

Section A: Owner Information

Please provide all information requested in this section. It is important that you provide your telephone number in the event we require additional information to clarify your instructions.

| | | |
|-----------------|------------------|---|
| Contract Number | Telephone Number | Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
|-----------------|------------------|---|

| | |
|--|-----------------------|
| Owner's Full Name (<i>First, Middle, Last or Trust/Entity</i>) | Owner's Date of Birth |
|--|-----------------------|

| | |
|---|-----------------------------|
| Joint Owner's Full Name (<i>if applicable; First, Middle, Last</i>) | Joint Owner's Date of Birth |
|---|-----------------------------|

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|--|
| Annuitant's Name (<i>If Owner is a non-natural person</i>) |
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| | | | |
|-----------------------------|-----------|-------|----------|
| Owner's Residential Address | City/Town | State | Zip Code |
|-----------------------------|-----------|-------|----------|

| | | | |
|--|-----------|-------|----------|
| Owner's Mailing Address (<i>if different from above</i>) | City/Town | State | Zip Code |
|--|-----------|-------|----------|

| |
|-----------------------|
| Owner's Email Address |
|-----------------------|

Select one:

I want to establish my Guaranteed Lifetime Income Benefit (GLIB) – Continue to Section B.

I have already established my Guaranteed Lifetime Income Benefit and wish to request a change – Continue to Section E.

Section B: Guaranteed Lifetime Income Option

The covered person must be age 59 ½ to elect this income benefit. The Joint Life Coverage Option can only be selected if both Owners of the Contract are spouses, OR if there is one Owner and a spouse who is the SOLE Primary Beneficiary.

Select one:

Single Life Coverage Options:

- Single Life Income Option
- Single Life Increasing Income^{1,2}

Joint Life Coverage Options: (Spouse Only)

- Joint Life Income Option²
- Joint Life Increasing Income Option^{1,2}

¹Cost of Living increases begin on the 2nd anniversary following activation of the benefit and end once the Contract Value is depleted.

²This option is not available for Guaranteed Destinations policies issued in the state of Washington. For those policies, please choose the "Single Life Income option".

Call Annuity Service (877) 244-7526 for options available in Washington.

Section C: Covered Person Information

If Single Life Coverage Option is elected, Covered Person 1 must be the single Primary Owner or the oldest Joint Owner. If Joint Life Coverage Option is elected, Covered Persons 1 and 2 must be spousal Joint Owners or a Single Owner with SOLE spouse Beneficiary. Owner here refers to Annuitant when the owner is a non-natural person.

| | | |
|------------------|---------------|------------|
| Covered Person 1 | Date of Birth | SSN/Tax ID |
|------------------|---------------|------------|

| | | |
|------------------|---------------|------------|
| Covered Person 2 | Date of Birth | SSN/Tax ID |
|------------------|---------------|------------|



Section D: Guaranteed Lifetime Income Option Date (Option Date) and Frequency (Initial Election Only)

Choose your Option Date and Withdrawal Option.

Guaranteed Lifetime Income Option Date¹ (mm/dd/yyyy): _____

Systematic Withdrawal Options: Monthly Quarterly Semi-Annually Annually

¹ This is the date the request will be processed, not the deposit date. Check will be mailed within 1-2 business days after the Option Date to owner's address of record. This request must be received 10-15 business days prior to Option Date in order to process request on Option Date

Section E: Change or Discontinuation of the Systematic Withdrawal Under the Guaranteed Lifetime Income Benefit (After Initial Election Has Been Made)

Select one:

- I wish to stop receiving Systematic Withdrawals under the Guaranteed Lifetime Income Benefit. This election does terminate the Guaranteed Lifetime Income Benefit. Systematic Withdrawals under the Guaranteed Lifetime Income Benefit can be resumed at a later date.
- I wish to decrease my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year.
- I wish to change my distribution frequency to: Monthly Quarterly Semi-Annually Annually
- I wish to increase my Systematic Withdrawals under the Guaranteed Lifetime Income Benefit to _____ per year. I understand if this amount exceeds the Guaranteed Lifetime Annual Income, then excess withdrawal amounts will result, which will reduce or eliminate the GLAI in future contract years.

Section F: Tax Withholding

Please Note: This section is not applicable for custodial owned contracts.

F1: Federal Income Tax Withholding

Federal tax law requires us to withhold 10% of the taxable amount of your distribution unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the Social Security or Taxpayer Identification Number you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN.

Please choose one:

- Do not withhold
- Withhold 10%
- Withhold the following amount: \$ _____
- Withhold the following percent: _____ % (Must be a whole percentage. Cannot exceed 90% of the taxable distribution.)

Please Note: If no option is selected, federal tax law requires us to withhold 10% of the taxable distribution (non-resident aliens may be subject to a higher percentage as explained above).

Section F: Tax Withholding (continued)**F2: State Income Tax Withholding****Mandatory Withholding*****Arkansas, California, Georgia, North Carolina, and Oregon***

- If you reside in one of these states, you may opt out of the mandatory state withholding by electing 'Do not withhold' below.

Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, Vermont, and Virginia

- If you reside in one of these states and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.

District of Columbia

- ***Full distributions from IRAs and qualified plans:*** If you reside in the District of Columbia and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.
- ***All other applicable distributions:*** These distributions can be treated as voluntary withholding.

Michigan

- If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate.
- Please refer to and complete the Michigan withholding certificate, the MI W-4P.

Voluntary Withholding***Alabama, Arizona, Colorado, Connecticut, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia, and Wisconsin***

- If you reside in one of these states, you may voluntarily elect state income tax withholding below. If no option is selected state income tax will not be withheld.

Please choose one:

- Do not withhold
- Withhold the following amount: \$ _____
- Withhold the following percent: _____ % (*Must be a whole percentage.*)

Please Note:

- If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state.
- If you reside in a state that does not provide a "default" amount such as Delaware, Kansas or Massachusetts, we will automatically withhold at a rate of 5%.

Section G: Distribution Instructions

G1: Electronic Funds Transfer

Important Notes

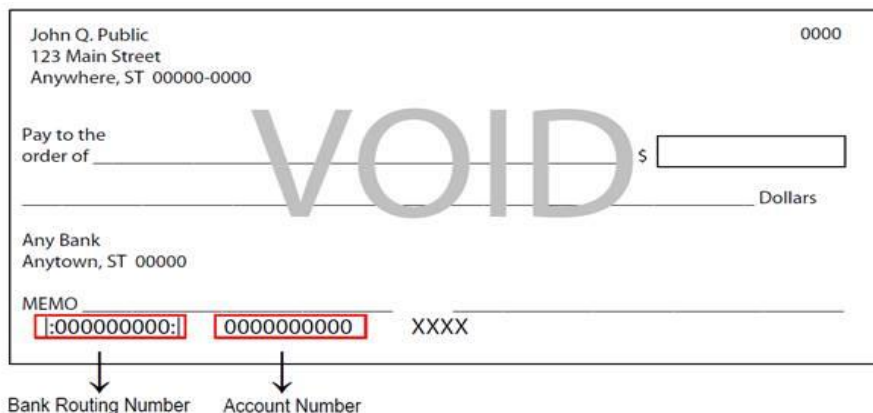
- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- **Please attach a voided check/deposit slip below. No temporary checks or temporary deposit slips will be accepted.**

Please choose one:

- Please direct deposit my distribution to my **checking** account listed below.
- Please direct deposit my distribution to my **savings** account listed below.

| | | |
|------------------------|----------------------------------|----------------------|
| Bank Account Number | Full Name of Bank | Branch Location |
| 9 Digit Routing Number | Contact Person (<i>if any</i>) | Branch Telephone No. |

Attach voided check or deposit slip here. Please use tape instead of staples.



REQUIRED CERTIFICATION AND SIGNATURE(S) ON NEXT PAGE

Section H: Certification and Signature(s)

By signing below I authorize Forethought Life Insurance Company ("Company") to act on the instructions indicated above. I understand that once withdrawals have begun, all future withdrawals will be considered withdrawals during the Benefit Period. The instructions may be changed by giving the Company 10 days advance written notification.

CERTIFICATION:
Taxpayer Identification Number (*must be completed*)

| | | |
|-------------------|---|-----------------------------------|
| REQUIRED → | Owner's Social Security No./Taxpayer I.D. | Joint Owner's Social Security No. |
|-------------------|---|-----------------------------------|

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a) I am exempt from backup withholding; or
 - b) I have not been notified by the Internal Revenue Service 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.

Instructions

You must cross out item 2 of the above certification if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

| | | |
|--|--------------------------------|----------------------------|
| Owner/POA Signature | Title (<i>if applicable</i>) | Date (<i>mm/dd/yyyy</i>) |
| Joint Owner/POA Signature (<i>if applicable</i>) | Title (<i>if applicable</i>) | Date (<i>mm/dd/yyyy</i>) |
| Spouse's Signature (<i>Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI</i>) or check here if applicable <input type="checkbox"/> Not Married | | Date (<i>mm/dd/yyyy</i>) |

PLEASE CONTINUE TO NEXT PAGE

Lifetime Income Benefit Termination - The Guaranteed Lifetime Income Benefit terminates on the date on which the earliest of the following events occur:

1. The termination of the Contract.
2. Any day after the option date that the Guaranteed Lifetime Annual Income is less than the Minimum Systematic Withdrawal Amount shown on your Contract Data Page.
3. The Annuity Date as shown on your Contract Data Page or as later changed by You.¹
4. The death benefit is paid under the contract.
5. The death of the Guaranteed Lifetime Income Life following the Guaranteed Lifetime Income Option Date.
6. The owner is changed after the option date other than for spousal continuation on a Joint income option.

The Guaranteed Lifetime Income Account Value and the Guaranteed Lifetime Annual Income are set equal to zero (0) at the time this benefit is terminated and remains zero (0) until the termination of this Contract. Once this benefit terminates, it may not be reinstated.

¹**On the annuity date, you may elect an annuity payable for the life of the Annuitant of annual payments equal to the Guaranteed Lifetime Annual Income as of the day before the Annuity Date. The Owner, or oldest Joint Owner if applicable, will be the Annuitant for this option.**

This Guaranteed Lifetime Income Benefit Election Form can be submitted as follows:

U.S. Mail

Forethought Life Insurance Company
P.O. Box 246
Batesville, IN 47006

Private Express Carrier

Forethought Life Insurance Company
One Forethought Center
Batesville, IN 47006

Via Fax

Please fax to (877) 554-2413

Via Email

Please email to annuitypolycyservice@gafg.com

Questions? Please Call: (877) 244-7526