

Forethought Life Insurance Company • One Forethought Center • Batesville, Indiana 47006

<b>1. PROPOSED INSURED</b>									
Last Name		First Name		MI	2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Age	4. Birth Date	5. Height	6. Weight
7. S. S. #			8. Country of Citizenship			9. State of Birth			
10. Address				City		State		Zip	
11. Home Phone #( )			12. Work Phone #( )			13. Best Time To Call		Time Zone	
14. Are you currently receiving disability payments?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Have you smoked cigarettes in the past 12 months?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>16. BENEFICIARY AND RELATIONSHIP TO PROPOSED INSURED</b>									
Beneficiary				S. S. #			Relationship to Insured		
Contingent Beneficiary				S. S. #			Relationship to Insured		
<b>17. OWNER (If Other Than Proposed Insured)</b>									
Name of Owner						Country of Citizenship			
Phone # ( )			S. S. #			Relationship to Insured			
Address						E-Mail Address			
<i>For health questions 18, 19 and 20, go to next section ONLY if You answer "No" to all questions in that section.</i>									
18. A. Do you need help performing any Activities of Daily Living (ADLs) such as eating, bathing, toileting? Are you currently hospitalized or confined to a wheelchair, bed, or nursing facility?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Has the proposed insured ever been diagnosed as having AIDS or an AIDS-related condition?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Have the proposed insured ever had a positive result on an HIV test?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Have you been medically diagnosed as having a terminal illness, or a life expectancy of 12 months or less, Alzheimer's Disease, Dementia, or Congestive Heart Failure (CHF)?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are you currently receiving kidney dialysis, or using oxygen equipment to assist in breathing? Have you been advised to have any medical test, hospital, nursing home confinement, psychiatric or home health care and not done so?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Have you had a heart, lung, or liver transplant, or has one been recommended to you?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. A. During the past 24 months, have you had, been medically diagnosed, treated, or taken prescription medications for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma (excluding Basal/Squamous cell skin cancers)?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. During the past 12 months, have you had, or been medically diagnosed as having a brain tumor, heart attack, stroke, Transient Ischemic Attack (TIA)? Have you been medically advised to have brain, heart, or circulatory surgery?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. During the past 24 months, have you been treated for insulin shock, diabetic coma, amputation caused by disease, or have you taken insulin shots prior to age 40?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. A. During the past 12 months, have you been admitted to or confined to a hospital two or more times?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. During the past 24 months, have you had a stroke, Transient Ischemic Attack (TIA), heart attack, angina, or any procedure to improve circulation to the heart or brain?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. During the past 24 months, have you been diagnosed with, been treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for:									
1. Parkinson's Disease, seizures, clinical depression, or neurological disorders?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Liver Disease, renal insufficiency, kidney transplant, kidney failure, or irregular heart beat?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Diabetes with uncontrolled blood pressure, or requiring more than 60 units of insulin daily, or diabetic complications, including numbness, eye or kidney disorder, coma, insulin shock, or uncontrolled blood sugars?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Emphysema, chronic bronchitis, chronic asthma, Chronic Obstructive Pulmonary Disease (COPD) or black lung?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. During the past 36 months have you been diagnosed with, treated for, or had a medical professional recommend treatment (including office visits, medications, or surgery) for alcohol or drug abuse, internal cancer, Leukemia, or Melanoma?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Doctor's Name						Phone # ( )			

**22. PLAN**

- 1 Level Death Benefit - Answer "No" to all health questions
- 2 Graded Death Benefit - Answer "No" to all health questions in 18 & 19, and "Yes" to any health question in 20
- N/A 3 Single Premium - Answer "Yes" to any health question in 18, 19, or 20

**23. FACE AMOUNT \$** \_\_\_\_\_ **PAYMENT PLAN** N/A Single Premium N/A Payment for 10 Years  Payments for Life

- INITIAL PREMIUM**  \$ \_\_\_\_\_ Check with application - **make check payable to Forethought Life Insurance Company**
- \$ \_\_\_\_\_ Draft First Premium

**24. BILLING MODE**  Annual \_\_\_\_\_  Semi-Annual \_\_\_\_\_  Quarterly \_\_\_\_\_  Monthly EFT

**AUTHORIZATION FOR BANK DRAFT - Please attach a voided personal check**

Electronic Funds Transfer (EFT)

- Checking Account #: \_\_\_\_\_
- Savings ABA Routing/Transit Number: \_\_\_\_\_
- Custom Date \_\_\_\_\_ (Select 1-28)

\_\_\_\_\_ ( ) - \_\_\_\_\_  
 Name of Financial Institution Phone # of Financial Institution

S. S. # of Account Holder \_\_\_\_\_

**AUTOMATIC PAYMENT AUTHORIZATION – Must be completed for EFT**

I authorize Forethought Life Insurance Company ("FLIC") to charge/deduct my insurance premium from my account. This authorization is to remain in effect until I revoke my automatic monthly premium payment by notifying FLIC.

\_\_\_\_\_  
 Payor's Signature - *As it appears on the bank account* Date

**25. REPLACEMENT INFORMATION**

- a. Is there life insurance in force on the Proposed Insured?  Yes  No
- b. Will insurance applied for replace any life insurance in force?  Yes  No  
 (If yes, you will be given the Ohio Notice Regarding Replacement and a Replacement form to be completed on your current insurance)

**26. OWNER IDENTITY VERIFICATION** Under Federal law, we are required to verify the identity of all new life insurance Owners.

**Select One**

- If the proposed Owner appears in person, we will ask to see your driver's license, passport or other government-issued photo identification.
  - Driver's License  Passport  Other \_\_\_\_\_

\_\_\_\_\_ ID Number State/Country of Issuance ID Expiration

- If the proposed Owner does not appear in person, we may verify your identity by non-documentary means, such as by obtaining a consumer report.



## **DISCLOSURES**

**MEDICAL INFORMATION BUREAU (“MIB”) NOTICE** Information regarding your insurability will be treated as confidential. FLIC or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB’s information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. FLIC, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

**NOTICE OF INFORMATION PRACTICES** This application is our major source of information about the Proposed Insured. As part of our routine underwriting procedure, we will occasionally obtain an investigative consumer report which will provide applicable personal information concerning character, general reputation, personal characteristics, and mode of living. This information may be obtained through other parties, including personal interviews with your friends, neighbors, and associates. In some circumstances, this information may be disclosed to third parties without your specific authorization, but only for certain limited purposes related to the conduct of our business with respect to this application. You have the right of access and correction with respect to all personal information collected, and a full notice of your rights will be furnished upon request.

**ELECTRONIC FUNDS TRANSFER** Effective March 31, 2002, the NACHA Operating Rules, the Electronic Funds Transfer Act, and Federal Reserve’s Regulation E were modified to permit the conversion of a paper check to electronic data. By sending a check for payment on your policy, you will be authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may post to your account as early as the date your check is received, will be only for the amount of your check. The transaction will appear in the electronic payment area of your checking account or credit union statement. Your paper check will not be returned. It will be imaged and the original destroyed as required by the above regulation. An image of the check will be available upon request.