



I, The Insurance Agent or Broker Certify:

That, I am an insurance agent or broker.

That, I am making the solicitation or sale on behalf of Forethought Life Insurance Company.

That, I have no connection or affiliation with, and am not in any way sponsored by, the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services.

Agent Name _____ Agent Phone No. _____

Agent Address _____

Name of Agency _____ Agency Phone No. _____

Agency Address _____

Name of Insurance Company: Forethought Life Insurance Company

Insurance Company Address: Administrative Office
PO Box 14659
Clearwater, FL 33766-4659
1-877-492-5870

I, The Applicant Understand that I have a right to:

Verify the information above by contacting the Ohio Department of Insurance at:

**Ohio Department of Insurance
50 W. Town Street, 3rd Floor, Suite 300
Columbus, OH 43215**

Contact the agent or broker making the solicitation or sale at both an address and telephone number provided by the agent or broker;

Contact the insurance company on behalf of which the solicitation or sale was made at an address and telephone number provided by the agent or broker;

Pay my premium(s) directly to the insurance company, if I purchase a Medicare supplemental insurance policy.