

Section 1: General Information

Contracting: <input type="checkbox"/> Individual <input type="checkbox"/> Entity			
Agent Name		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (mm/dd/yyyy)		Social Security Number	
Agency Name (Required if contracting entity)		Federal Tax Identification Number	
Mailing Address	City	State	Zip Code
Business Street Address (if different than Mailing Address)	City	State	Zip Code
Cell Phone	Business Phone		
Email Address	Fax Number		

Section 2: Agency / Agent Statements

1. Have you ever been convicted of, or plead guilty or no contest to:
 - a. Any Felony? Yes No
 - b. Any Misdemeanor? Yes No
 - c. Any violation of federal or state securities or investment related regulations? Yes No
2. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Yes No
3. Are you currently under investigation by any legal or regulatory authority? Yes No
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 No
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 No
6. Have you ever: sought protection from creditors, declared bankruptcy, had a lien or judgment, had a creditor charge off an account/payable such as bad debt or uncollectible, or had any other problems in your credit history? Yes No
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 No

If you answer yes to any question, please provide details on separate sheet and attach

Section 3: Type of Insurance Contract Selling Authority Requested/Direct or Non-Direct Pay Status

Verify with your General Agent prior to selecting product lines to ensure product availability.

Preneed TrustGuard

Check this box if you will be a Non-Direct Pay Agent. (Only check if your agency will pay your agents.)

If you are a Non-Direct Pay agent, you shall be paid commissions as agreed upon between you and your agency or agent. Such amounts shall be payable directly by your 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 agency or agent. You agree to indemnify the Company against, all claims for the payment of commissions in connection with this Agreement.**

Section 4: Training Certification Acknowledgements for 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	

Section 5: Chargeback Protection Fund and Reserve Rate Option

I wish to participate in the chargeback and reserve program. The chargeback protection/reserve rate is 25 % (GA completes). Funds held in reserve are subject to a 15 month chargeback period and will **not** be used to cover chargebacks from early payoffs.

Section 6: Authorization for Automatic Direct Deposit (ACH Credits)

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

I 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 applicable 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. **Please complete the direct deposit information below.**

Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Please attach a voided check. No deposit slips will be accepted.	
Routing Number	Account Number

Section 7: 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. 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>.)

Section 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.

Section 9: General Acknowledgements

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 the Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize the Company to conduct these investigations and authorize all persons and entities (including past and present employers) to provide the Company all requested information. I hereby release from liability all persons and entities which supply said information to the Company and agree to hold the Company harmless from any liability for conducting this investigation. I hereby authorize the 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 the 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 the 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 the Company.**

This Agreement is entered into between Forethought Life Insurance Company, an Indiana life insurance company having its principal office in Indianapolis, Indiana (hereinafter referred to as "Company," "us," "we," or "our"), and the General Agent, Agency or Agent identified in the Appointment Data and Information section of this Agreement (hereinafter referred to as "Agent," "you" or "your"). This Agreement shall be effective upon its acceptance by the Company at its administrative offices in Batesville, Indiana. It is agreed by the parties as follows:

APPOINTMENT: Company appoints you as one of its Agents for the purpose of procuring, in person and through agents appointed by us or assigned to you by us, applications for the types of insurance contracts identified in Section 3 of this Agreement (hereinafter referred to as "insurance contract" or "insurance contracts") which will be issued by the Company. For the purposes of this Agreement, the term "application" shall include enrollment of persons for group insurance contracts. You and your agents appointed by us may not begin solicitation of insurance contracts until such time as we have issued a letter confirming the appointment(s).

INDEPENDENT CONTRACTOR, TAXES AND OTHER OBLIGATIONS: You are an independent contractor and nothing contained in this Agreement shall be construed to create the relationship of employer and employee between you, or any other agent, and us. You shall be free to exercise independent judgment as to the persons from whom applications for insurance contracts will be solicited, and the time and place of such solicitations. As an independent contractor and not an employee of ours, all agency expenses, including but not limited to rentals, transportation, salaries, attorney or legal fees which pertain to the administration of your business, postage, advertising, agent licensing fees and/or agent occupational taxes, shall be your liability and not ours.

APPOINTMENT OF AGENTS: Your subordinate agents (hereinafter referred to as "agent" or "agents") include agents appointed by you and approved by us subject to the terms of this Agreement, provided you maintain a valid license and appointment as our agent in each state in which you appoint any such agents. Each agent whom you appoint must be validly licensed and execute a written agent's agreement directly with us, and such agreement shall be effective only when also accepted by us. You have no authority to modify or amend any part of such agreement. We reserve the following rights which may be exercised at our sole discretion without liability to you: (a) to refuse to contract with any proposed agent; (b) to transfer any agent(s) to a different agency hierarchy; and (c) to terminate our agreement with any of your agents under the terms of such agreement.

NONEXCLUSIVE TERRITORY: You are authorized to do business under the conditions of this Agreement in any state in which we are authorized to do business provided you are properly licensed in such state to sell such insurance contract. No territory is exclusively assigned.

RESPONSIBILITIES OF AGENTS: You shall be responsible for the fidelity and honesty of all of your agents. All monies collected, received, or which otherwise come into your control or the control of your agents, which belong to us, our annuity or insurance contract owners (hereinafter referred to as a "insurance contract owners") or applicants shall be securely held in a fiduciary capacity and shall not be used for any personal or other purposes whatsoever, but shall be immediately paid over to us. You guarantee the payment to us of all monies intended for or owing to us, our insurance contract owners, prospective insurance contract owners, or applicants that are collected, received, or otherwise come into your control or the control of your agents.

RESTRICTED AUTHORITY OF AGENTS: Your authority to act on our behalf shall exist only as expressly stated in this Agreement. No right, power, or authority shall be implied. You agree that you and your agents are without authority to do or perform, and expressly agree not to do or perform the following acts on our behalf: (a) incur any indebtedness or liability; (b) make, alter, or discharge any insurance contract or other contracts; (c) waive forfeitures; (d) quote rates other than as quoted by us; (e) extend the time for payment of any premium; (f) waive payment in cash; (g) guarantee dividends; or (h) deliver any insurance contract more than ten (10) days after issuance by us or fail to promptly return the delivery receipt to us. Further, you agree that you and your agents shall not: (i) violate the insurance laws of any state in which you or your agents may be soliciting applications for insurance contracts; (j) withhold any of our, the insurance contract owner's, prospective insurance contract owner's or applicant's monies or property; (k) rebate or offer to rebate all or any part of a premium on our insurance contracts; (l) induce or attempt to induce any of our insurance contract owners to discontinue payment of premiums or to relinquish any insurance contract; (m) induce or attempt to induce any of our agents to leave our service; (n) perpetrate any fraud against us or our insurance contract owners, prospective insurance contract owners or applicants; (o) fail to provide contract disclosure documents to insurance contract applicants as required by the Company or applicable state law; (p) fail to provide compensation disclosure to insurance contract applicants as required by state law; or (q) violate any Policies and Procedures of the Company.

COMMISSIONS: You shall be paid commissions in accordance with the Schedule of Commissions attached hereto and made a part hereof. We reserve the right, in our sole discretion, to amend the Schedule of Commissions at any time; provided, however, that any such change shall only be effective for commissions payable on applications dated after the effective date of such change. Commissions shall be paid hereunder only for so long as you or your agent are the agent of record. Commissions are subject to chargeback in accordance with the Schedule of Commissions. You agree that if we determine, in our sole discretion, that your agent has not properly been paid commissions by you, we have the right to reduce your future commissions by the amount to which your agent is entitled. Commissions shall be payable hereunder only in accordance with the Schedule of Commissions and shall not be allowed on premiums waived or commuted by reason of death, disability, or exercise of insurance contract options. Commissions that become payable shall be paid to you, your executors, administrators, or assigns; however, neither this Agreement nor any commissions or other benefits to accrue hereunder may be assigned or transferred, either in whole or in part, without our prior written consent.

Initials

SET-OFFS AND CHARGEBACKS AGAINST COMMISSIONS: You agree that we may, at any time, set-off against commissions due or to become due to you, or to anyone claiming through or under you, any amount due from you or your agencies or agents to us, including any chargebacks. If not set-off, all such amounts shall be paid to us within 30 days. You also agree that you remain legally obligated to immediately reimburse any agency or agent for the full amount of any chargebacks due and owing to us under this Agreement which such agency or agent has paid on your behalf. We do not waive any of our rights to pursue collection of any indebtedness owed by you or your agencies or agents to us. In the event that we, or any agency or agent, elect to refer such indebtedness to outside collections and/or to initiate legal action to collect any indebtedness of you or your agencies or agents, you shall reimburse us or the agency or agent, as applicable, for the costs of collection, attorney's fees and expenses in connection therewith. This provision shall remain in full force and effect regardless of any termination of this Agreement.

STATEMENT OF ACCOUNT: We will provide your commission account information weekly provided that transactions occur in your account during the previous week. Unless you notify us in writing within 30 days of the issue date of a statement of any differences between such statement and your account, you shall have waived the right to contest the accuracy, correctness, and basis of the statement. Such statement shall be competent and conclusive evidence of the status of your account.

REPRESENTATION: You and your agents will not represent yourself as holding any professional or trade certification that implies expertise in financial matters relating specifically to persons age 65 or older, including but not limited to "certified senior advisor," until and unless you provide us with complete information regarding the nature of such certification and we approve in writing the use of such certification in connection with the sale of our products.

RESERVATIONS: We reserve the following rights at our discretion without liability to you: (a) to change commissions on any insurance contract form or rider upon furnishing notice to you, but such change shall not affect applications received by us prior to such notice, (b) to withdraw any insurance contract forms; (c) to change our premium rates; (d) to reject insurance contract applications or premiums without specifying cause; and (e) to adopt policies and procedures from time to time relating to any matter not otherwise covered in this Agreement.

ADVERTISING: You, your agencies, and agents agree that you shall not use or authorize use of any advertisement or other communication that uses our name or our product names; whether written, oral, audio, visual, or digital, without first receiving prior written approval from us.

PERSONAL PROPERTY AND FUNDS: All materials used by you in any transaction involving us and any other personal property furnished by us shall remain our property, shall be open to inspection by us at all times, and shall be returned to us at termination of this Agreement.

LEGAL ACTION: You may not institute any administrative or legal proceedings on our behalf. If we bring any administrative or legal action, or both, by reason of an alleged act, fault, or failure by you in connection with your activities hereunder, we may require you to hire and pay an attorney, subject to our approval, who will represent us. However, at our option, we may defend or institute any such action and expend such sums, including attorney fees, as may in our judgment be necessary and you will be required to reimburse us for all such amounts.

INDEMNIFICATION: You agree to defend, indemnify and hold harmless the Company, its affiliates and their respective employees, officers, directors and shareholders from all claims, liability or loss which result from your real or alleged negligent or willful acts, or your errors, omissions or breach of any provision of this Agreement and such acts, errors, omissions or breaches of your agents or employees, in the performance of duties under this Agreement. Claims, liability or loss includes, but is not limited to, all costs, expenses, attorney fees and other legal fees, penalties, fines, direct or consequential damages, assessments, verdicts (including punitive damages to the extent permissible under the law of the state where any claim or suit is filed which seeks recovery of punitive damages against us) and any other expense or expenditure incurred by us. This indemnification will be in addition to any liability you may otherwise have.

TERMINATION: This Agreement may be terminated without cause by either party upon at least 30 days prior written notice, or immediately, upon written notice, for cause and for no production during any rolling twelve (12) month period. This Agreement shall terminate for cause in the event of your breach of any provision of this Agreement. Such termination shall not impair your right to receive commissions on insurance contracts previously issued, except if termination is because of your breach of any provision of this Agreement, in which case commissions will not be paid after date of termination. For Flexible Option plans, no renewal or contingent commissions shall be payable to you after this Agreement is terminated. After termination of this Agreement, all amounts owed to us hereunder are due and payable immediately without further notice or demand.

COMPLAINTS AND INVESTIGATIONS: You shall cooperate fully in any insurance regulatory investigation or proceeding or judicial proceedings arising in connection with the insurance contracts marketed under this Agreement. Without limiting the foregoing:

- (a) You will promptly notify the Company of any written customer complaint or notice of any regulatory investigation or proceeding or judicial proceeding received by you or your agent in connection with any insurance contract marketed under this Agreement or any activity in connection with any such insurance contract.
- (b) In the case of a customer complaint, you will cooperate in investigating such complaint and any response by you to such complaint will be delivered to the Company for approval not less than five business days prior to its being sent to the customer or regulatory authority.
- (c) The provisions of this section shall remain in full force and effect regardless of any termination of this Agreement.

CUSTOMER INFORMATION: You shall treat customer information as confidential as required by applicable law and by the Company, as described in the Company's privacy notices and in accordance with the Company policies and procedures. You shall also take reasonable steps to establish and implement administrative, physical and technical procedures to ensure the confidentiality, security and integrity of customer information. You agree to comply with the Company's terms of use, policies and procedures with respect to use of Company electronic systems providing access to customer information by you, your employees, and agents and shall promptly report to the Company any breach of security related to such systems of which you become aware. You may use customer information only for the purpose of fulfilling your obligations under this Agreement. You will limit access to customer information to your employees, agents and other parties who need to know such customer 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 any 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 insurance contracts. 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 insurance contract issued by the Company. Customer information does not, however, include information that is

Initials

(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 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 litigated in Ripley County, Indiana.

This Agreement supersedes all prior agreements, either oral or written, between the parties relating to the subject matter hereof. All agreements between you and us are contained in this Agreement, including the following exhibits (if applicable) which are attached hereto and made a part hereof: (a) Schedule of Commissions; and (b) Guaranty Agreement. 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: You may not assign your rights or duties under this Agreement without the prior written consent of the Company.

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 Life Insurance Company, 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.

Section 10: Signatures

Please complete the applicable Section 10A or 10B.

10A. 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 Signature
Printed Name
Date (mm/dd/yyyy)

10B. General Agent Signature

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

General Agency

Forethought Life Insurance Company

AGI Financial

By: _____

Name/Title

Name/Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

General Agent Signature

Signature

**General Agent 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.**

This Insurance Selling Agreement can be submitted as follows:

U.S. Mail

Forethought Life Insurance Company
 C/O Licensing and Contracting
 P.O. Box 216
 Batesville, IN 47006

Private Express Carrier

Forethought Life Insurance Company
 C/O Licensing and Contracting
 One Forethought Center
 Batesville, IN 47006

Via Fax

Please fax to (800) 668-5072

Via Email

Please email to licensing@gafg.com



In order to induce FORETHOUGHT LIFE INSURANCE COMPANY ("FLIC") to enter into an Insurance Selling Agreement ("Selling Agreement") with _____ ("Producer"), dated _____, the undersigned Guarantor hereby unconditionally guarantees the performance of all terms, covenants, agreements, understandings and obligations assumed by the Producer under the Selling Agreement, including but not limited to the payment of any sums of money due thereunder to FLIC for any reason whatsoever.

This is a continuing guarantee, and applies to any amendment, modification or acceleration of the Selling Agreement. The Guarantor waives notice of default by the Producer, and agrees that FLIC need not pursue or exhaust any other remedies prior to invoking the benefits of the guarantee contained herein. This Guaranty Agreement shall remain in full force and effect notwithstanding the termination of the Selling Agreement, or the institution of any action by the Producer under the U. S. Bankruptcy Code, any state bankruptcy laws, or any reorganization or insolvency of the Producer.

The terms of this Guaranty Agreement are performable in Batesville, Ripley County, Indiana.

This Guaranty Agreement is executed by the Guarantor this _____ day of _____.

Guarantor (Individual Guarantor's Signature)

Signature of Witness

Printed or Typed Name of Witness

Address of Witness (*Street or Box, City, State and Zip Code*)

Completion of this Preneed Hierarchy Information Sheet is effective for Forethought life insurance policies/certificates upon receipt and acceptance in the Forethought Home Office. This information sheet is part of the Agency/Agent Agreement and subject to the terms of the said Agreement. Forethought Life Insurance Company ("FLIC") will pay directly agents/agencies according to the chosen rates as recorded and directed below. Agents that are not to be paid directly should be contracted as Licensed Only.

Please complete a Hierarchy Information Sheet for each agent/agency contracting with FLIC (This sheet must accompany all new Agent/Agency/Override contracting agreements)

Section 1: Setup Type
 New Change Existing

Name

Section 2: Hierarchy Information (Fill on only levels that apply)

Level	Agent/Agency Name	Agent/Agency #	Percent of Commission**
General Agent	AGI Financial		
Override			
Override			
Override			
Override			
Direct Pay Agent			
Non Direct Pay Agent			N/A

****Commission Rate Schedule needs to accompany this form**

Changes in General Agent Commission Schedules

Percentages are based upon the General Agent Commission Schedule in effect at the time the Agent Rate Schedule is executed. If the direct pay option has been elected, any change in the Agent Rate Schedule will be effective only upon receipt of written notification by FLIC.

Section 3: Funeral Home Information (attach additional locations if needed)

Funeral Home Name	Street Address	City	State	Zip
The Tribute Funeral Home	507 Prairie Dell Church Rd	Salado	TX	76571

Notes:

Preneed Annuity Hierarchy Information Sheet

Completion of this Hierarchy Information Sheet prepares your General Agent for sales of the Forethought® Preneed Annuity product offerings. Forethought Life Insurance Company ("FLIC") will pay directly Agents/Agencies according to the chosen hierarchy levels as recorded and directed below. Agents that are not to be paid directly should be contracted as Licensed Only ("LO").

Section 1: Setup Type
 New Change Existing

Name

Section 2: Hierarchy Information (Fill on only levels that apply)

Level	Agent/Agency Name	Agent/Agency #	Percent of Commission**
General Agent	AGI Financial		
Writing Agent			

****The Preneed Annuity Commissions will be paid out at 100% to either the GA or the Writing Agent.**

There will be a 100% chargeback at any time for Not Taken or Surrendered policies. The chargeback will be placed upon the GA or writing agent that is designated to get the commissions based on this form.

Section 3: Authorizing Signature

IN WITNESS WHEREOF. General Agent acknowledges and authorizes the changes to be executed either individually or by its duty authorized representative as of the date set forth below.

 Authorizing General Agent Signature (AGI Financial)

 Date (mm/dd/yyyy)

This Preneed Hierarchy Information Sheet can be submitted as follows:
U.S. Mail

 Forethought Life Insurance Company
 c/o Preneed Licensing
 P.O. Box 216
 Batesville, IN 47006

Via Fax:

Please fax to (800) 668-5072

Via Email:

 Please email to licensing@gafg.com

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II 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 (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, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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- ii. to the fullest extent permitted by law, that service of process may also be made on such party by prepaid certified mail with a proof of mailing receipt validated by the United States Postal Service constituting evidence of valid service, and that service made pursuant to this provision shall have the same legal force and effect as if served upon such party personally within the State of Texas.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below.

AMERICAN GENERATIONS II, LLC. d/b/a. AGI Financial

Brian A. Piacentini

Name: Brian A. Piacentini

Title: Chief Executive Officer ACCEPTED

AND AGREED:

INDEPENDENT CONTRACTOR:

Name:

Print

Signature: _____ Date:

State of Residence:

**SCHEDULE OF COMMISSIONS FOR INSURANCE SALES
Advance 60 Product**



This Schedule of Commissions for Insurance Sales (“Schedule”) is an addendum to the Insurance Selling Agreement (“Agreement”). This Schedule is for insurance and annuity contracts sold under the Agreement which are issued on or after the Schedule Effective Date. Commissions are paid weekly.

Issue Age	LIFE INSURANCE ¹				ANNUITY ²
	Single & Down Pay	Three Pay	Five Pay	Ten Pay	Preneed Annuity
0-60					
61-70					
71-80					
81-105					

¹ Commissions are paid at issue and are a percentage of the single or first year annualized premium for the contract.

² Commissions on Preneed Annuity are paid as a percentage of each premium received, but no commission will be paid for any premium amount that is less than \$1,000. (Annuity commission is paid to only one level in the hierarchy)

Additional Initial Premiums on Life Insurance

If an initial excess premium (Down Pay) is paid in connection with a Limited Pay (Three Pay, Five Pay or Ten Pay) plan, commission amounts for the Down Pay and Limited Pay will be separately calculated by applying the appropriate commission percentage to premium amounts associated with each pay plan.

Commission Chargebacks

Commissions will be charged back as follows:

- Commissions are not earned on contracts that are returned to us and voided. Commissions paid for such contracts will be charged back in full.
- If a contract is held as an “investment” within a preneed trust/escrow account, we will chargeback any commissions paid in the event of a non-death termination during the lifetime of the contract.
- If a contract is not held as an “investment” within a preneed trust/escrow account, we will chargeback an amount equal to the commissions paid on any contract that during its first contract year (1) is surrendered for its cash value or (2) on a Limited Pay plan, lapses for nonpayment of premiums due.
- When the Early Payoff option is used in the first contract year of a Limited Pay plan, we will recover the difference between the amount of commissions paid for the Limited Pay plan and the amount of commissions that would have been payable for a Single Pay plan.
- For Life Insurance plans, if the insured dies prior to the first contract anniversary for any reason other than accidental death, commissions will be charged back at the rate of 100% during the first 182 days following the issue date. After the contract has been in force 182 days, the chargeback will be prorated on a daily basis for the remainder of the first contract year. The commission amount retained will be the total commission paid multiplied by the number of days the policy was in effect divided by 365. For the Preneed Annuity plan, there will be no chargeback of commissions paid due to deaths.
- If we void or rescind a policy due to contesting a claim on a death occurring during the first year, the commission will be charged back 100%.

Termination of the Agreement shall not terminate our right to chargeback commissions.

NO COMMISSION SHALL BE PAID ON THE SALE OF A POLICY WHICH INVOLVES THE TOTAL OR PARTIAL REPLACEMENT OF A POLICY ISSUED BY FORETHOUGHT LIFE INSURANCE COMPANY OR ANY OF ITS AFFILIATES UNLESS SPECIFICALLY PROVIDED FOR IN WRITING.

ACCEPTED AND AGREED TO:

Agent Signature

Date

Authorizing Signature

Date