concerning matters relating to these guidelines?**

To report suspicious activity, report the receipt of cash or cash equivalents, or if you have any questions about these guidelines, please contact Forethought at 1-888-606-6372.

Forethought® ForeLife<sup>SM</sup> is a whole life insurance product designed to cover the costs associated with end-of-life expenses including funeral expenses, medical bills, or other obligations that may occur when the client dies. In addition to the simplified product, ForeLife also provides you with a unique value offering for your clients. The following are highlights of the products and services offered.

FORELIFE SERVICE HIGHLIGHTS	FORELIFE PRODUCT HIGHLIGHTS																
<p><b>ForeHelp<sup>SM</sup></b></p> <p>Call <b>1-877-644-4401</b> to reach staff professionals that can assist with:</p> <ul style="list-style-type: none"> <li>• education on end-of-life subjects</li> <li>• assistance and guidance in making decisions on end-of-life needs</li> <li>• planning tools to make it easier on those you love</li> </ul>	<p><b>Underwriting classes:</b></p> <p><b>Ultra</b> – Level Death Benefit  <b>Preferred</b> – Level Death Benefit  <b>Standard<sup>2</sup></b> – Graded Death Benefit  <b>Basic<sup>2</sup></b> – Limited Death Benefit</p> <p>Male/Female and Smoker/Non-smoker (<i>Non-smoker is defined as not having used cigarettes in the last 12 months</i>)</p> <ul style="list-style-type: none"> <li>• Ultra not available to smokers.</li> </ul>	<p><b>Premium Mode Factors:</b></p> <p>Monthly EFT .....0.0865                      Quarterly.....0.2600                      Semiannual.....0.5150                      Annual.....1.0000</p>															
<p><b>Forethought Funeral Planning Network<sup>SM</sup></b></p> <p>Access to Forethought Funeral Planning Network<sup>SM</sup></p> <ul style="list-style-type: none"> <li>• Over 5,000 local and national end-of-life professionals</li> <li>• Commitment to helping families at their time of need</li> </ul>	<p><b>Issue ages:</b></p> <p><b>10 Pay,</b>                      Preferred..... 40-80                      Standard..... 40-75</p> <p><b>Life Pay,</b>                      Ultra..... 40-70                      Preferred..... 40-80                      Standard..... 40-80                      Basic..... 40-80</p>	<p><b>Supplemental benefits:</b></p> <p><b>Accidental Death Benefit</b>                      If death occurs from a covered accident, this benefit will double your death benefit. This benefit is available immediately.<sup>2,3,4</sup></p> <p><b>Accelerated Death Benefit</b>                      Provides 97% of the base policy face amount payout if a licensed physician determines you have a life expectancy of 6 months or less.<sup>2,3,5</sup></p> <p><b>Grandchildren’s Benefit</b>                      Provides coverage for eligible grandchildren ages 6 months up to 22 years old. The benefit amount is \$5,000 or the base policy face amount which ever is smaller and will be paid only one time. This benefit does not have a conversion privilege.<sup>2,3,6</sup></p>															
<p><b>ForeFamilies<sup>SM</sup></b></p> <p>Eliminate the need for clients to pay for services out of pocket</p> <ul style="list-style-type: none"> <li>• Upon death of the insured, beneficiaries receive the full policy amount within 48 hours.<sup>7</sup></li> </ul>	<p><b>Death benefit:</b></p> <p><b>Ultra</b>                      Full face amount</p> <p><b>Preferred</b>                      Full face amount</p> <p><b>Standard<sup>2</sup></b>                      Non-Accidental death                      Year 1 = 30% of face amount                      Year 2 = 70% of face amount                      Year 3+ = Full face amount</p> <p>Accidental death                      Full face amount</p> <p><b>Basic<sup>2</sup> (ROP DB)</b>                      Non-Accidental death                      Year 1 = 110% of premiums paid                      Year 2 = 110% of premiums paid                      Year 3+ = Full face amount</p> <p>Accidental death                      Full face amount</p>	<p><b>Annual policy fee:</b></p> <p><b>\$39.00</b></p> <p><b>Face amounts:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Min.</th> <th>Max.</th> </tr> </thead> <tbody> <tr> <td>Ultra</td> <td>\$2,500</td> <td>\$40,000</td> </tr> <tr> <td>Preferred</td> <td>\$2,500</td> <td>\$30,000</td> </tr> <tr> <td>Standard</td> <td>\$2,500</td> <td>\$20,000</td> </tr> <tr> <td>Basic</td> <td>\$2,500</td> <td>\$10,000</td> </tr> </tbody> </table>		Min.	Max.	Ultra	\$2,500	\$40,000	Preferred	\$2,500	\$30,000	Standard	\$2,500	\$20,000	Basic	\$2,500	\$10,000
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Standard	\$2,500	\$20,000															
Basic	\$2,500	\$10,000															

<sup>1</sup> Certain restrictions apply.  
<sup>2</sup> Not available in all states.  
<sup>3</sup> Coverage may vary state by state. Not all supplemental benefits are available in all states.  
<sup>4</sup> Available to issue ages 40 through 70 only. Coverage terminates on the policy anniversary following attained age 75. Not available for all risk classifications.  
<sup>5</sup> Less any policy loans premiums due, and a transaction fee. The policy terminates following payment of the Accelerated Death Benefit and cannot be reinstated. Not available for all risk classifications. May not be available during the first 12 or 24 policy months.  
<sup>6</sup> All coverage under this benefit terminates on the earlier of the payment of one Grandchildren’s Benefit or termination of the base policy for any reason. Grandchildren over the age of 18 at policy issue will not be covered.  
<sup>7</sup> Coverage limits will vary with risk classification.

<b>Contracts and licenses</b>	Agents are not permitted to solicit business until he or she is licensed and contracted with Forethought. Additionally, an agent must be licensed and contracted with Forethought in all non-resident states before taking an application for insurance.
<b>Solicitation</b>	Agents shall inform their prospective purchaser, prior to commencing a life insurance sales presentation, that he or she is acting as a life insurance agent and inform the prospective purchaser of the full name of the insurance company which the agent is representing to the buyer.
<b>Agent access and communication</b>	Agents must not disclose any confidential information to any unauthorized person or entity. Without limiting the generality of the foregoing, confidential information of Forethought includes information regarding computer program processes, products and rate setting, names and addresses and any other personal financial or health information of any of Forethought's policyholders.
<b>Authority of agents</b>	Agents are authorized to solicit applications for insurance on such plans as offered by Forethought, to collect the initial premium, and to perform such other duties as Forethought may require.  Agents are not authorized to make, alter, or discharge policies or any other contracts for Forethought, or to waive forfeitures, grant permits, make extra rates for special risk, or bind Forethought in any way.
<b>Market conduct</b>	Agents must remain in compliance with all applicable anti-money laundering laws and regulations.
<b>Policy submission</b>	Agents should fax an application with a voided check to Forethought at its administrative offices in Crestwood, KY at <b>1-800-828-6332</b> .
<b>Advertising</b>	Agents shall not use or authorize any advertisement, circular, news release or other communication using Forethought's name or our product names (whether written, verbal, audio, or visual) without prior written approval by us.
<b>Rebating</b>	Agents shall not, under any circumstances, pay or allow, or offer to pay or allow any rebate of premiums in any manner, directly or indirectly, and shall not violate any of the laws relating to the subject of insurance of any state in which Agent may be acting on behalf of Forethought.
<b>Replacement</b>	Agents will not, directly or indirectly, engage in any marketing activities with the intent or effect of replacing in-force Forethought life insurance business produced. Should such replacement activity take place, commissions will be adjusted according to Company rules. An isolated case of replacement resulting from marketing activities that are in no way designed to replace business will not be considered a violation of company rules.

**Why are these guidelines necessary?**

Under federal regulations effective May 2, 2006, all life insurers offering individual insurance products with features of cash value or investment must implement an anti-money laundering program and must report certain suspicious activities to federal authorities. The regulations specify that insurers must integrate agents and brokers into their anti-money laundering programs.

**How is money laundered through an insurance product?**

Money laundering using an insurance product might involve, for example, an individual who purchases a single premium life policy or annuity contract and then returns the policy or contract for a refund of premium during the "free-look" period or surrenders the policy or contract for cash value soon after inception. More examples of suspicious activities are discussed later in the section on "Spotting Suspicious Activity".

**What is my role in Forethought's anti-money laundering program?**

Agents and brokers are Forethought's "eyes and ears" for spotting suspicious activity and our first line of defense for deterring the use of our products for money laundering. You will be asked to obtain certain information about new contract owners and verify their identity. By "contract owner" we mean any person who applies for, and will be named as the owner of, a covered product. You also must look for suspicious activity and report it to us. In addition, special reporting requirements apply to the receipt of cash or cash equivalents. By "cash equivalent" we mean a money order, cashier's check, bank draft or traveler's check. A personal check drawn on the payor own account is not considered a cash equivalent.



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.

### QUESTIONS AND ANSWERS

#### Which products are covered by these guidelines?

With one exception, these guidelines apply only to individual whole life insurance policies, individual annuity contracts and any other insurance product with features of cash value or investment. We use the term “covered products” to refer to these products. Group life and group annuity products are not considered covered products.

The section of these guidelines on reporting the receipt of cash and cash equivalents applies to all Forethought products.

#### What is money laundering?

Money laundering involves processing funds derived from criminal activity to disguise their illegal origin. Money laundering may also involve processing funds from an organization associated with terrorism to disguise the source of the funds. Money laundering typically takes place through a series of transactions designed to move funds, step-by-step, further and further away from the original, usually illegal, source and then re-integrate them into the stream of legitimate commerce. If an insurance product is involved in money laundering, it may be just one link in a chain of transactions designed to disguise the source of funds.

#### Agent requirements

An agent MUST be assigned a writing number before taking an application.

#### Application and initial payment requirements

Use the application form approved for the state in which the application is signed. Applications are available by state at [www.forethought.com](http://www.forethought.com). An original application or legible faxed application along with a copy of the initial check, voided check or savings deposit ticket and **state required forms including replacement forms** will be accepted.

**Application submission** – An original application or a legible faxed application along with a copy of the initial check will be accepted. If any other payment method is selected other than monthly bank draft, it is the agent’s responsibility to mail the form of payment immediately following the underwriting process. Any changes or corrections on the application must be initialed by the applicant. No errors covered with correction fluid will be accepted.

**Initial payment** – No agent or agency checks, money orders or CODs will be accepted for premium payment. The owner’s initial payment can be electronically drafted.

**Insurable interest** – Policyowners and beneficiaries must have an insurable interest in the life of the insured. This means they have a relationship by blood, marriage, or would suffer financial loss if the insured dies.

**Insured consent** – ALL applications must have the consent and signature of the applicant. If the applicant signs with an “X” or the signature is not legible, we require the applicant’s signature to be witnessed by someone other than the agent.

**Replacement** – We will permit replacements as long as the replacement is in the best interest of the client and the appropriate state replacement forms are submitted with the application.

**Application effective dates** – Applications must be dated the day the application is completed. Only applications that are signed within the preceding 30 days of receipt at the processing location are processed. An application becomes effective on the date Forethought drafts or deposits the initial policy premium. The procedure for an applicant to request a special draft date will be allowed up to 30 days from the day the application is signed. If you take advantage of this option, you must list the request on the application.

**Commissions** – Commissions are paid 24 hours after the first draft. The first draft is determined by the date requested on the application. The maximum advance commissions per policy is \$1,500.

**Backdating** – The procedure for an applicant to save age will be allowed up to six months. If you take advantage of this option, you must include all additional back premiums required.

**Underwriting** – Underwriting is primarily based upon the answers to the application health questions. We access the Medical Information Bureau (MIB) on every application and conduct a telephone interview with every applicant. Occasionally, a client may also request an APS (Attending Physician’s Statement) to assist in the underwriting process. An Attending Physician’s Statement ( APS ) is used in cases where there is a conflict between MIB information and the information provided by the applicant on the application and or the phone interview. An APS is the last step in underwriting and almost always leads to an unfavorable underwriting decision. Therefore, an APS must be requested by the applicant, and provided at the applicant’s expense. These underwriting tools are used to help ensure a prompt and accurate underwriting decision. The Administration Department is available to answer any questions regarding eligibility and encourages all agents to utilize them whenever there may be an area of uncertainty. You may reach the Administration Department by calling **1-800-451-4693**.



## GETTING STARTED

**Telephone interview** – The telephone interview is used to confirm and review health information and obtain the name of the applicant’s primary physician. This information allows the underwriter to make a prompt decision. We ask that you make each proposed insured aware that a telephone interview will be completed.

1. Before scheduling the phone interview, you must complete the application and ask all medical questions. If the applicant does not speak English, please provide an interpreter.
2. You have the option of calling **1-800-417-1707** directly from the applicant’s home during the following hours:  
**Monday – Thursday, 8:30A.M. – 9:00P.M.**  
**Fridays, 8:30A.M. – 2:00P.M.**  
Please call using a land line. It provides more clarity than a cell phone.

**\* Please be aware that we must receive the application within 14 days of completion of the telephone interview.**

### Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) combats waste, fraud and abuse in the insurance industry. HIPAA guidelines have specific disclosure requirements that prohibit unauthorized persons from viewing or receiving confidential medical information. As a result, strict HIPAA regulations prohibit us from divulging or discussing with the agent any medical information obtained during underwriting.

### Medical Information Bureau, Inc.

The Medical Information Bureau (MIB) is a membership association of life insurance companies. The primary mission of the MIB is to provide an alert to its member insurance companies against omissions and fraud. This helps MIB member companies to protect their interests and leads to cost savings which can be passed on to the insurance consumer.

The authorization sections on the application authorizes Forethought to access the MIB and to obtain any necessary medical records on the Proposed Insured during the underwriting process. All necessary signatures must be on the application at the time of submission or the application will be returned. Please note that the MIB is used as an alert. Actual underwriting decisions are not based on MIB inquiry results alone.

3. If you choose not to initiate the underwriting call at the time of application or your application is being written outside normal business hours, the telephone interview will be conducted when we receive the application. For this reason, it is essential that you indicate the applicant’s phone number and best time to call. **If the applicant does not have a number where we can contact them, they will need to contact us at 1-800-417-1707 within five working days of completing the application.**
4. Telephone interviews can be scheduled for applicants that cannot be reached during normal business hours by calling **1-800-417-1707**.

**Telephone interviews are recorded and saved for future reference.** This is critical in the event that there is ever any dispute over the manner in which the medical questions were originally answered on the application.

## COMPLETING THE APPLICATION

30. ELIGIBLE GRANDCHILDREN - To be covered by Grandchildren's Benefit			
Grandchild's Full Name	Date of Birth	Grandchild's Full Name	Date of Birth

31. OWNER IDENTITY VERIFICATION Under Federal Law, we are required to verify the identity of all new life insurance Owners.

Select One:

If the proposed Owner appears in person, we will ask to see your driver's license, passport or other government-issued photo identification.

Driver's License     Passport     Other \_\_\_\_\_

ID Number \_\_\_\_\_ State/Country of Issuance \_\_\_\_\_ ID Expiration \_\_\_\_\_

If the proposed Owner does not appear in person, we may verify your identity by non-documentary means, such as by obtaining a consumer report.

**FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly makes a false statement in an application for insurance may be guilty of criminal offense under state law. I agree that no insurance shall be in effect until: (a) a policy has been issued, and (b) the first premium is paid while my insurability remains unchanged and then only if I am actually in the state of health represented in this application. I state that the answers set forth above, are full, complete, and true to the best of my knowledge and belief. The answers are the basis of any insurance issued. I also acknowledge that I have received the Notice of Information Practices and MIB Notice attached to this application. All statements made by or on behalf of me shall be deemed to be representations and not warranties.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** FIC and its insurers may obtain medical and other information in order to evaluate my application for insurance. This may be disclosed by any physician, practitioner, hospital, clinic, medically related facility, the Veterans Administration, MIB Inc., any consumer reporting agency, or any insurance company. The information may involve me, or any care, treatment or advice of me. This includes information relating to alcohol or drug abuse, mental disease, or information which may be considered a communicable or venereal disease, which may include, but are not limited to, diseases like Hepatitis, Syphilis, Gonorrhea, and HIV, also known as AIDS. FIC may report such information to MIB, Inc. or to other insurance companies to which I have or may apply. This authorization will be valid for 24 months from the date this authorization is signed. A photocopy of this will be as valid as the original. I, or my authorized representative may receive a copy of this authorization upon request.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_ Signed at (city, state) \_\_\_\_\_

Owner (if other than Proposed Insured) \_\_\_\_\_ Witness (if necessary) \_\_\_\_\_

**AGENT'S STATEMENT**

I personally  saw  did not see the Insured. To the best of my knowledge and belief, the application  does  does not replace any existing life insurance. If the Insured has existing policies that are being replaced, please complete the required replacement forms.

Signature of Agent \_\_\_\_\_ Printed Name of Agent \_\_\_\_\_ Agent # \_\_\_\_\_ Phone # \_\_\_\_\_

Mail completed policy to:  Agent  Policyowner

**COMMENTS**

**28. Have you ever been diagnosed with, been treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for:**

**28-1. Internal cancer, Leukemia, or Melanoma (excluding Basal/Squamous cell skin cancers)?**

**28-2. Diabetes, liver disease, renal insufficiency, kidney failure, or irregular heartbeat (including pace makers)?**

**28-3. During the past 24 months, have you had a stroke, Transient Ischemic Attack (TIA), heart attack, angina, or any procedure to improve circulation to the heart or brain?**

*Transient Ischemic Attack may also be defined as mini strokes. An example of a procedure to improve circulation to the heart or brain would include, but not be limited to: angioplasty, coronary artery bypass grafting (CABG), or a carotid endarterectomy.*

**28-4. Have you ever been medically diagnosed, been treated for, or had a medical professional recommend treatment for alcohol or drug abuse?**

**29. Doctor's name and telephone number:** Full name of physician and telephone number including area code.

**30. Eligible Grandchildren:** List grandchildren between the age of 6 months and 21 years old

**31. Owner Identity Verification:** Select one of the choices. If government identification is unavailable, Forethought may verify identification by obtaining a consumer report

**Comments:** Add any noteworthy information

**Fraud warning:** Have proposed insured read carefully

**Authorization to obtain and disclose information:** Have proposed insured read carefully

**Signature of proposed insured:** Full legal signature. *If signature is not legible or signature is made with a mark (X), a witness signature is required (someone other than agent)*

**Signed at:** City, state and date application is signed

**Date:** Date signed

**Owner:** If other than the proposed insured, owner must sign application

**Witness:** Note if necessary

**Agent's Statement:** Complete the agent statement, sign, print name, agent number and provide telephone number (in case contact with the agent is required)

**Mail Policy:** Mail completed policy to Agent or Policyowner

## COMPLETING THE APPLICATION

A terminal illness is defined by Forethought as the following, but is not limited to the following conditions:

- Acquired Immune Deficiency Syndrome (AIDS)
- Internal Cancer or Melanoma – until treatment is completed
- Amyotrophic Lateral Sclerosis (ALS) – Lou Gehrig’s Disease
- Aneurysm without Surgery
- Cardiomyopathy – a chronic weakening of the heart muscle
- Chronic Kidney Failure with or without dialysis
- Chronic Obstructive Pulmonary Disease with use of oxygen
- Chronic Pancreatitis
- Cirrhosis
- Congestive Heart Failure
- Organic Brain Disease – Dementia, Pick’s disease, Alzheimer’s disease
- Suicide (more than 2 attempts within the last 3 years)
- Using oxygen on a daily basis or by prescription for any condition
- Or any illness that a medical practitioner has determined is terminal or would likely cause death in the next 12 months

**27A. During the past 12 months, have you been admitted to or confined in a hospital two or more times?**

**27B. During the past 24 months, have you had a stroke, Transient Ischemic Attack (TIA), heart attack, angina or any procedure to improve circulation to the heart or brain?**

**27C. During the past 24 months, have you been diagnosed with, been treated for, or had a medical professional recommend treatment (including office visits, medications or surgery) for:**

“Been diagnosed” includes the act or process of determining the nature of a disease by examination and the opinion derived from such an examination by a medical doctor or hospital. “Been treated” includes taking prescription drugs for the following medical conditions with the exception of prescription drugs to control diabetes. Alzheimer’s disease may also be known as Dementia.

**1. Parkinson’s Disease, seizures, clinical depression or neurological disorders?**

Examples of neurological disorders include, but are not limited to: cerebral palsy, epilepsy or seizure disorder, Parkinson’s Disease, psychiatric disorders, mental retardation (with physical impairments), multiple sclerosis. (Exceptions may be made in the case of individuals who have suffered brief, situational anxiety or depression due to a life-altering event, such as divorce, trauma, or a death of a loved one).

**2. Liver Disease, renal insufficiency, kidney transplant, kidney failure or irregular heart beat?**

Examples of Liver Disease include but are not limited to hepatitis or cirrhosis. Irregular heart rhythm would include any arrhythmia. Pacemakers will be considered after 24 months.

**3. Diabetes with uncontrolled blood pressure, or requiring more than 60 units of insulin daily, or diabetic complications, including numbness, eye or kidney disorder, coma, insulin shock or uncontrolled blood sugars?**

Diabetic nephropathy is a complication affecting the kidneys. Diabetic retinopathy is a complication affecting the eyes. Diabetic neuropathy is a complication affecting the peripheral nervous system (tingling and numbness of the extremities). Diabetes that falls into this range may also be marked by ulcers and amputations.

**4. Emphysema, chronic Bronchiectasis, chronic asthma, Chronic Obstructive Pulmonary Disease (COPD) or black lung?**

Chronic Obstructive Pulmonary Disease, also known as COPD is any form of severe respiratory disease. The use of oxygen will be considered as treatment. The following are some conditions that are considered COPD:

- Chronic Asthma
- Chronic Bronchitis
- Emphysema
- Pneumoconiosis (Black Lung, Farmers Lung, Asbestosis, Silicosis)
- Bronchiectasis
- Pulmonary Sarcoidosis
- Active Tuberculosis
- Histoplasmosis
- Nocardiosis
- Pulmonary Cryptococcosis

**27D. During the past 36 months, have you been diagnosed with, treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma?**

**Question 28 only if applying for Ultra Plan**

## COMPLETING THE APPLICATION

**1. Proposed Insured:** Last name, first name and middle Initial

**2. Birth Date:** Month, day and year

**3. Age:** Age last birthday

**4. SS#:** List Social Security Number

**5. Sex:** Mark M or F

**6. Have you smoked a cigarette in the past 12 months?** Mark yes or no

**7. Address:** Provide full address

**8. Home Phone:** Phone number with area code

**9. State of Birth:** State where applicant was born

**10. Country of Citizenship:** List the country of citizenship

**11. Owner:** Must have an insurable interest (provide all requested information on Owner.) Include social security number and relationship to the Insured

**12. Replacement information:** Both questions must be answered. Mark yes or no. If question **b** is yes, submit the state specific replacement form, name of company and policy number

**13. Plan:** Check plan

**14. Face amount:** List amount of insurance applied for

**15. Billing mode:** Mode must be checked

**16. Initial premium:** Select a Payment Plan and list the amount of the initial premium. Money orders will not be accepted as initial premium payment on monthly EFT

**17. Authorization for Bank Draft:** If payment is drawn from a checking account, attach a voided check; if drawn from a savings account, provide the account number, routing number, bank name and phone number for verification. We will not draft an insured’s account two times (2x) within a two week period.

**18. Beneficiary and Relationship to Proposed Insured:** Must have an insurable interest. Include relationship to the Insured. List the same information for the contingent beneficiary (if applicable)

FORE THOUGHT <sup>SM</sup> APPLICATION FOR LIFE INSURANCE		Reference Number	
Forethought Life Insurance Company • One Forethought Center • Batesville, Indiana 47006			
<b>1. PROPOSED INSURED</b>			
Last Name	First Name	MI	2. Birth Date
3. Sex <input type="checkbox"/> M <input type="checkbox"/> F		4. S.S.#	
5. Have you smoked cigarettes in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Address		City	State Zip
8. Home Phone # ( )		9. State of Birth	
10. Country of Citizenship		11. OWNER (if Other than Proposed Insured)	
Name of Owner		Country of Citizenship	
Phone # ( )		S.S.#	
Address		Relationship to Insured	
E-Mail Address		12. REPLACEMENT INFORMATION	
a. Is there life insurance in force on the Proposed Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Will insurance be applied for to replace any life insurance in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, complete replacement form if required by your state)			
<b>13. PLAN</b>		<b>14. FACE AMOUNT \$</b>	
Ultra - Level Death Benefit	Life Pay <input type="checkbox"/>	10 Pay <input type="checkbox"/>	<b>15. BILLING MODE</b>
Preferred - Level Death Benefit	<input type="checkbox"/>	N/A <input type="checkbox"/>	
Standard - Graded Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	
Basic - Limited Death Benefit	<input type="checkbox"/>	N/A <input type="checkbox"/>	
16. INITIAL PREMIUM <input type="checkbox"/> \$ _____ Draft First Premium immediately, then monthly on same date of each month			
<input type="checkbox"/> \$ _____ Draft First Premium immediately then again on the _____ day of each month			
<input type="checkbox"/> \$ _____ Delay draft of First Premium until the _____ day of next month (coverage will not be effective until that date and on the same day of subsequent months)			
<input type="checkbox"/> \$ _____ Check with application - make check payable to Forethought Life Insurance Company			
<b>17. AUTHORIZATION FOR BANK DRAFT - Please attach a voided personal check</b>			
Electronic Funds Transfer (EFT)			
<input type="checkbox"/> Checking		Account #:	
<input type="checkbox"/> Savings		ABA Routing/Transit Number:	
Name of Financial Institution		Phone # of Financial Institution	
S.S.# of Account Holder			
<b>AUTOMATIC PAYMENT AUTHORIZATION - Must be completed for EFT</b>			
I authorize Forethought Life Insurance Company ("FLIC") to charge/collect my insurance premium from my account. This authorization is to remain in effect until I revoke my automatic monthly premium payment by notifying FLIC.			
Payor's Signature - As it appears on the bank account		Date	
<b>18. BENEFICIARY AND RELATIONSHIP TO PROPOSED INSURED</b>			
Beneficiary	S.S.#	Relationship to Insured	
Contingent Beneficiary	S.S.#	Relationship to Insured	

**IMPORTANT NOTICE:  
PLEASE RECHECK APPLICATION  
FOR ANY ERRORS OR OMISSIONS**

## COMPLETING THE APPLICATION

In order to give the best product and premium opportunity and to prepare for the telephone underwriting interview, you should have all health questions answered during the application process. However, understanding that you may want to give guidance regarding the probable outcome of the underwriting process, the following provides such guidelines.

### Decline

Coverage will be declined if questions 24 or 25 are marked yes and/or the applicant does not meet the height/weight requirement.

### Basic coverage

May be offered to applicant if questions 24 and 25 are marked no and/or the applicant marks yes to questions 26 and 27. Applicant must meet the height/weight requirement.

### Standard coverage

May be offered to applicant if questions 24, 25 and 26 are marked no but applicant marks yes to any part of question 27. Applicant must meet the height/weight requirement.

### Preferred coveragea

May be offered to applicant if questions 24, 25, 26 and 27 are marked no. Applicant must meet the height/weight requirement.

### Ultra coverage

May be offered to applicant if questions 24, 25, 26, 27 and 28 are marked no. Applicant must meet the height/weight requirement and must be a nonsmoker.

Maximum Build Chart					
Applicants exceeding these standards are not eligible for the indicated coverage					
Height		Weight (pounds)			
Feet	Inches	Ultra	Preferred	Standard	Basic
4	7	172	194	209	224
4	8	179	201	216	231
4	9	186	208	223	239
4	10	193	215	230	246
4	11	199	222	237	253
5	0	206	229	245	262
5	1	213	237	253	271
5	2	220	246	262	280
5	3	227	253	269	288
5	4	234	260	278	297
5	5	241	268	286	306
5	6	249	275	294	315
5	7	255	284	304	325
5	8	263	292	313	334
5	9	270	299	321	343
5	10	277	308	330	353
5	11	285	316	339	362
6	0	293	325	348	372
6	1	301	333	356	381
6	2	309	341	366	391
6	3	318	349	373	399
6	4	326	357	382	409
6	5	333	365	392	419
6	6	342	373	406	434
6	7	351	381	413	442
6	8	359	389	421	450
6	9	367	397	430	460
6	10	376	405	438	469
6	11	385	413	446	477

## COMPLETING THE APPLICATION

19. Best Time To Call	Time Zone	20. Height	21. Weight
22. Are you currently receiving disability payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24. A. Have you been diagnosed, or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Have you been medically diagnosed as having a terminal illness, or a life expectancy of 12 months or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
25. A. Do you need help performing any Activities of Daily Living (ADLs) such as eating, bathing, toileting? Are you currently hospitalized or confined to a wheelchair, bed, or nursing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Have you been medically diagnosed as having Alzheimer's Disease, Dementia, or Congestive Heart Failure (CHF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Are you currently receiving kidney dialysis, or using oxygen equipment to assist in breathing? Have you been advised to have any medical test, hospital, nursing home confinement, psychiatric or home health care and not done so?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Have you had a heart, lung, or liver transplant, or has one been recommended to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
26. A. During the past 24 months, have you had, been medically diagnosed, treated, or taken prescription medications for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma (excluding Basal/Squamous cell skin cancers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. During the past 12 months, have you had, or been medically diagnosed as having a brain tumor, heart attack, stroke, Transient Ischemic Attack (TIA)? Have you been medically advised to have brain, heart, or circulatory surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. During the past 24 months, have you been treated for insulin shock, diabetic coma, amputation caused by disease, or have you taken insulin shots prior to age 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
27. A. During the past 12 months, have you been admitted to or confined to a hospital two or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. During the past 24 months, have you had a stroke, Transient Ischemic Attack (TIA), heart attack, angina, or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. During the past 24 months, have you been diagnosed with, been treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for:			
1. Parkinson's Disease, seizures, clinical depression, or neurological disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Liver Disease, renal insufficiency, kidney transplant, kidney failure, or irregular heart beat?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Diabetes with uncontrolled blood glucose, or requiring more than 60 units of insulin daily, or diabetic complications, including numbness, eye or kidney disorder, coma, insulin shock, or uncontrolled blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Emphysema, chronic bronchitis, chronic asthma, Chronic Obstructive Pulmonary Disease (COPD) or black lung?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. During the past 36 months have you been diagnosed with, treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Answer the following question ONLY if you are applying for the Ultra Plan.			
28. Have you ever been diagnosed with, been treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for:			
1. Internal cancer, Leukemia, or Melanoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Diabetes, liver disease, renal insufficiency, kidney failure, or irregular heartbeat (including pacemaker)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Heart attack, stroke, Transient Ischemic Attack (TIA), angina, or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
29. Doctor's Name	Phone # ( ) -		

- 19. Best Time To Call: AM or PM (provide time & zone)
- 20. Height: See height and weight chart (product sheet)
- 21. Weight: See height and weight chart (product sheet)

The following questions require yes or no answers to be selected.

- 22. Are you currently receiving disability payments?
- 23. Have you ever been convicted of a felony?  
Any felony conviction within the past two years will result in a decline of coverage. Felony convictions that are more than two years old may be acceptable.  
If such felony was of a violent nature (murder or manslaughter, assault or bodily injury, rape, kidnapping, child abuse) or involved trafficking or production of illegal drugs, firearms, explosives, or incendiaries, the applicant will be eligible for only the **Basic** product. Conviction of other felonies will not exclude the applicant from eligibility for the Standard, Preferred, or Ultra products.

24A. Have you been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV )?

*This may vary slightly by state.*

24B. Have you been medically diagnosed as having: a terminal illness or a life expectancy of 12 months or less?

25A. Do you need assistance performing any Activities of Daily Living (ADLs) such as eating, bathing, toileting? Are you currently hospitalized or confined to a wheelchair, bed or nursing facility?

*Does the applicant need assistance from any individual, skilled or unskilled, family or professional?*

25B. Have you been medically diagnosed as having Alzheimer's Disease, Dementia, or Congestive Heart Failure (CHF)?

*This may vary slightly by state.*

25C. Are you currently receiving kidney dialysis or using oxygen equipment to assist in breathing, or have you been advised to have hospital or nursing facility confinement, or psychiatric or home health care and not done so?

*Is the applicant currently receiving or been advised to have any of the above and not done so? Use of a C-PAP machine will be considered for issue.*

25D. Have you had a heart, lung or liver transplant or has one been recommended to you?

26A. During the past 24 months, have you had, been medically diagnosed, treated, or taken prescription medications for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma (excluding Basal/Squamous cell skin cancers)?

26B. During the past 12 months, have you had, or been medically diagnosed as having a brain tumor, heart attack, stroke, Transient Ischemic Attack (TIA)? Have you been medically advised to have brain, heart, or circulatory surgery?

26C. During the past 24 months, have you been treated for insulin shock, diabetic coma, amputation caused by disease, or have you taken insulin shots prior to age 40?

If an explanation is needed on a specific question, you may contact our underwriting helpline, 1-800-451-4693, for individual consideration.

## FORETHOUGHT CONTACT INFORMATION

### ONLINE SERVICES:

Access product information, service details, commission and policy reports, and other valuable information by logging on to **[www.forethought.com](http://www.forethought.com)**.

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### UNDERWRITING:

For phone interviews with our interviewers, call **1-800-417-1707**.

For underwriting questions or status, call **1-800-451-4693**.

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### AGENT CUSTOMER SERVICE:

Call **1-888-606-6372** for assistance with product sales, commissions, and agent contracting.

Submitting a new business application:  
Fax to **1-800-828-6332**  
Email to **[forelife@forethought.com](mailto:forelife@forethought.com)**

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### FORETHOUGHT MAILING ADDRESSES:

**Forethought ForeLife**  
**Attn: New Business**  
**P.O. Box 1369**  
**Crestwood, KY 40014-1369**

**Overnight Delivery**  
**Forethought Forelife**  
**6813 West Hwy 22**  
**Crestwood, KY 40014**

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### SUPPLY ORDERS:

Order your supplies online at **[www.forethought.com](http://www.forethought.com)**.

Email your order to **[final.expense@forethought.com](mailto:final.expense@forethought.com)** for processing.

Contact **1-888-606-6372** for assistance with placing the order.

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### CLIENT CUSTOMER SERVICE:

Clients may access specific policy details through our customer service via phone or email.

Phone: **1-800-959-6886**

Email: **[final.expense@forethought.com](mailto:final.expense@forethought.com)**