

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
- 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.....\$ _____

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

The chart to the right provides the premium amounts per \$1,000 of coverage.

Age	Pay Single Premium	Single Pay Coverage Factor
0-45	\$ 780.64	1.28100
46-50	\$ 812.23	1.23118
51-55	\$ 858.62	1.16466
56-60	\$ 901.95	1.10871
61-65	\$ 936.54	1.06776
66-70	\$ 963.97	1.03738
71-75	\$ 974.97	1.02567
76-80	\$ 980.49	1.01990
81-85	\$ 986.25	1.01394

DEATH BENEFIT

The death benefit for single premium plans is 100.5% of premiums paid during the first 6 months, then 100% of the face amount thereafter.

**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. 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 <i>Please Print</i>		
<input type="checkbox"/> Mr. <i>First Name / Middle Initial / Last Name:</i> <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Social Security Number:</i> _____ - _____ - _____ <i>Date of Birth:</i> _____ / _____ / _____ <i>Age:</i> _____

1a Certificateholder — <i>Complete only if other than Insured</i>		
<input type="checkbox"/> Mr. <i>First Name / Middle Initial / Last Name:</i> <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		<i>Social Security Number:</i> _____ - _____ - _____

2 Mailing Address — <i>For Insured or Certificateholder - Where to send information about this insurance</i>			
<i>Street Address:</i>			<i>Telephone Number:</i>
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	() - - <i>Area Code</i>

3 <i>FACE AMOUNT</i>	<i>SINGLE PREMIUM</i>	<i>MULTI-PAY PREMIUM</i>
Payment Plan		
Payment Mode		
<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
<p>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.</p> <p>1. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"> Cancer Kidney Disorder Liver Disorder Blood Disorder Circulatory Disorder Lung Disorder Brain Disorder Heart Disorder AIDS/ARC </p> <p>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.</p>

4 Replacement Is the insurance applied for intended to replace or change any existing life insurance or annuity policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No — If yes, please provide name of the insurance company(s), policy number(s), and replacement form(s), if required by your state.

5 Beneficiary												
Death proceeds are to be paid to the Beneficiary designated by the Certificateholder or the Beneficiary's assignee. 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.												
<table style="width: 100%;"> <tr> <td style="width: 33%;"><i>First Name / Middle / Last Name</i></td> <td style="width: 33%;"><i>Relationship</i></td> <td style="width: 33%;"><i>Social Security #</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>() _____</td> </tr> <tr> <td><i>Address</i></td> <td colspan="2"><i>Phone</i></td> </tr> <tr> <td>_____</td> <td colspan="2">_____</td> </tr> </table>	<i>First Name / Middle / Last Name</i>	<i>Relationship</i>	<i>Social Security #</i>	_____	_____	() _____	<i>Address</i>	<i>Phone</i>		_____	_____	
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_____	_____	() _____										
<i>Address</i>	<i>Phone</i>											
_____	_____											

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.			

6 <i>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.</i>	
<i>Signature of Proposed Insured:</i>	<i>Signature of Certificateholder — ALWAYS needed if other than Insured:</i>

IF SIGNED BY LEGAL REPRESENTATIVE OR GUARDIAN, PLEASE ATTACH LEGAL DOCUMENTATION.

7 Agent's Statement <i>Is the insurance applied for intended to replace or change an existing life insurance or annuity policy?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the Health Questions are completed, I certify that the information was provided directly by the Proposed Insured.</i>							
Six (6) Digit Forethought Agent Number (not license number) <table style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> </tr> </table>							<i>Agent Location</i> _____ <i>Address</i> _____ <i>Telephone</i> _____ <i>Printed Name of Agent:</i> _____ <i>Signature of Agent:</i> _____ <i>Date</i> _____