

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 annuities. 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 an annuity 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
 c/o Agent Contracting and Licensing
 P.O. Box 296
 Batesville, Indiana 47006
 Phone: 877-244-7526
 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) Cell Phone Business Phone Residence Phone
 Preferred method of receiving information (Choose One) Email Fax Mail

3 AGENT STATEMENTS (If you answer Yes to any question, please provide details on a separate sheet and attach)

- Have you ever plead no contest or been convicted of a crime, including felony, misdemeanor or military offense?
Yes No
- Have you ever had a license refused/suspended/revoked or currently restricted or under investigation?
Yes No
- Has an insurance carrier cancelled your contract or appointment for any reason other than lack of productivity?
Yes No
- 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 No

4 FAIR CREDIT REPORTING ACT DISCLOSURE TO PROSPECTIVE AGENTS

In compliance with the Fair Credit Reporting Act (FCRA) you are hereby notified that Forethought Life Insurance Company ("FLIC") 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 FLIC's receipt of your completed Annuity Selling Agreement ("Agreement").

By signing this Agreement, you authorize FLIC 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 FLIC 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
 Attention: Agent Contracting and Licensing
 P.O. Box 296
 Batesville, IN 47006

Or Fax To: 800-675-7542

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)

I hereby authorize Forethought 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 Forethought Life Insurance Company has received written notification from me of its termination, allowing Forethought Life Insurance 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 ACKNOWLEDGEMENTS	
_____ Initials	I acknowledge that I must complete the Forethought University Certified Agent Program for annuities within 45 days of my first Forethought annuity sale to remain in good standing with Forethought.
<input type="checkbox"/> Yes <input type="checkbox"/> No*	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. 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. In addition, I have read the Forethought Anti-Money Laundering Guidelines for Producers.
_____ Initials	_____ AML Training Program Provider _____ Training Date
_____ Initials	*If AML training has not been completed: (a) I have read the Forethought Anti-Money Laundering Guidelines for Producers; and (b) I agree to complete a certified AML training program within 45 days of my first Forethought annuity sale to remain in good standing with Forethought.

7 INDEXED ANNUITIES AGENT ACKNOWLEDGEMENTS	
I acknowledge that I have read the Forethought Destination Indexed Annuity SM Disclosure Statements and the Buyer's Guide to Fixed Deferred Annuities with Appendix for Equity-Indexed Annuities. I understand the features and mechanics of these annuity products and I will not make statements that differ from those made in the Disclosure Statements.	
Furthermore, I acknowledge that I understand the following:	
_____ Initials	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 Forethought Destination Indexed Annuity is not a registered security or stock market investment and does not directly participate in any stock or equity investment.
_____ 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 the fixed account strategy and indexed account strategies 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 adviser.
_____ 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.

8 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.	

9 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.

10 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

_____ Print Name / Title

X _____ Signature _____ Date

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

- Checklist:**
- Fully Completed and Signed Annuity Selling Agreement (FA3507-02)
 - Copy of License/s for ALL States Where Appointment is Requested
 - Voided Check Attached if Section #5 is Not Completed
 - Signed Commission Schedule

12 FOR MARKETING ORGANIZATION USE ONLY

- Submit All Required Documents to Forethought Life Insurance Company at Fax or Address Below.**
- Complete Hierarchy Section and Sign

13 HIERARCHY INFORMATION – PLEASE LIST ALL HIERARCHY LEVELS INCLUDING APPLICANT

<u>NAME</u>	<u>SSN</u>	<u>AGENT #</u>
IMO _____	_____	_____
MGA _____	_____	_____
RGA _____	_____	_____
GA _____	_____	_____
AG _____	_____	_____
LO _____	_____	_____

Marketing Organization Signature: _____ Date: _____

Fax All Pages of Agreement To:
Forethought Life Insurance Company
800-675-7542

Mail All Pages of Agreement To:
Forethought Life Insurance Company
PO Box 296
Batesville, IN 47006-0296



GENERAL AGENT SCHEDULE

This Schedule of Commissions for Annuity Sales (“Schedule”) is an addendum to the Annuity Selling Agreement (“Agreement”). This Schedule is for Forethought Life Insurance Company (“FLIC”) annuity contracts 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 annuity contract is available for sale by Forethought Life Insurance Company in the applicable state.

Schedule Effective Date: February 28, 2007

Forethought Destination Indexed Annuities SM

Single Premium Deferred Annuity (SPDA) – *Contract series FA1001ASP or GA1001ASP*

Commissions

3 Year

Ages 0-75	2.00%
Ages 76-85	1.25%

6 Year

Ages 0-75	6.00%
Ages 76-80	4.75%

9 Year

Ages 0-75	8.00%
Ages 76-78	6.00%

Commissions are expressed as a percentage of premiums paid unless otherwise noted. Forethought Life Insurance Company in its discretion may pay to any agent any commissions due the agent from the General Agent and set-off such payment or payments against any commissions due or to become due to the General Agent.

Commissions Chargebacks:

In the event any annuity contract has a partial or total withdrawal within one (1) year following the issue date, even after death, there will be a chargeback against commissions paid which are attributable to the amount withdrawn in accordance with the following schedule:

Time Elapsed Since Issue Date	Chargeback Percentage	
	Issue Ages 0-80	Issue Ages 81+
Zero (0) to six (6) months	100%	100%
Seven (7) to twelve (12) months	50%	100%
Over twelve (12) months	0%	0%

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

This Schedule applies to all annuity contracts sold as Forethought Destination Indexed Annuities SPDA. Renewal commissions are not applicable to this product, and thus no additional commissions will be paid. Commissions are paid weekly as earned.

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

ACCEPTED AND AGREED TO:

Signature of General Agent

Date