

Policy/Certificate Number _____ Insured _____

NAME CHANGE – Provide supporting documentation. Owner Insured Beneficiary

Former Name		New Name	
Date Name Changed / /	Reason		

ADDRESS CHANGE Owner Insured Beneficiary

Mailing Address		City	State	Zip
Residential Address (if different than Mailing Address)		City	State	Zip
Phone Number (home) ()	Phone Number (work) ()	E-Mail Address		

OWNERSHIP CHANGE – I assign and transfer all rights, title and interest in and to this contract to the following.

Name of New Owner	Date of Birth / /	Social Security Number - -	Relationship to Insured	
Mailing Address	City	State	Zip	Telephone ()
Residential Address (if different than Mailing Address)	City	State	Zip	Country of Citizenship

BENEFICIARY CHANGE – If you change the beneficiary, the rights of the original beneficiary are transferred to the new person named.

Name of New Beneficiary	Date of Birth / /	Social Security Number - -	Relationship to Owner/Insured	
Mailing Address	City	State	Zip	Telephone ()
Residential Address (if different than Mailing Address)	City	State	Zip	Country of Citizenship

CORRECTION OF AGE

Additional premium may be necessary. If additional premium is due and is not paid, your coverage will be adjusted to the amount which total premium paid would have purchased at the correct age.

Date of Birth: / / Age: _____
Month Day Year

CHANGE OF PAYMENT FREQUENCY*

Current Frequency	New Frequency
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually
<input type="checkbox"/> Annually	<input type="checkbox"/> Annually
Premium Amount \$ _____	Premium Amount \$ _____
Amount required to change payment frequency \$ _____.	
*Not all billing modes are available for all states/products.	

REQUEST FOR POLICY/CERTIFICATE LOAN

Maximum amount available Lesser amount (specify) \$ _____

I hereby assign a portion of the policy/certificate proceeds equal to the outstanding loan balance (including any added interest) to Forethought Life Insurance Company as security for this loan. This request revokes any previous designation. The indebtedness shall have priority over the interests of any beneficiary or anyone else who may have an interest in this coverage.

REQUEST FOR CASH SURRENDER VALUE

I request the cash surrender value of the coverage. In return for the cash value, I surrender the policy/certificate and release Forethought Life Insurance Company from all obligations under the policy/certificate. Estimated cash value at time of request: \$ _____

EARLY PAYOFF – Contact Home Office for availability with your product.

REQUIRED SIGNATURE(S)

I agree that the change(s) requested in this form shall be subject to the terms of the policy/certificate and any conditions contained in this form.

Signature of Current Policyowner/Certificateholder _____ Date _____ Signature of New Owner (if applicable) _____ Date _____

POLICY/CERTIFICATE CHANGE FORM INSTRUCTIONS

To request any of the following changes, check the appropriate section on the reverse side. Complete the section carefully, printing all necessary information.

1. Name Change
2. Address Change
3. Ownership Change
4. Beneficiary Change
5. Correction of Age
6. Request for Loan
7. Change of Payment Frequency
8. Request for Cash Surrender Value
9. Early Payoff

Change of payment frequency, and early payoffs, must be mailed along with required payment. All other requests may be faxed or mailed.

For assistance with calculations or any other questions, please contact us at the number provided below.

FORETHOUGHT LIFE INSURANCE COMPANY
P.O. BOX 216
BATESVILLE, INDIANA 47006
(800) 331-8853
FAX (800) 320-3291
AUTOMATED INFORMATION LINE
(800) 959-6886