

GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell **Forethought**, please return the following documents to Insurance Advisors Direct:

- Selling Agreement
- Appointment Data
- Agent Agreement
- AML Certificate
- License, Void check, E&O

Please send your contracting paperwork to:

Email: htalley@iadinsures.com

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in **Forethought**, we look forward to working with you.



Insurance Advisors Direct

Agency, LLC

39555 ORCHARD HILL PLACE ,SUITE 203, NOVI, MI 48375
800.381.0977 | WWW.INSURANCEADVISORSDIRECT.COM

This Agreement is entered into between Forethought Life Insurance Company, an Indiana life insurance company having its principal office at 300 N. Meridian Street, Suite 1800, Indianapolis, Indiana 46204 (hereinafter referred to as "Company," "us," "we," or "our"), and the Independent Marketing Organization, General Agent, Agency or Agent identified in the Appointment Data and Information section of this Agreement (hereinafter referred to as "Agent," "you" or "your"). This Agreement shall be effective upon its acceptance by Company at its administrative offices in Batesville, Indiana. It is agreed by the parties as follows:

APPOINTMENTS, AGENTS AND INDEPENDENT CONTRACTOR STATUS

APPOINTMENT. Company appoints you as one of its Agents for the purpose of procuring, in person and through agents appointed by us or assigned to you by us, applications for the types of insurance contracts identified in the Type of Insurance Contract Selling Authority Requested section of this Agreement (hereinafter referred to as "insurance contract" or "insurance contracts") which will be issued by Company. For the purposes of this Agreement, the term "application" shall include enrollment of persons for group insurance contracts. You and your agents appointed by us may not begin solicitation of insurance contracts until such time as we have issued a letter confirming the appointment(s).

INDEPENDENT CONTRACTOR, TAXES AND OTHER OBLIGATIONS. You are an independent contractor and nothing contained in this Agreement shall be construed to create the relationship of employer and employee between you, or any other agent, and us. You shall be free to exercise independent judgment as to the persons from whom applications for insurance contracts will be solicited, and the time and place of such solicitations. As an independent contractor and not an employee of ours, all agency expenses, including but not limited to rentals, transportation, salaries, attorney or legal fees which pertain to the administration of your business, postage, advertising, agent licensing fees and/or agent occupational taxes, shall be your liability and not ours.

APPOINTMENT OF AGENTS. Your subordinate agents (hereinafter referred to as "agent" or "agents") include agents appointed by you and approved by us subject to the terms of this Agreement, provided you maintain a valid license and appointment as our agent in each state in which you appoint any such agents. Each agent whom you appoint must be validly licensed and execute a written agent's agreement directly with us, and such agreement shall be effective only when also accepted by us. You have no authority to modify or amend any part of such agreement. We reserve the following rights which may be exercised at our sole discretion without liability to you: (a) to refuse to contract with any proposed agent; (b) to transfer any agent(s) to a different agency hierarchy; and (c) to terminate our agreement with any of your agents under the terms of such agreement.

NONEXCLUSIVE TERRITORY. You are authorized to do business under the conditions of this Agreement in any state in which we are authorized to do business provided you are properly licensed in such state to sell such insurance contract. No territory is exclusively assigned.

RESPONSIBILITIES OF AGENTS. You shall be responsible for the fidelity and honesty of all of your agents. All monies collected, received, or which otherwise come into your control or the control of your agents, which belong to us, our annuity or insurance contract owners (hereinafter referred to as a "insurance contract owners") or applicants shall be securely held in a fiduciary capacity and shall not be used for any personal or other purposes whatsoever, but shall be

immediately paid over to us. You guarantee the payment to us of all monies intended for or owing to us, our insurance contract owners, prospective insurance contract owners, or applicants that are collected, received, or otherwise come into your control or the control of your agents.

RESTRICTED AUTHORITY OF AGENTS. Your authority to act on our behalf shall exist only as expressly stated in this Agreement. No right, power, or authority shall be implied. You agree that you and your agents are without authority to do or perform - and expressly agree not to do or perform - the following acts on our behalf: (a) incur any indebtedness or liability; (b) make, alter, or discharge any insurance contract or other contracts; (c) waive forfeitures; (d) quote rates other than as quoted by us; (e) extend the time for payment of any premium; (f) waive payment in cash; (g) guarantee dividends; or (h) deliver any insurance contract more than ten (10) days after issuance by us or fail to promptly return the delivery receipt to us. Further, you agree that you and your agents shall not: (i) violate the insurance laws of any state in which you or your agents may be soliciting applications for insurance contracts; (j) withhold any of our, the insurance contract owner's, prospective insurance contract owner's or applicant's monies or property; (k) rebate or offer to rebate all or any part of a premium on our insurance contracts; (l) induce or attempt to induce any of our insurance contract owners to discontinue payment of premiums or to relinquish any insurance contract; (m) induce or attempt to induce any of our agents to leave our service; (n) perpetrate any fraud against us or our insurance contract owners, prospective insurance contract owners or applicants; (o) fail to provide contract disclosure documents to insurance contract applicants as required by the Company or applicable state law; (p) fail to provide compensation disclosure to insurance contract applicants as required by state law; or (q) violate any Policies and Procedures of the Company.

COMMISSIONS AND CHARGEBACKS

COMMISSIONS. You shall be paid commissions in accordance with the Schedule of Commissions attached hereto and made a part hereof. We reserve the right, in our sole discretion, to amend the Schedule of Commissions at any time; provided, however, that any such change shall only be effective for commissions payable on applications dated after the effective date of such change. Commissions shall be paid hereunder only for so long as you or your agent are the agent of record. Commissions are subject to chargeback in accordance with the Schedule of Commissions. You agree that if we determine, in our sole discretion, that your agent has not properly been paid commissions by you, we have the right to reduce your future commissions by the amount to which your agent is entitled. Commissions shall be payable hereunder only in accordance with the Schedule of Commissions and shall not be allowed on premiums waived or commuted by reason of death, disability, or exercise of insurance contract options. Commissions that become payable shall be paid to you, your executors, administrators, or assigns; however, neither this Agreement nor any commissions or other benefits to accrue hereunder may be assigned or transferred, either in whole or in part, without our prior written consent.

SET-OFFS AND CHARGEBACKS AGAINST COMMISSIONS. You agree that we may, at any time, set-off against commissions due or to become due to you, or to anyone claiming through or under you, any amount due from you or your agencies or agents to us, including any

chargebacks. If not set-off, all such amounts shall be paid to us within 30 days. You also agree that you remain legally obligated to immediately reimburse any upline IMO, agency or agent for the full amount of any chargebacks due and owing to us under this Agreement

Initials _____

which such IMO, agency or agent has paid on your behalf. We do not waive any of our rights to pursue collection of any indebtedness owed by you or your agencies or agents to us. In the event that we, or any upline IMO, agency or agent, elect to refer such indebtedness to outside collections and/or to initiate legal action to collect any indebtedness of you or your agencies or agents, you shall reimburse us or the upline IMO, agency or agent, as applicable, for the costs of collection, attorney's fees and expenses in connection therewith. This provision shall remain in full force and effect regardless of any termination of this Agreement.

STATEMENT OF ACCOUNT. We will furnish you a copy of your commission account weekly provided that transactions occur in your account during the previous week. Unless you notify us in writing within 30 days of the issue date of a statement of any differences between such statement and your account, you shall have waived the right to contest the accuracy, correctness, and basis of the statement. Such statement shall be competent and conclusive evidence of the status of your account.

ADVERTISING AND ADMINISTRATION

REPRESENTATION. You and your agents will not represent yourself as holding any professional or trade certification that implies expertise in financial matters relating specifically to persons 65 or older, including but not limited to "certified senior advisor," until and unless you provide us with complete information regarding the nature of such certification and we approve in writing the use of such certification in connection with the sale of our products.

RESERVATIONS. We reserve the following rights at our discretion without liability to you: (a) to change commissions on any insurance contract form or rider upon furnishing notice to you, but such change shall not affect applications received by us prior to such notice, (b) to withdraw any insurance contract forms; (c) to change our premium rates; (d) to reject insurance contract applications or premiums without specifying cause; and (e) to adopt policies and procedures from time to time relating to any matter not otherwise covered in this Agreement.

ADVERTISING. You, your agencies and agents shall not use or authorize any advertisement or other communication using our name or our product names (whether written, oral, audio, or visual) without prior written approval by us.

PERSONAL PROPERTY AND FUNDS. All materials used by you in any transaction involving us and any other personal property furnished by us shall remain our property, shall be open to inspection by us at all times, and shall be returned to us at termination of this Agreement.

MISCELLANEOUS

LEGAL ACTION. You may not institute any administrative or legal proceedings on our behalf. If we bring any administrative or legal action, or both, by reason of an alleged act, fault, or failure by you in connection with your activities hereunder, we may require you to hire and pay an attorney, subject to our approval, who will represent us. However, at our option, we may defend or institute any such action and expend such sums, including attorney fees, as may in our judgment be necessary and you will be required to reimburse us for all such amounts.

INDEMNIFICATION. You agree to defend, indemnify and hold harmless the Company, its affiliates and their respective employees, officers, directors and shareholders from all claims, liability or loss which result from your real or alleged negligent or willful acts, or your errors, omissions or breach of any provision of this Agreement and such acts, errors, omissions or breaches of your agents or employees, in the performance of duties under this Agreement. Claims, liability or loss includes, but is not limited to, all costs, expenses, attorney fees and other legal fees, penalties, fines, direct or consequential damages, assessments, verdicts (including punitive damages to the extent permissible under the law of the state where any claim or suit is filed which seeks recovery of punitive damages against us) and any other

expense or expenditure incurred by us. This indemnification will be in addition to any liability you may otherwise have.

TERMINATION. This Agreement may be terminated without cause by either party upon at least 30 days prior written notice, or immediately, upon written notice, for cause. This Agreement shall terminate for cause in the event of your breach of any provision of this Agreement. Such termination shall not impair your right to receive commissions on insurance contracts previously issued, except if termination is because of your breach of any provision of this Agreement, in which case commissions will not be paid after date of termination. For Flexible Option plans, no renewal or contingent commissions shall be payable to you after this Agreement if terminated. Commissions payable hereunder after the termination of this Agreement shall be paid only so long as such commissions exceed \$300 during any calendar year. After termination of this Agreement, all amounts owed to us hereunder are due and payable immediately without further notice or demand.

COMPLAINTS AND INVESTIGATIONS. You shall cooperate fully in any insurance regulatory investigation or proceeding or judicial proceedings arising in connection with the insurance contracts marketed under this Agreement. Without limiting the foregoing:

- (a) You will promptly notify the Company of any written customer complaint or notice of any regulatory investigation or proceeding or judicial proceeding received by you or your agent in connection with any insurance contract marketed under this Agreement or any activity in connection with any such insurance contract.
- (b) In the case of a customer complaint, you will cooperate in investigating such complaint and any response by you to such complaint will be delivered to the Company for approval not less than five business days prior to its being sent to the customer or regulatory authority.
- (c) The provisions of this section shall remain in full force and effect regardless of any termination of this Agreement.

CUSTOMER INFORMATION. You shall treat customer information as confidential as required by applicable law and by the Company, as described in the Company's privacy notices and in accordance with the Company policies and procedures. You shall also take reasonable steps to establish and implement administrative, physical and technical procedures to ensure the confidentiality, security and integrity of customer information. You agree to comply with the Company's terms of use, policies and procedures with respect to use of Company electronic systems providing access to customer information by you, your employees, and agents and shall promptly report to the Company any breach of security related to such systems of which you become aware. You may use customer information only for the purpose of fulfilling your obligations under this Agreement. You will limit access to customer information to your employees, agents and other parties who need to know such customer information to permit you to fulfill your obligations under this Agreement and who have agreed to treat such customer information in accordance with the terms of this Agreement. You shall not disclose or otherwise make accessible customer information to anyone other than to the individual to whom the information relates (or to his or her legally authorized representative) or to other persons pursuant to a valid authorization signed by the individual to whom the information relates (or by his or her legally authorized representative), except as required for you to fulfill your obligations under this Agreement, as otherwise directed by the Company, or as expressly required by applicable law.

For purposes of this Agreement, "customer information" means information in any form that you or your agents obtained, had access to or created in connection with your obligations under this Agreement regarding individuals who applied for or purchased insurance contracts. Customer information includes nonpublic personal information and protected health information, as defined in applicable law. Customer information may also include, but is not limited to, information such as the individual's name, address, telephone number, social security number, as well as the fact that the individual has applied for, is insured under, or has purchased an insurance contract

Initials_____

issued by the Company. Customer information does not, however, include information that is (1) generally available in the public domain and is derived or received from such public sources by you; (2) received, obtained, developed or created by you independently from the performance of your obligations under this Agreement; (3) disclosed to you by a third party, provided such disclosure was made to you without any violation of any independent obligation of confidentiality or applicable law of which you are aware.

For purposes of this Agreement, "applicable law" means any state or federal law, rule or regulations including, but not limited to, state insurance law and regulations and the Gramm-Leach-Bliley Act and related federal regulations.

ANTI-MONEY LAUNDERING PROGRAM. You agree that you will remain in compliance with all applicable anti-money laundering laws and regulations. You further agree to fully cooperate and assist the Company in implementing and carrying out its anti-money laundering program as applicable to your activities under this Agreement, including providing requested customer information, following customer identification procedures, and cooperating with the required training of agents and employees including providing any requested certification and information regarding such training.

ENTIRE AGREEMENT AND CHOICE OF LAWS. Forbearance by us to insist upon compliance by you with any of the terms and provisions in this Agreement shall not be construed as or constitute a waiver thereof. This Agreement shall be interpreted in accordance with, and governed by, the laws of the State of Indiana. Unless otherwise provided, all matters to be performed by us under this Agreement shall be performable at our office in Batesville, Indiana. Any amount due to either party under this Agreement shall be payable at our office in

Batesville, Indiana. Any suit arising under this Agreement between you and us shall be instituted and litigated in Ripley County, Indiana.

This Agreement supersedes all prior agreements, either oral or written, between the parties relating to the subject matter hereof.

All agreements between you and us are contained in this Agreement, including the following exhibits (if applicable) which are attached hereto and made a part hereof: (a) Schedule of Commissions; and (b) Corporate Independent Marketing Organization Guaranty Agreement.

In the event that any provision or clause of this Agreement is determined to be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.

ASSIGNMENTS. You may not assign your rights or duties under this Agreement without the prior written consent of the Company.

NOTICES. Any notices required under the terms of this Agreement shall be sent, if to the Agent at the address set forth in the Appointment Data and Information section of said Agreement, and if to Company at: Forethought Life Insurance Company, One Forethought Center, Batesville, Indiana 47006, or at such other addresses as either party may from time to time designate to the other in writing.

CONTACT INFORMATION.

Forethought Life Insurance Company
Agent Contracting and Licensing
P.O. Box 216
Batesville, Indiana 47006-0216

Fax: 800-668-5072
E-mail: Licensing@forethought.com

Initials _____

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)	
<p>1. Have you ever been convicted of, or plead guilty or no contest to:</p> <p>a. Any felony? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Any misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Any violation of federal or state securities or investment related regulation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Are you currently under investigation by any legal or regulatory authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>	

3 TYPE OF INSURANCE CONTRACT SELLING AUTHORITY REQUESTED/DIRECT OR NON-DIRECT PAY STATUS	
<p>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.</p> <p>*Verify with your Marketing Organization/General Agency prior to selecting product lines to ensure product availability.*</p> <p><input type="checkbox"/> Annuity</p> <p><input type="checkbox"/> Final Expense</p> <p><input type="checkbox"/> Medicare Supplement/Final Expense</p> <p><input type="checkbox"/> Preneed</p> <p><input type="checkbox"/> TrustGuard</p> <p><input type="checkbox"/> Check this box if you will be a License Only/Non-Direct Pay agent.</p> <p>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.</p>	

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

_____ 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.
Initials

7b ADDITIONAL ACKNOWLEDGMENTS FOR ANNUITY PRODUCERS

_____ 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.
Initials

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
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_____ 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.
Initials

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**

FORETHOUGHT LIFE INSURANCE COMPANY

Name / Title

By: _____
Name / Title

Date

Date

X _____
IMO/GA Signature

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:
Forethought Life Insurance Company
Agent Contracting and Licensing
800-668-5072

Mail All Pages of Agreement To:
Forethought Life Insurance Company
Agent Contracting and Licensing
PO Box 216
Batesville, IN 47006-0296

E-mail Documents To:
Licensing@forethought.com

Forethought Life Insurance Company
Anti-Money Laundering Guidelines For Producers

**CERTIFICATION OF PARTICIPATION IN THE
FORETHOUGHT ANTI-MONEY LAUNDERING
COMPLIANCE PROGRAM**

I CERTIFY that I have read and understand the Forethought Life Insurance Company's Anti-Money Laundering Guidelines for Producers, Revised July 7, 2010 and that I will follow the Guidelines. I understand that my failure to follow the Anti-Money Guidelines could result in the termination of my appointment with Forethought Life Insurance Company.

Agent Signature

Date

Printed Agent Name

Agent number

*Annuity producers are subject to proof of an additional third party AML requirement

OR

Please check here if you no longer desire to represent Forethought Life Insurance Company. We will remove your name from our agent list and terminate any affiliated appointments.

Agent Signature

Date

Printed Agent Name

Agent number

Please sign then fax, scan/email, or mail this form back to Forethought Life Insurance Company using the following information:

Fax to Forethought Licensing at 800-668-5072

Email to licensing@forethought.com

Mail to Forethought Life Insurance Company

PO Box 216

Batesville, IN 47006