

APPOINTMENT DATA AND INFORMATION

Please Print or Type Clearly

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

2 IMO/AGENCY/AGENT STATEMENTS (If you answer Yes to any question, please provide details on a separate sheet and attach)	
<p>1. Have you ever been convicted of, or plead guilty or no contest to:</p> <p>a. Any felony? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Any misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Any violation of federal or state securities or investment related regulation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Are you currently under investigation by any legal or regulatory authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory authority or any securities commodities or insurance regulatory body or organization or employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, barred or otherwise disciplined your membership, license, registration or disciplined you with fines by restricting your activities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Have you ever had any of the following: sought protection from creditors, declared bankruptcy, had a lien or judgment, had a creditor charge off an account/payables such as bad debt or uncollectible, or had any other problems in your credit history? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Are you under any legal order/judgment to make monetary payments to another person or business entity, or have you ever had your wages garnished? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

3 TYPE OF INSURANCE CONTRACT SELLING AUTHORITY REQUESTED/DIRECT OR NON-DIRECT PAY STATUS	
<p>Check applicable box(es) and attach additional required documents. An agent number will not be assigned until all ancillary forms are submitted and in good order.</p> <p>*Verify with your Marketing Organization/General Agency prior to selecting product lines to ensure product availability.*</p> <p><input type="checkbox"/> Annuity</p> <p><input type="checkbox"/> Final Expense</p> <p><input type="checkbox"/> Medicare Supplement/Final Expense</p> <p><input type="checkbox"/> Preneed</p> <p><input type="checkbox"/> Check this box if you will be a License Only/Non-Direct Pay agent.</p> <p>If you are a License Only/Non-Direct Pay agent, you shall be paid commissions as agreed upon between you and your upline IMO, agency or agent. Such amounts shall be payable directly by your upline IMO, agency or agent to you. Because you are not a Direct-Pay agent, the Company has no obligation to pay any commissions to you and all such payments remain the responsibility of your upline IMO, agency or agent. You agree to indemnify the Company against, all claims for the payment of commissions in connection with this Agreement.</p>	

4 FAIR CREDIT REPORTING ACT DISCLOSURE

In compliance with the Fair Credit Reporting Act (FCRA) you are hereby notified that Forethought Life Insurance 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.

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.

Please forward your request to:

Forethought Life Insurance Company
Agent Contracting and Licensing
P.O. Box 218
Batesville, IN 47006

Or Fax To: 800-668-5072

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>.)

5 AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDITS)

Required for all agents paid directly by Forethought Life Insurance Company ("FLIC")

I hereby authorize FLIC 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 FLIC has received written notification from me of its termination, allowing FLIC enough time to act on it.

Preneed Agents Only: Commission statements for direct pay agents will be auto emailed to the email address provided in the General Information section of this Agreement.

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

**PLEASE SUBMIT A COPY OF YOUR VOIDED CHECK WITH THIS AGREEMENT
AND COMPLETE THE FINANCIAL INSTITUTION (BANK) INFORMATION BELOW:**

Bank Name: _____ Bank Telephone: (____) _____

Bank Address: _____

City, State, Zip: _____

Account Number: _____ Bank Translt/ Routing Number: _____

ACKNOWLEDGMENTS AND SIGNATURE

6 TAXPAYER ACKNOWLEDGMENTS

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.

7a TRAINING CERTIFICATION ACKNOWLEDGMENT FOR ALL PRODUCERS

I have reviewed the Company's current Anti-Money Laundering Guidelines for Producers and I agree to fully-comply with all of the requirements set forth therein.

Initials

I acknowledge that I must complete a refresher Anti-Money Laundering (AML) course every 2 years, based on a rolling 24-month period, in order to remain in compliance.

Initials

I acknowledge that I must complete any additional training or certification(s) required to remain in good standing with any product or state in which I am soliciting.

Initials

7b ADDITIONAL ACKNOWLEDGMENTS FOR ANNUITY PRODUCERS

I acknowledge that I must complete Annuity Product Training before soliciting an annuity application.

Initials

I have completed Anti-Money Laundering (AML) training online via LIMRA.

Initials

OR

I have completed Anti-Money Laundering (AML) training via another insurance company or a third party provider subject to the requirements of the USA PATRIOT Act. I have provided suitable proof of the alternate training. The training included, at a minimum: (a) how to identify red flags and signs of money laundering; (b) what roles producers have in AML compliance; (c) what to do once a red flag or suspicious activity is detected; and (d) the disciplinary consequences for non-compliance with the Act.

Initials

AML Training Program Provider

Training Date

I acknowledge that in addition to a base AML course from LIMRA or another approved training program provider, I must complete a refresher course every 2 years, based on a rolling 24-month period.

Initials

ADDITIONAL ACKNOWLEDGMENTS FOR INDEXED ANNUITY PRODUCERS:

I acknowledge that I will read the Company's annuity product disclosure statements and the Buyer's Guide to Fixed Deferred Annuities with Appendix for Equity-Indexed Annuities. I acknowledge I will not make statements that differ from those made in the disclosure statements.

Initials

Furthermore, I acknowledge that I understand the following:

Indexing is a method and formula for calculating interest, and may include such concepts and terms as participation rate, index cap, index spread, monthly averaging, point-to-point, and index averaging period.

Initials

The Company's annuity products are not registered security or stock market investments and do not directly participate in any stock or equity investments.

Initials

While the interest credited to these annuities is calculated by a formula linked in part to the Standard & Poor's 500[®] Index, the annuity performance will not match the performance of that index. The actual interest credited may be zero percent, although there are minimum guaranteed values, which may be subject to withdrawal charges and interest adjustments.

Initials

The final decision regarding the premium allocation between a fixed account strategy and an indexed account strategy of an annuity product is the annuity owner's, based on their individual situation, needs and goals, and that I may not act as a registered investment advisor.

Initials

No representation, prediction, or guarantee of future interest performance may be made at any time, and past performance is never an indication of future performance.

Initials

The products are intended for retirement funding or other long-term accumulation needs with substantial contract-imposed penalties. As such, they may not be appropriate for all consumers.

Initials

I will provide a copy of the Disclosure Statement and Buyer's Guide to all annuity applicants.

Initials

*If you have a certificate for AML training, please attach.

CERTIFICATION OF PARTICIPATION IN FORETHOUGHT ANTI-MONEY
LAUNDERING PROGRAM

I CERTIFY that I have read and understand Forethought's Anti-Money Laundering Guidelines.

I understand that my failure to follow the Guidelines could result in the termination of my appointment with Forethought.

In addition, I have received AML certification from _____ on
(name of provider)

_____, 2010 2011 2012 (circle year provided).

Agent Signature

Date

Agent Name (Printed)

Agent Number

Mail to:

Forethought Life Insurance Company
Attn: Annuity Licensing
PO Box 296
Batesville, IN 47006

Fax to:

Forethought Annuity Services
(800) 668-5072

Email to:

Business Phone:

(877)-244-7526

annuity.contracting@forethought.com

8 GENERAL ACKNOWLEDGMENTS

I hereby certify that my answers to the questions contained in this Agreement are true. I acknowledge that the Company has informed me of its practice to conduct 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 for cause, all at the sole discretion of Company.

Please complete the applicable Section 9a or 9b:

9a AGENCY/AGENT SIGNATURE

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

AGENCY/AGENT

Print Name / Title

X _____
Agency/Agent Signature

Date

9b IMO/GA SIGNATURE

IN WITNESS WHEREOF, Independent Marketing Organization and Company have caused this Agreement to be executed either individually or by their duly authorized representatives as of the dates set forth below.

INDEPENDENT MARKETING ORGANIZATION/
GENERAL AGENCY

FORETHOUGHT LIFE INSURANCE COMPANY

Name / Title

By: _____
Name / Title

Date

Date
X Stephen M. Keum
IMO/GA Signature

X _____
Signature

Marketing Organizations must submit all properly completed forms to the Company. In order to have an agent number assigned, all forms must be properly completed and in good order.

Fax All Pages of Agreement To:
Forethought Life Insurance Company
Agent Contracting and Licensing
800-668-5072

Mail All Pages of Agreement To:
Forethought Life Insurance Company
Agent Contracting and Licensing
PO Box 216
Batesville, IN 47006-0296

E-mail Documents To:
Licensing@forethought.com



Forethought Life Insurance Company
SCHEDULE OF COMMISSIONS
FOR ANNUITY SALES

GENERAL AGENT SCHEDULE

This Schedule of Commissions for Annuity Sales ("Schedule") is an addendum to the Insurance Selling Agreement ("Agreement"). This Schedule is for Forethought Life Insurance Company ("FLIC") annuity contracts sold under the Agreement which are issued on or after the Schedule Effective Date.

Product	Age	Commission Rate
Bonus Advantage SM (Rates 1.00% less in certain states. See Forethought.com for list of states.)	55-75 76-80	7.00% 5.00%
Index Bonus 115 SM (Rates 1.00% less in AK, CT, DE, FL, MN, OR, SC, TX, UT)	0-75 76-85	8.00% 5.50%
Secure Income 125 SM (Rates 1.00% less in AK, CT, DE, FL, MN, OR, SC, TX, UT)	0-75 76-85	7.00% 5.00%
Income 125 SM (Rates 1.00% less in AK, CT, DE, FL, MN, OR, SC, TX, UT)	0-75 76-85	7.00% 5.00%
Destination Income 15 SM (State of Oregon)	0-75 76-85	6.50% 5.00%
Guaranteed Destinations SM (State of Washington)	0-75 76-85	7.00% 5.00%

¹ Commissions are expressed as a percentage of the initial premium or deposit

² Commissions are not paid on premiums received after the issue date.

Bonus Advantage Contract Series numbers -- FA1201SPDAX-01, GA1201SPDAX-01 and FA1201SPDAXL-01; Index Bonus 115 -- Contract Series FA2001SPDAX, FA2001SPDAXL or GA2001SPDAX; Secure Income 125 -- Contract Series FA1001SPDANX, FA101SPDANXL or GA1001SPDANX; Income 125 -- Contract series FA1001SPDAX, GA1001SPDAX or FA1001SPDAXL; Destination Income 15 -- Contract series FA1001SPGWA10; Guaranteed Destinations -- Contract series FA1001FP5GD10.

FLIC, in its discretion, may pay to any agent below You in the agent hierarchy the commissions due such agent. Your effective commission rate will depend on the agents in the hierarchy. Commissions are paid weekly as earned.

Commission Chargebacks

Withdrawals, including Required Minimum Distributions, are subject to commission chargeback, regardless of whether withdrawal charges are incurred. A commission chargeback will be applied as provided below:

If the Owner dies or if the contract has a partial or total withdrawal, within one year following the issue date, there will be a chargeback against commissions paid. The chargeback is 100% for months 1 through 12.

Any rescission, regardless of contract year, will result in 100% commission chargeback. A commission chargeback will not apply for the election of the Guaranteed Lifetime Income Benefit.

Termination of the Agreement shall not terminate FLIC's right to chargeback commissions.

Commission Hold Procedure

Delivery Receipts are required in all cases. When the initial premium for an annuity contract generates a commission greater than \$15,000, the portion of the commission that exceeds \$15,000 will be released thirty (30) days after the Batesville Administrative Office receives the signed Delivery Receipt.

No commission shall be paid on the sale of a contract which involves the total or partial replacement of a contract issued by FLIC or any of its affiliates.

ACCEPTED AND AGREED TO:

 Agency/Agent Signature Date

 Date

**Forethought Life Insurance Company
Anti-Money Laundering Guidelines For Producers**

**CERTIFICATION OF PARTICIPATION IN THE
FORETHOUGHT ANTI-MONEY LAUNDERING
COMPLIANCE PROGRAM**

I CERTIFY that I have read and understand the Forethought Life Insurance Company's Anti-Money Laundering Guidelines for Producers, Revised July 7, 2010 and that I will follow the Guidelines. I understand that my failure to follow the Anti-Money Guidelines could result in the termination of my appointment with Forethought Life Insurance Company.

_____ Date
Agent Signature

_____ Agent number
Printed Agent Name

*Annuity producers are subject to proof of an additional third party AML requirement

OR

Please check here if you no longer desire to represent Forethought Life Insurance Company. We will remove your name from our agent list and terminate any affiliated appointments.

_____ Date
Agent Signature

_____ Agent number
Printed Agent Name

Please sign then fax, scan/email, or mail this form back to Forethought Life Insurance Company using the following information:

Fax to Forethought Licensing at 800-668-5072
Email to licensing@forethought.com
Mail to Forethought Life Insurance Company
PO Box 216
Batesville, IN 47006