

Use this form to request a systematic withdrawal or partial withdrawal for Annuity contract/certificates, hereinafter referred to as "Contract(s)".

No Index Credits are provided for any amount withdrawn or deducted from an Indexed Strategy prior to the end of a Strategy Term.

**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	
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					

**Section B: Type of Request**

Select one:

- Systematic Withdrawal (\$100 minimum) (Complete Section A, C, E, F, G)
- Partial Withdrawal (\$1,000 minimum) (Complete Section A, D, E, G)

**Section C: Systematic Withdrawal**
**Important Notes**

Systematic withdrawals may be subject to withdrawal charges and interest adjustments.<sup>1</sup> Funds will be withdrawn proportionately from all account strategies in which they are currently invested. For more information, please refer to your Contract.

**Please choose one:**

- Withdraw \$ \_\_\_\_\_
- Withdraw \_\_\_\_\_ % of total Contract Value (*please use whole percentage*)

**Choose a frequency:**

- Monthly  Quarterly  Semi-Annually  Annually

**Begin my payments:**

- Immediately  As of this date (*mm/dd/yyyy*) \_\_\_\_\_

<sup>1</sup>Any withdrawal charges or interest adjustments will be deducted from the remaining Contract Value.



**Section D: Partial Withdrawal****Important Notes**

Partial withdrawals may be subject to withdrawal charges and interest adjustments.<sup>1</sup> Funds will be withdrawn proportionately from applicable account strategies. If the withdrawal reduces the Contract Value below the amount of the minimum Contract Value we may treat the request as a withdrawal of the entire Contract Value. For more information, please refer to your Contract.

**Please choose one:**

- Free withdrawal amount only
- \$ \_\_\_\_\_
- \_\_\_\_\_ % of contract value

<sup>1</sup>Any withdrawal charges or interest adjustments will be deducted from the remaining Contract Value.

**Section E: Tax Withholding**

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

**E1: 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 E: Tax Withholding (continued)****E2: 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 F: Distribution Instructions****F1: U.S. Mail**

- Please mail check(s) to the Owner's address of record.

**Section F: Distribution Instructions (continued)**

**F2: Electronic Funds Transfer**

**Important Notes**

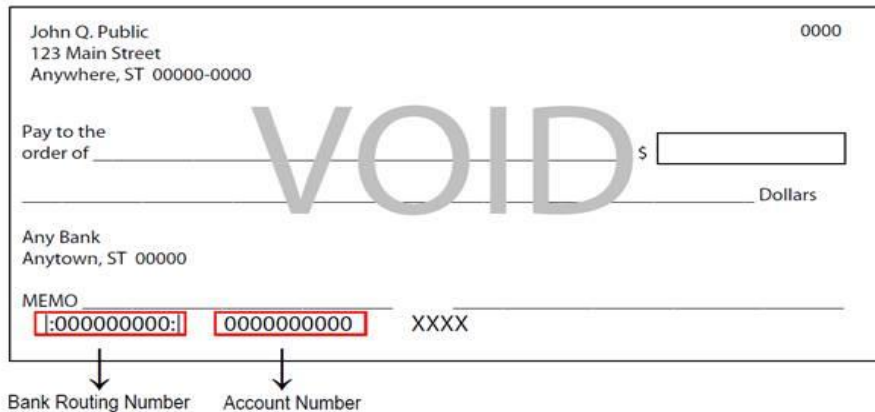
- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- **Please attach 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 (if any)	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 G: Certification and Signature(s)**
**CERTIFICATION:**
**Taxpayer Identification Number (must be completed)**

<b>REQUIRED →</b>	Owner's Social Security No./Taxpayer I.D.	Joint Owner's Social Security No.
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**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/Custodian/Trustee Signature	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
Joint Owner/POA/Co-Trustee 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>

This Systematic and Partial Withdrawal 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