

We welcome you to Forethought Life Insurance Company! Checking each item will help to ensure that we have all the information necessary to process your appointment in an expedient manner.

Marketing Organization Name: _____

Marketing Organization ID#: _____

Attached are the forms to contract: _____

Print Agent's Name

Agents: Please return all completed contracting documents to your Marketing Organization.
Agents should not submit contracts directly to Forethought.

Marketing Organization: Please send the following forms along with this completed checklist to Forethought.

Fax To: 1-877-202-3013

Email To: Agents@AmeriLife.com

- ☐ Signed and fully completed copy of the Agency/Agent Agreement
- ☐ Signed and fully completed copy of the Hierarchy Information Sheet
- ☐ Signed copy of Forethought® Freedomsm Schedule of Commissions
**Not required for LO/non-direct pay agents*
- ☐ Signed copy of MedSupp Schedule of Commissions
**Not required for LO/non-direct pay agents*
- ☐ Copy of all applicable individual and agency licenses
- ☐ Copy of voided check for ACH deposits
**Not required for LO/non-direct pay agents*
- ☐ Written explanation and/or court documentation for any questions answered "yes" in the Agent Statement section
- ☐ Copy of Forethought Universitysm certification page
- ☐ Guaranty Agreement
**applicable to Marketing Organization Levels only*
- ☐ Proof of Errors & Omission (E&O) coverage
**applicable for Annuity Contracting only*
- ☐ Proof of Productivity/Distribution Profile
**Only required if Agency/Agent is contracting at a level higher than GA*

APPOINTMENT DATA AND INFORMATION*Please Print or Type Clearly***1 GENERAL INFORMATION**

IMO/Agency/Agent Name		Federal Tax ID #	
Business Street Address	City	State	Zip Code
Mailing Address (If different from Business Street Address)	City	State	Zip Code
Authorized Representative-Full Name (First, MI, Last)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security # (Individual) Date of Birth
Residence Street Address	City	State	Zip Code
Residential Phone	Cell Phone	Business Phone (Required)	Fax Number
Email Address (Required)			
IMO/Agency/Agent Beneficiary	Relationship	Social Security # (Beneficiary)	

2 IMO/AGENCY/AGENT STATEMENTS (If you answer Yes to any question, please provide details on a separate sheet and attach)

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 regulation? 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 had any of the following: sought protection from creditors, declared bankruptcy, had a lien or judgment, had a creditor charge off an account/payables 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 ☐

3 TYPE OF INSURANCE CONTRACT SELLING AUTHORITY REQUESTED/DIRECT OR NON-DIRECT PAY STATUS

Check applicable box(es) and attach additional required documents. An agent number will not be assigned until all ancillary forms are submitted and in good order.

Verify with your Marketing Organization/General Agency prior to selecting product lines to ensure product availability.

- ☐ Annuity
- ☐ Final Expense
- ☐ Medicare Supplement/Final Expense
- ☐ Preneed

☐ Check this box if you will be a License Only/Non-Direct Pay agent.

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

4 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.

Please forward your request to:

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

Or Fax To: 800-668-5072

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>.)

5 AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDITS)

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

I hereby 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 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.

Preneed Agents Only: Commission statements for direct pay agents will be auto emailed to the email address provided in the General Information section of this Agreement.

Account Name (print): _____ Account Type: ☐ Checking Account ☐ Savings Account

PLEASE SUBMIT A COPY OF YOUR VOIDED CHECK WITH THIS AGREEMENT

AND COMPLETE THE FINANCIAL INSTITUTION (BANK) INFORMATION BELOW:

Bank Name: _____ Bank Telephone: (_____) _____

Bank Address: _____

City, State, Zip: _____

Account Number: _____ Bank Transit/ Routing Number: _____

ACKNOWLEDGMENTS AND SIGNATURE

6 TAXPAYER ACKNOWLEDGMENTS

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.

7a TRAINING CERTIFICATION ACKNOWLEDGMENT FOR ALL PRODUCERS

Initials

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.

7b ADDITIONAL ACKNOWLEDGMENTS FOR ANNUITY PRODUCERS

Initials

I acknowledge that I must complete Annuity Product Training before soliciting an annuity application.

Initials

I have completed Anti-Money Laundering (AML) training online via LIMRA.

OR

I have completed Anti-Money Laundering (AML) training via another insurance company or a third party provider subject to the requirements of the USA PATRIOT Act. I have provided suitable proof of the alternate training. The training included, at a minimum: (a) how to identify red flags and signs of money laundering; (b) what roles producers have in AML compliance; (c) what to do once a red flag or suspicious activity is detected; and (d) the disciplinary consequences for non-compliance with the Act.

Initials

AML Training Program Provider

Training Date

Initials

I acknowledge that in addition to a base AML course from LIMRA or another approved training program provider, I must complete a refresher course every 2 years, based on a rolling 24-month period.

Initials

ADDITIONAL ACKNOWLEDGMENTS FOR INDEXED ANNUITY PRODUCERS:

I acknowledge that I will read the Company's annuity product disclosure statements and the Buyer's Guide to Fixed Deferred Annuities with Appendix for Equity-Indexed Annuities. I acknowledge I will not make statements that differ from those made in the disclosure statements.

Initials

Furthermore, I acknowledge that I understand the following:

Indexing is a method and formula for calculating interest, and may include such concepts and terms as participation rate, index cap, index spread, monthly averaging, point-to-point, and index averaging period.

Initials

The Company's annuity products are not registered security or stock market investments and do not directly participate in any stock or equity investments.

Initials

While the interest credited to these annuities is calculated by a formula linked in part to the Standard & Poor's 500[®] Index, the annuity performance will not match the performance of that Index. The actual interest credited may be zero percent, although there are minimum guaranteed values, which may be subject to withdrawal charges and interest adjustments.

Initials

The final decision regarding the premium allocation between a fixed account strategy and an indexed account strategy of an annuity product is the annuity owner's, based on their individual situation, needs and goals, and that I may not act as a registered investment advisor.

Initials

No representation, prediction, or guarantee of future interest performance may be made at any time, and past performance is never an indication of future performance.

Initials

The products are intended for retirement funding or other long-term accumulation needs with substantial contract-imposed penalties. As such, they may not be appropriate for all consumers.

Initials

I will provide a copy of the Disclosure Statement and Buyer's Guide to all annuity applicants.

8 GENERAL ACKNOWLEDGMENTS

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

Please complete the applicable Section 9a or 9b:

9a 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

Print Name / Title

X _____
Agency/Agent Signature

Date

9b IMO/GA SIGNATURE

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

**INDEPENDENT MARKETING ORGANIZATION/
GENERAL AGENCY**

Name / Title

Date

X _____
IMO/GA Signature

FORETHOUGHT LIFE INSURANCE COMPANY

By: _____
Name / Title

Date

X _____
Signature

Marketing Organizations 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.

Fax All Pages of Agreement To:
AmeriLife Marketing Group
c/o Agent Contracting and Licensing
877-202-3013

E-mail Documents To:
Agents@AmeriLife.com

Mail All Pages of Agreement To:
AmeriLife Marketing Group
c/o Agent Contracting and Licensing
2536 Countryside Blvd., Suite 430
Clearwater, FL 33763-1637

**AGENT COMMISSION ADVANCING AGREEMENT**

For value received, Forethought Life Insurance Company ("Company") and the Borrower and/or Guarantor named below, enter into this Agreement upon the following terms and subject to the following conditions:

GENERAL

This Agreement is a supplement to, and subject to all the terms and conditions of, the Borrower's and/or Guarantor's most recent Insurance Selling Agreement with the Company.

PRODUCTION

The Company may, in its sole discretion, exclude from this Agreement any policy the Borrower places with the Company.

AMOUNT OF LOAN

When a policy is issued, the Company will loan to the Borrower an amount determined in accordance with the following schedule, except that the maximum amount the Company will loan to Borrower on any one policy is \$1,500.00 and the maximum amount the Company will loan to Borrower in any calendar month on all policies covered by this Agreement is \$5,000.00.

Product	Number of Months Commissions to be Advanced			
Medicare Select	<input type="checkbox"/> As Earned	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months
Medicare Supplement	<input type="checkbox"/> As Earned	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months
Forethought [®] Freedom SM	<input type="checkbox"/> As Earned	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months

REPAYMENT

All advances/loans will be made on a policy by policy basis with the normal repayment of such advances/loans to be paid back to the Company from future commissions earned on the policyholder's future premium payments. If such policy is not issued, is not taken, is rescinded, or such policy lapses for any reason prior to the earning of commissions advanced, the outstanding advance/loan on such policy becomes immediately payable to the Company. The Company at its sole discretion may offset this indebtedness from any and all money the Company becomes obligated to pay to the Borrower and reserves the right to call for the repayment of the Borrower's aggregate Debit Balance (Account Balance) at any time.

While any balance is outstanding for loans made hereunder, or for interest on such loans, all commissions earned on any policy may be applied to the repayment of such advances/loans. Not taken fees, commission advance reversals and interest shall be deducted from any earned commission.

All such loans made under this Agreement shall be secured by the Agent's commissions from the sale of all life, annuity, and health insurance produced by said Agent, and shall be individually guaranteed by the Borrower and/or Guarantor. All loans made hereunder shall be payable upon demand should the Company at its sole discretion believe that the Borrower/Agent does not have sufficient commissions on the in-force business to repay the outstanding balance of the loans. In the event any policy is returned by the policyholder under the free-look provision, is cancelled or rescinded by the Company for any reason, lapses or otherwise terminates, the unpaid balance of the loan for that policy will be immediately due and payable, and, at the Company's option, the Company may apply future advances thereunder to the repayment of such balances. Such amount will be offset against any subsequent loans made on any policy that may be issued in the future and against any commissions earned on any policies.

RIGHT TO CANCEL

Notwithstanding any other provision hereof, the Company shall have the right to cancel this Agreement at any time without prior notification to the Borrower and/or Guarantor, and in such event all amounts due the Company from the Borrower hereunder shall become immediately due and payable.

REMEDIES

In the event the Borrower/Agent and/or Guarantor do not comply fully with the provisions of this Agreement, the Company (in its sole discretion) may declare all sums due and owing hereunder immediately due and payable. If such sums are not paid in full within ten (10) days of the Company's written request for payment, such unpaid sums shall bear interest at the rate of 15% per annum until paid in full and the Company shall have the right to: (i) withdraw the Borrower/Agent's number, (ii) report the unpaid balance to Vector One and/or (iii) forward the unpaid balance due to outside collections. In the event of such failure to pay, the Borrower/Agent is responsible for all costs related to the collection of any amount owed under this Agreement. Any payments made by the Borrower/Agent will be applied to principal, interest, and costs at the Company's discretion. In the event a suit is commenced to enforce payment under this Agreement, the Borrower/Agent agrees to pay all of the Company's costs and attorney's fees in connection therewith. These provisions shall remain in full force and effect regardless of any termination of this Agreement.

GOVERNING LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the State of Indiana. Any suit arising under this Agreement between the Borrower/Agent and/or Guarantor and the Company shall be instituted and litigated in Ripley County, Indiana.

TERMINATION

This Agreement will automatically terminate if the Borrower's or Guarantor's Agency/Agent Agreement For Insurance Sales or Agent Appointment Agreement with the Company is terminated except that Borrower's and Guarantor's obligations under this Agreement shall continue as long as any balance is outstanding hereunder.

BORROWER/AGENT	
_____	X _____
Print Name	Signature
_____	_____
Social Security / Tax I.D. Number	Effective Date

Signed in Batesville, Indiana.
September 1, 2011



John A. Graf
President
Forethought Life Insurance Company

GUARANTEE

The above Agreement having been executed at my request, I hereby guarantee the payment of all sums loaned pursuant to the foregoing Agreement. I understand any and all commissions, both first year and renewal, under any contract I have entered or will enter into with the Company, are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for the repayment of any advances/loans made by the Company pursuant to the Agreement.

This Commission Advancing Agreement shall survive the termination of any contractual relationship between the Company and the Borrower/Agent and the Guarantor/Agent.

GUARANTOR/AGENT	
_____	X _____
Print Name	Signature
_____	_____
Social Security / Tax I.D. Number	Effective Date



Forethought Life Insurance Company
FORETHOUGHT® UNIVERSITY CERTIFICATION
FOR FORETHOUGHT® FREEDOMsm

SECTION 1 – Forethought® University Certification Program

The educators of Forethought Universitysm want to ensure you have the information you need to get off to a great start and continue to succeed with us. This program will show the industry and your clients your expertise and commitment to Forethought Life Insurance Company ("Forethought")'s values of personal principles, standards and professionalism.

SECTION 2 – Requirement for Certification

When you sign up to sell the Forethought® Freedomsm product, follow this simple process:

1. Review the Code of Professional Responsibility.
2. Sign this certification. This confirms that you have read, understood, and will comply with Forethought's Code of Professional Responsibility.
3. Remain in good standing with Forethought.

SECTION 3 – Code of Professional Responsibility

PROFESSIONAL RESPONSIBILITY TO CONSUMERS

1. **Inform** prospective clients, prior to commencing a life insurance sales presentation, that you are acting as a life insurance agent and inform the prospective purchaser of the full name of the insurance company which you are representing.
2. **Protect** the privacy of consumer's public information such as names and addresses of policyholders, policy numbers, Social Security numbers and health information.
3. **Remain ethical** in all aspects of business so as to serve each client in a professional and caring manner. Operate your business with the highest principles of honesty, integrity, and professionalism.

PROFESSIONAL RESPONSIBILITY TO FORETHOUGHT LIFE INSURANCE COMPANY

1. **Clearly** represent yourself as a Forethought Representative.
2. **Maintain** all appropriate licenses required to solicit business in all resident and non-resident states.
3. **Comply** with AML Laws and Regulations:
 - Remain in compliance with all applicable anti-money laundering laws and regulations.
 - Fully cooperate and assist Forethought in implementing and carrying out its anti-money laundering program as applicable to your activities including providing requested customer information, following customer identification procedures, and cooperating with the required training including providing any requested certification and information regarding such training.

I CERTIFY that I have read, understand and will follow Forethought's Code of Professional Responsibility for Forethought Freedom Representatives. I understand that my failure to follow the Code of Professional Responsibility may result in the termination of my appointment with Forethought Life Insurance Company.

ACCEPTED AND AGREED TO:

Agent Signature

Date