

Setting Aside Funds

**FORE
THOUGHT**[®]
NATIONAL LIFE INSURANCE COMPANY

WITH THE FORETHOUGHT PLANSM



THE BENEFITS OF SETTING ASIDE FUNDS FOR YOUR FINAL EXPENSES USING THE FORETHOUGHT PLANSM FEATURING FORETHOUGHT SELECTSM I

- HELPS RELIEVE LOVED ONES OF FUTURE EMOTIONAL AND FINANCIAL BURDENS AND PROVIDES PEACE OF MIND FOR YOU AND YOUR FAMILY
- COVERAGE UP TO \$25,000
- ELIGIBLE AGES 0 TO 85
- GUARANTEED ISSUE – NO ONE TURNED DOWN REGARDLESS OF HEALTH
- AFFORDABLE PREMIUMS
- AUTOMATED PAYMENT AUTHORIZATION (APA) FOR CONVENIENT PAYMENTS
- RAPID CLAIM PROCESS
- BENEFITS ARE PAID FREE OF FEDERAL INCOME TAX
- NATIONAL PORTABILITY OF POLICY BENEFITS
- DISCRETIONARY GROWTH APPLIED TO FACE AMOUNT – INCREASING THE DEATH BENEFIT

DECIDE THE AMOUNT OF INSURANCE PROTECTION NEEDED

- The amount of coverage you purchase for your final expenses will depend on your personal preferences, just as they do today when making other decisions.
- The national average cost of burial service and merchandise is \$7,000, or \$5,500 for cremation service and merchandise.
- Your total coverage amount may include some of the items that require a more immediate need for payment, including travel for your loved ones, medical expenses, such as those due to an extended stay in the hospital, hospice or home care, or other outstanding debt.

Coverage Planning Checklist

SELECT YOUR FUNERAL ARRANGEMENT PREFERENCES:

Cremation Service & Merchandise	\$5,500
Burial Service & Merchandise	\$7,000
Premium Service & Merchandise	\$10,000

ADDITIONAL COSTS TO CONSIDER:

Cemetery Expenses	\$3,000
Travel for Loved Ones	\$3,000
Reception or Gathering	\$2,000
Final Medical Expenses	\$7,500
Additional Costs	\$ _____

FORETHOUGHT SELECTSM I

COVERAGE TOTAL	\$ _____
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This information is to be used as a guideline only.

THE FORETHOUGHT PLANSM

FEATURING FORETHOUGHT SELECTSM I

SINGLE PREMIUM PLAN

A single premium plan can be calculated two ways; either by starting with a defined coverage amount or a defined premium amount.

DEFINED COVERAGE AMOUNT OPTION:

Find the age in the chart below and multiply the Pay Single Premium amount by the number of thousands in desired coverage.

Example:

- \$8,000 in coverage
- Age 65
- $\$936.54 \times 8 = \mathbf{\$7,492.32}$ premium amount

DEFINED PREMIUM AMOUNT OPTION:

Find the age in the chart below and multiply the defined premium amount by the Single Pay Coverage Factor to determine the coverage amount in force after six months.

Example:

- \$8,000 in cash
- Age 60
- $\$8,000 \times 1.10871 = \mathbf{\$8,869.68}$ coverage amount

MULTIPLE PREMIUM PLAN

The chart to the right provides the premium amounts per \$1,000 of coverage. To determine the premium amount, find the corresponding age and payment plan. Multiply the premium amount from the chart by the number of thousands in coverage.

Example:

- \$11,250 in coverage
- 5 year premium plan
- Age 55
- $\$18.70 \times 11.25 = \mathbf{\$210.38/mo.}$ premium

Age	Pay Single Premium	Pay Monthly 3 Years	Pay Monthly 5 Years	Pay Monthly 10 Years	Single Pay Coverage Factor
0-45	\$ 780.64	\$ 23.75	\$ 16.20	\$ 10.60	1.28100
46-50	\$ 812.23	\$ 25.25	\$ 17.30	\$ 11.10	1.23118
51-55	\$ 858.62	\$ 27.25	\$ 18.70	\$ 12.13	1.16466
56-60	\$ 901.95	\$ 29.25	\$ 20.10	\$ 13.10	1.10871
61-65	\$ 936.54	\$ 31.30	\$ 21.10	\$ 14.10	1.06776
66-70	\$ 963.97	\$ 33.10	\$ 22.40	\$ 15.10	1.03738
71-75	\$ 974.97	\$ 35.00	\$ 23.80	\$ 16.10	1.02567
76-80	\$ 980.49	\$ 37.30	\$ 25.20	N/A	1.01990
81-85	\$ 986.25	\$ 40.50	N/A	N/A	1.01394

DEATH BENEFIT

The death benefits payable for single premium and guaranteed issue plans are shown below. Underwritten multiple payment plans offer first-day coverage for applicants who answer "no" to both health questions.

Payment Plan	Months 1-6	Months 7-12	Months 13-24	Months 25+
Single Premium	100.5% of Premiums Paid	100% of Face	100% of Face	100% of Face
3-Year Plan	105% of Premiums Paid	50% of Original Face	100% of Face	100% of Face
5-Year Plan	105% of Premiums Paid	105% of Premiums Paid	70% of Original Face	100% of Face
10-Year Plan	105% of Premiums Paid	105% of Premiums Paid	110% of Premiums Paid	100% of Face

**Remember, we are here for you every step of the way.
If you need any assistance, please contact us at (800) 331-8853.**

The Forethought PlanSM is funded through the purchase of Forethought SelectSM I whole life insurance coverage from Forethought National Life Insurance Company, Houston, Texas. Multiple pay plans not available for all ages. Coverage may contain limited death benefit for the first two years. Discretionary growth rates are not guaranteed and may be changed by the Company's Board of Directors at any time. Forethought SelectSM I is **not** a deposit, FDIC-insured, insured by any federal government agency, guaranteed by a bank, and may go down in value.

1 Proposed Insured *Please Print*

Mr. *First Name / Middle Initial / Last Name:* Male Female *Social Security Number:* _____

Mrs. _____

Ms. _____

Miss _____ *Date of Birth:* ____/____/____ *Age:* ____

1a Certificateholder — *Complete only if other than Insured*

Mr. *First Name / Middle Initial / Last Name:* _____ *Social Security Number:* _____

Mrs. _____

Ms. _____

Miss _____

2 Mailing Address — *For Insured or Certificateholder - Where to send information about this insurance*

Street Address: _____ *Telephone Number:* _____

City: _____ *State:* _____ *Zip Code:* _____ (____) ____-____

Area Code

3	FACE AMOUNT	SINGLE PREMIUM	MULTI-PAY PREMIUM
	<i>Payment Plan</i>	<i>Payment Mode</i>	
	<input type="checkbox"/> Single Pay <input type="checkbox"/> 3 yr. Pay <input type="checkbox"/> 5 yr. Pay <input type="checkbox"/> 7 yr. Pay <input type="checkbox"/> 10 yr. Pay <input type="checkbox"/> Other _____	APA* -Automatic Payment Authorization <input type="checkbox"/> Monthly Direct Bill Options <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <small>* Attach completed authorization form and voided check if APA is selected.</small> <i>Make check payable to Forethought National</i>	

3a Optional Health Questions - Underwritten Plans ONLY

To be completed only by the Proposed Insured. Insured's signature is required in Section 6. **Please answer each question to the best of your knowledge and belief.**

- Are you currently confined to a hospital, hospice, nursing home (including custodial care) or other such facility; or, within the past twelve months, have you been told by a medical practitioner that you should be confined but have chosen not to follow that instruction? Yes No
- During the last five years have you been diagnosed as having, or have you received active treatment from a medical practitioner for **any** of the following: Yes No

Cancer	Kidney Disorder	Liver Disorder
Blood Disorder	Circulatory Disorder	Lung Disorder
Brain Disorder	Heart Disorder	AIDS/ARC

No insurance coverage will take effect if the insured dies before the certificate is issued. If the answer to both health questions is "no," a certificate which provides full coverage will be issued. If either answer is "yes," or if the Proposed Insured is physically or mentally unable to answer the questions, a certificate with limited death benefits during the first one or two years (depending on age and plan) will be issued. After the limited death benefit period, the full death benefit will be paid.

4 Replacement *Is the insurance applied for intended to replace or change any existing life insurance or annuity policy?*

Yes No — If yes, please provide name of the insurance company(s), policy number(s), and replacement form(s), if required by your state.

LIMITED LIFE INSURANCE DEATH BENEFIT PER \$1,000 FACE AMOUNT			
Months	3-Pay	5-Pay	7-10-Pay
0-6	*	*	*
7-12	500	*	*
13-24	1,000	700	*

** Premiums + interest as stated in the certificate.*

5 Beneficiary

Death proceeds are to be paid to the Beneficiary which is the estate of the insured. If another Beneficiary is desired, provide the information below. This designation is subject to any assignment or other directions received from the Certificateholder during the Insured's life.

<i>First Name / Middle / Last Name</i>	<i>Relationship</i>	<i>Social Security #</i>
_____	_____	(____) _____
<i>Address</i>	<i>Phone</i>	
_____	_____	

6 *The above information is true and complete to the best of my knowledge and belief. By completing the health questions and signing this Enrollment Form, any medical practitioner or facility, or other person is authorized to give Forethought National records or information regarding the Proposed Insured's health. This authorization is limited to matters related to the Health Questions. No insurance will take effect until the premium has been paid and a certificate has been issued while the Insured is living.*

Signature of Proposed Insured: _____ *Signature of Certificateholder — ALWAYS needed if other than Insured:* _____

FN1003-02-TX **IF SIGNED BY LEGAL REPRESENTATIVE OR GUARDIAN, PLEASE ATTACH LEGAL DOCUMENTATION.**

7 Agent's Statement *Is the insurance applied for intended to replace or change an existing life insurance or annuity policy?* Yes No

If the Health Questions are completed, I certify that the information was provided directly by the Proposed Insured.

Six (6) Digit Forethought Agent Number (not license number)	<input type="text"/>	<i>Agent Location</i>	_____
<i>Printed Name of Agent:</i>	_____	<i>Address</i>	_____ <i>Telephone</i>
	_____	<i>Signature of Agent:</i>	_____ <i>Date</i>

AUTOMATED PAYMENT AUTHORIZATION
See instructions on reverse

Policy/Certificate Number _____ Insured _____

Standard Date: This will allow Forethought National Life Insurance Company to make monthly drafts from my account approximately thirty (30) days from the issue date of coverage.

Custom Date: I prefer to select my monthly drafts on the _____ of each month. When processing is not complete prior to the custom date selected, two premium payments may be withdrawn to keep your coverage current. To prevent this from happening you may prefer to include an additional premium payment. Please indicate your preference:

I prefer to submit an additional premium.

I prefer not to submit additional premiums and realize I may have two payments withdrawn on my first transaction to keep my coverage current.

Name of Financial Institution

() _____
Telephone Number of Financial Institution

Type of Account: Checking
 Savings

Social Security Number of Account Holder

Routing/Transit Number

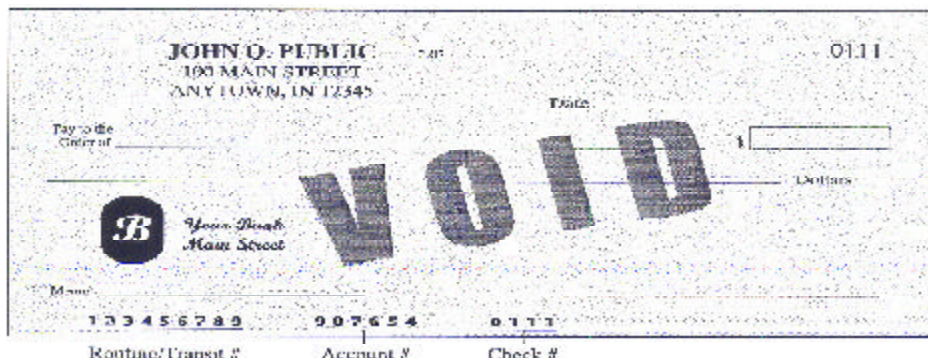
Account Number

Authorization: I authorize Forethought National Life Insurance Company to withdraw from my account the amount of premium due and request that the Institution honor such withdrawals. I agree that the Institution's rights shall be the same as if it were a check drawn and signed by me. I further agree that if any withdrawal fails or is disallowed neither the Institution nor Forethought National Life Insurance Company shall be under any liability whatsoever. This authorization shall continue until the Institution receives written notification from me or the policy/certificate is paid in full.

Signature as Required on Account

Date

PLEASE ATTACH A BLANK VOIDED CHECK BELOW



AUTOMATED PAYMENT AUTHORIZATION INSTRUCTIONS

To Have Monthly Payments Automatically Withdrawn From Your Account:

- Choose a date when Forethought National Life Insurance Company will make monthly drafts from your account;
- Complete the Automated Payment Authorization form on the reverse side; and
- Either mail or fax the completed form along with a blank voided check or deposit slip to Forethought Life Insurance Company at the address/fax number listed below.

FORETHOUGHT NATIONAL LIFE INSURANCE COMPANY
ADMINISTRATIVE OFFICE
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(800) 331-8853
FAX (800) 320-3291