

This form is designed to help you and your agent determine if purchasing a Forethought Life Insurance Company annuity contract meets your current financial needs and long term goals. Please complete the questionnaire and acknowledgement in its entirety and submit with your application. **INCOMPLETE FORMS MAY BE RETURNED AND DELAY PROCESSING.**

**Section 1: Personal Information (Individuals and Trusts)**

**Owner Information**

1a. Owner Name(s)

1b. Marital Status:

Single  Married  Widowed

1c. Owner Age

*(If a Trust, age of Person who established the Trust)*

1d. Occupation(s) *(If retired, list former occupation)*

**Joint Owner Information (if applicable)**

2a. Joint Owner Name(s)

2b. Marital Status:

Single  Married  Widowed

2c. Joint Owner Age

2d. Occupation(s) *(If retired, list former occupation)*

**Additional Information**

3. Premium Amount: \$

4.  Yes  No Is the Owner or Joint Owner active duty military personnel or the dependent of active duty personnel?

**Section 2: Financial Profile (For Joint Owners – information may be combined)**

**If the Owner is a non-natural person, the financial profile should be completed on behalf of the non-natural entity.**

**Net Worth = Total Assets less Debts/Liabilities (excluding primary residence, automobile, and personal possessions)**

5. Approximate Net Worth (E) must be the sum of the amounts entered in (A), (B), (C), and (D).

\$  + \$  + \$  + \$  = \$

**A. Cash or Cash Equivalents**

*(e.g. checking, savings, money markets, CDs, etc)*

**B. Securities**

*(e.g. stocks, bonds, mutual funds, 401(k))*

**C. Insurance**

*(e.g. annuities and cash value in life insurance)*

**D. Other**

*(please explain):*

**E. Approximate Net Worth**

6. Gross Household Annual Income: \$

Yes  No Do you expect a change in your future income or your future expenses during the surrender charge period?

*If yes, please explain:* \_\_\_\_\_

7. Liquid Assets: \$

Yes  No Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for annuity?

*If no, explain why you believe an annuity contract which typically has withdrawal limitations, is suitable for your financial needs:*

\_\_\_\_\_

8.  Yes  No Are your liquid assets being used to purchase this annuity?

9. This annuity transaction represents approximately the following percentage of your Net Worth:

0-25%  26% - 50%  51% - 75%  76% - 100%

**If the total premium exceeds 50% of net worth, please complete the Financial Inventory Worksheet.**



**Section 2: Financial Profile (For Joint Owners – information may be combined) (continued)**

10. Primary Sources of Income: **(Check all that apply)**

- Current Wages     Pension Plan     Social Security     Investment Income  
 Required Minimum Distribution (RMD) or 72(t)/(q) distributions     Other \_\_\_\_\_

11. Marginal Federal Income Tax Rate:

- 0%     10%     15%     25%     28%     33%     35%     Other \_\_\_\_\_

12. What is your risk tolerance for this annuity purchase? **(Check one)**

- Conservative     Moderate     Aggressive

13. What are your financial objectives in purchasing a Forethought Annuity? **(Check all that apply)**

- Income Now     Flexibility     Tax Deferral     Protect Principal     Potential Growth Followed by Income  
 Pass Assets to Beneficiaries     Lifetime Income Payment     Other \_\_\_\_\_

14. Do you now own, or have you previously owned, any of the following financial products? **(Check all that apply)**

- Certificate of Deposit     Fixed Annuity     Variable Annuity     Reverse Mortgage  
 Stock/Bond/Mutual Funds     Index Annuity     Other Investments

15.  Yes  No Do you currently have any Forethought annuities?

*If yes, please provide contract number(s):* \_\_\_\_\_

16.  Yes  No Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veteran's aid and attendance benefit?

*If yes, please explain:* \_\_\_\_\_

17. What is the source of premium funds for the Forethought annuity? **(Check all that apply)**

- Fixed Annuity     Life Insurance     CD  
 Index Annuity     Checking Account     Stocks/Bonds/Mutual Funds  
 Variable Annuity     Savings Account     Death Benefit  
 Reverse Mortgage/Home Equity/Refinance     Other \_\_\_\_\_

**Section 3: Surrender Charge and Replacement Information**

**If a replacement is involved, you must complete the Replacement Comparison Form.**

18.  Yes  No Are there any surrender charges, settlement fees or penalties of any kind associated with the source(s) of premium for the Forethought annuity?

**If purchasing this Forethought annuity involves discontinuing, making a partial withdrawal, removing money, or changing an existing policy or contract, a replacement is occurring. If a replacement is involved, you must provide the information below and complete a replacement comparison form. Do not reduce the penalty amount/percentage by any bonus on this annuity or any offset such as a positive market value adjustment (MVA).**

**If multiple sources of premium, list each percentage separately.**

Source of Premium (Marketing Name of Product)	Date of Purchase	Penalty Percentage	Penalty Amount (if known)

19.  Yes  No If you are replacing an existing annuity, does the annuity being replaced have an Income Benefit?

*If yes, please explain the reason for replacement:* \_\_\_\_\_

20.  Yes  No If you are replacing an existing annuity, does the annuity being replaced have an Enhanced Death Benefit?

**Section 3: Surrender Charge and Replacement Information (continued)**

21.  Yes  No If you are replacing an existing annuity, was the annuity being replaced purchased within the preceding 60 months?  
*If yes, have you evaluated any benefits you may lose in the existing contract?*  Yes  No
22.  Yes  No Do you (Owner/Annuitant) currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months?  
*If yes, please explain:* \_\_\_\_\_
23.  Yes  No Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?  
*If yes, please explain:* \_\_\_\_\_
24.  Yes  No Was there any other material information you considered before deciding to purchase this annuity?  
*If yes, please explain:* \_\_\_\_\_

**Section 4: Withdrawal Information/Time Horizon**

25. How and when do you anticipate taking distributions from this annuity? (**Select all that are applicable**)

How I Plan to take Distributions	Planned First Distribution				
	Less than 1 year	Between 1 and 5 years	Between 5 and 10 years	10 or more Years	No Planned Distributions
Lump Sum Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Systematic Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Minimum Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Lifetime Income Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your response to this question will not limit your ability to change how and when you take further distributions**

26.  Yes  No With the exception of any free withdrawals or Required Minimum Distributions, do you expect to take any money out of this product before the end of the withdrawal charge period?  
*If yes, please explain:* \_\_\_\_\_
27.  Yes  No Did your agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period, you will incur a penalty?  
*If no, please explain:* \_\_\_\_\_

**Section 5: Client Acknowledgements**

This form is designed to help you determine if purchasing a Forethought Life Insurance Company annuity contract meets your financial needs.

By initialing below, I am stating that I agree and understand that:

Owner	Joint Owner (if applicable)	Acknowledgements
_____ Initials	_____ Initials	<p>The Forethought annuity contract is a long-term investment. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. The agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Annuity Suitability Questionnaire and Acknowledgement. I believe a Forethought annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.</p>
_____ Initials	_____ Initials	<p>Forethought does not permit its Agent to advise me with respect to the tax consequences associated with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary.</p>
_____ Initials	_____ Initials	<p>I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan.</p>
_____ Initials	_____ Initials	<p>If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s).</p>
_____ Initials	_____ Initials	<p>Capital gains tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract.</p>

**Complete if the application is for ForeSpending Select contracts ONLY:**

_____ Initials	_____ Initials	<p>The Premium Bonus, if selected, will not offset any surrender charges that I may incur as a result of purchasing this annuity, and I am not relying on the Premium Bonus to offset any such surrender charges.</p>
_____ Initials	_____ Initials	<p>The Premium Bonus, if selected, is subject to a recapture charge in the first ten contract years. If the contract is terminated in this period, this recapture charge will reduce the value of the Premium Bonus and accumulated interest.</p>
_____ Initials	_____ Initials	<p>The Income Base, if selected, is not the same as the annuity Contract Value. The Income Base is used solely to calculate the Lifetime Income Benefit and the benefit's associated charges. Withdrawals cannot be taken from the Income Base.</p>
_____ Initials	_____ Initials	<p>The Enhanced Death Benefit, if selected, is provided only with the Optional Income Benefit, which must be elected at the time of annuity purchase.</p>
_____ Initials	_____ Initials	<p>The Enhanced Death Benefit, if selected, will be paid in equal monthly payments over five years and will not earn interest during this period.</p>

**Section 5: Client Acknowledgements (*continued*)**

The Agent and Forethought may rely upon the information provided by me in this Annuity Suitability Acknowledgement and all such information is true and accurate to the best of my knowledge and the Agent and Forethought may rely on such information.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Section 6: Agent Confirmation (*this section MUST be completed*)**

1. Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

2. Please describe any disadvantages for your client in selecting this annuity.

3. How long have you known the proposed annuity owner?

4.  Yes  No Have you previously sold the customer any other annuity or insurance products?

*If yes, please provide a summary:* \_\_\_\_\_

5.  Yes  No Are you signing this application in a state different from the Owner/Annuitant?

*If yes, please explain:* \_\_\_\_\_

*By signing below, I acknowledge that:*

The Owner(s)' decision to purchase this annuity is based on my recommendation. Based on all the circumstances known to me at the time of the recommendation and based on the information the Owner(s) provided to me, this transaction is suitable for the Owner(s)' insurance needs and/or financial objectives.

I have made every reasonable effort to obtain information pertaining to the Owner(s)' net worth, liquid assets, income, time horizon, tax status, risk tolerance, financial objectives and other information needed to make a recommendation.

I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

**With respect to qualified contract sales, the undersigned agent acknowledges that the Impartial Conduct Standards have been met, and that all other conditions of an applicable Prohibited Transaction Exemption have been met and the agent will comply with all applicable recordkeeping requirements. The undersigned agent further acknowledges that Forethought is not a fiduciary or acting as a Financial Institution.**

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**PLEASE CONTINUE TO NEXT PAGE**

**Section 7: Department of Labor Fiduciary Certification**
***(Must Complete for Qualified Contracts Using Best Interest Contract Exemption Only)***

The above signed agent and undersigned representative of the Financial Institution acknowledge that Financial Institution and agent have complied with all relevant Best Interest Contract Prohibited Transaction Exemption Conditions with respect to the sale of \_\_\_\_\_. I acknowledge that Forethought is not a fiduciary or acting as a Financial Institution. \_\_\_\_\_  
*(Product Name)*

Agent Name	IMO Name
Name of Financial Institution	
Financial Institution Authorized Representative Signature	Printed Name
Title	Date (mm/dd/yyyy)