

SCI PRODUCT ADVISOR REFERENCE GUIDE



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"BE A HERO TO YOUR FAMILY"

Courtesy of Eternal Benefit

SCI Product

Agent reference guide

SCI Single Pay Full Death Benefit (SP) SCI
Multi-Pay Full Death Benefit (MPF) SCI
Multi-Pay Graded Death Benefit (MPG)

This Agent Reference Guide provides guidance in all states, except: CA, CO, FL, NC, NJ, OK, OR, PA, SC, VA, and WA. Please refer to those state specific reference guides.

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Forms overview

SCI 'standard' New Business Pack will include the following:

Application: ICC24-GA50015-01 (state variations apply)

HIPAA Authorization - GA50003

Use/Purpose: This form is only recommended when applying for a multi-year payment plan that provides full first-day insurance coverage. It allows Forethought (FLIC) to obtain medical records needed to investigate death claims that occur within two (2) years of policy issuance, as provided under the terms of the policy. This authorization becomes null and void after two years.

State Replacement Forms - GA50018-01

NOTE: A replacement form is required in all states when the transaction involves a replacement.

Use/Purpose: All applicants must complete the Replacement Information section of the application which asks whether the applicant has existing life insurance policies and/or annuity contracts along with if they intend to replace existing coverage.

Based on state requirements, the following will also be included when ordered for a specific state:

Preneed Funeral Contract Disclosure - GA50017 (required in some states)

Use/Purpose: Series of disclosure statements regarding the preneed funeral contract.

Any additional state mandated disclosures/forms/buyer's guides.

Orderable separate:

Irrevocable Transfer of Ownership Form - GA60012-01 (SCI) (07-24)

Use/Purpose: To transfer ownership to a trust.

Preplan Summary Form - GA50019-02 (09-24)

Use/Purpose: Choose between full and graded death benefits, payment plan options, total cost of those plans, and cost of protection. It's a full disclosure of what is being purchased.

Preneed Distribution Form - GA60003-01 (SCI)

Use/Purpose: Request cancellation, full surrender or loan on an existing policy or certificate.

State-specific requirements

Guidelines used as a quick reference on certain state specific policy requirements for new business.

Arkansas

- Cross-border sales are prohibited.

Maryland

- Funeral Planning Agreement is required.
- Minimum Insured age is 18.
- Payments not payable to Global Atlantic/
Forethought (i.e. payment made to funeral home) cannot be accepted.

Massachusetts

- Payments not payable to Global Atlantic/
Forethought (i.e. payment made to funeral home) cannot be accepted.
- Cross-border sales are prohibited.

Minnesota

- Funeral Home Payment Form (A9527-04) is required if payment was inadvertently made to the funeral home.
- Cross-border sales are prohibited.

Mississippi

- The maximum initial face amount sold by agents holding a limited license is \$10,000 for 2024.
- Cross-border sales are prohibited.

Ohio

- Payments not payable to Global Atlantic/
Forethought (i.e. payment made to funeral home) cannot be accepted.

Oregon

- Funeral Home Payment Form (A9527-04) is required if payment was inadvertently made to the funeral home.
- Cross-border sales are prohibited.

Texas

- Funeral Planning Agreement and Statement of Goods and Services are required.

Utah

- Cross-border sales are prohibited.

Requirements for all states

- If the policy is first-day coverage and a multi-pay plan is selected, the HIPAA form is recommended to be completed and signed by the Insured or Legal Representative.
- If a secondary addressee is added to the policy, please complete all fields in this section. If not completed, client information will be identified as incomplete and will require manual intervention.
- If a separate payor is added to the policy (other than insured/owner), please complete all fields in this section. If not completed, client information will be identified as incomplete and will require manual intervention.
- If a beneficiary is added to the policy, please complete all fields in this section. If not completed, client information will be identified as incomplete and will require manual intervention. **SSN is not required for the beneficiary at time of issuance.**
- Social Security number (SSN) is required for all insureds (ITIN not accepted).
- USA's Patriot Act - Know Your Client (KYC)
- Anti-Money Laundering Requirements
- Escheatment Process - Unclaimed Property
 - As required for all insurance carriers, we are required to confirm that all policies that are active have an insured that is still living.
 - When that investigation shows the insured has passed away, and we have explored numerous methods to communicate with the assigned funeral home and next-of-kin, we are required to send those funds to the state of residence as Unclaimed Property. The only identification number that is permanent and will not change during a person's life is the Social Security Number.
- A cross-border sale is defined as a client leaving their resident state to purchase insurance in another state. If this occurs, the Pre-planning a Funeral Out of State section of the Preeed New Business Options form is required to be initialed/completed, unless state-specific instructions prohibit cross-border sales.
- Legal documentation (e.g. Power of Attorney/Court Appointed Guardian) is required for anyone not signing for themselves. It must reflect signor's ability to enter into insurance contracts on behalf of the owner/insured. In these situations, there is no Insured Consent required when proper authorization is made available.

Insured replacement requirements

FLIC applications contain two replacement questions that must be answered by both the applicant and the agent to ascertain if the FLIC policy applied for will replace an existing policy:

- Does the applicant have any existing life insurance policies or annuity contracts?
- Is the insurance applied for intended to replace or change any existing life insurance or annuity coverage?

A replacement notice is required in all states when the transaction involves a replacement -- questions answered yes/yes.

For states in the chart below, a notice is required if the applicant currently owns insurance, even if not replacing -- questions answered yes/no.

There is no requirement to provide insurance carrier information for a Yes/No response, only signature from the policy owner is required on the form.

Yes/No (even though no replacement is taking place)							
AL	AK	CO	CT	HI	IA	KY	LA
MD	MS	MO	NE	NH	NJ	NM	NC
OH	RI	SC	SD	VT	VA	WV	WI

Insured consent

Insured consent required UNLESS the exception applies	Insured consent required UNLESS the owner is the spouse of the insured	Insured consent required EXCEPT for MINOR insureds	Insured consent required in ALL scenarios
Indiana ¹ Michigan ² Oregon ¹ Texas ¹ Utah ^{1,3} Wisconsin ^{1,3}	Alabama Alaska Arizona Arkansas Colorado Delaware Georgia Hawaii Idaho Kentucky Louisiana Maryland Mississippi Missouri Nebraska Nevada New Mexico Oklahoma South Dakota Virginia Washington West Virginia Wyoming	Florida Massachusetts Minnesota Pennsylvania	New Hampshire Ohio

¹A spouse or close blood relative (parent, child, sibling) or other person who can demonstrate a lawful and substantial interest in the continued life of the insured may purchase insurance funding a preneed contract without written consent from the insured.

² Insured signature required with a face amount of \$10,000 or more.

³ Grandparents who are owners of insurance on a grandchild are exempt.

Waiver of premium rider

Overview

The Waiver of Premium Waiver Rider benefit pays required premium payments for up to 12 months when the Insured cannot perform two or more Activities of Daily Living (ADLs) without substantial assistance. This rider is automatically included in every 3 Pay, 5 Pay, 10 Pay, and 15 Pay policy where the Insured is eligible for coverage and the Insured's issue age is 0 through 85. Installment policies are not eligible for this coverage. There is no additional charge for this coverage, so where an Insured is eligible it is non-declinable.

Eligibility & underwriting

For the Waiver of Premium Rider to be added to a Core multi-pay policy:

- a. The Insured's Issue Age must be less than 86 (no backdating is allowed to obtain this benefit); and
- b. The Insured must sign the application (no one else may sign the application on the Insured's behalf); and
- c. The Insured may not currently reside in a nursing home (which could include a skilled nursing facility, assisted living facility, residential care facilities, board or group homes), or have been advised by a medical professional in the last five years to do so (i.e., a "No" response to application Health Question #2); and
- d. The Insured must be able to perform all six ADLs without substantial assistance as of the application date and have not been advised by a medical professional in the last five years to seek help with ADL performance (i.e., no pre-existing conditions; a "No" response to application Health Question #3).

The waiver of premium benefit

Following a one year benefit ineligibility period, the Insured is eligible to claim a waiver of premiums due for up to 12 non-consecutive

months, in four three-month increments. To do so, the Insured must demonstrate a lost ability to independently (without "substantial assistance") perform at least 2 Activities of Daily Living (ADLs - see the list below), as certified by a licensed physician.

The Premium Waiver Period will be initially set to be three months, requiring the Insured to "recertify" continued disability every three months to continue the benefit for another three month period (not to exceed a total 12-month benefit period, or a shorter period if the policy premium paying period expires in less than 12 months). However, if the physician certifying the Insured's disability believes it will continue beyond the three month period, they can certify a longer period, up to 12 months, to avoid the recertification need.

There is no cash value associated with this benefit.

Claim requirements

No Waiver of Premium claim may be made until after the benefit ineligibility period (i.e., after the first policy anniversary). To take advantage of this benefit:

- Claims must be made, not sooner than the 1st policy anniversary, using the appropriate GA Claim Form; and
- The claim form must include certification by a "licensed physician" (definition of which varies by state) attesting that:
 - The Insured had no ADL loss on the policy Issue Date (i.e., ADL loss onset occurred after the policy issue date); and
 - The Insured is currently experiencing the loss of at least two ADLs that require substantial (hands-on) assistance to perform those ADLs.

Activities of Daily Living Definition:

- Bathing
- Eating
- Contenance
- Toileting
- Dressing
- Transferring

Product Information

Coverage Amounts

\$500 - \$35,000

Issue Age Availability

Single Pay: 0-99

3-Pay: 0-95

5-Pay: 0-90

10-Pay: 0-80

15-Pay 0-75

Single Pay Full Death Benefit

Single Pay Full Death Benefit Coverage Factor	
Payment Plan	Months 1+
Single Pay	100% of face

Multi-Pay Full Death Benefit

Multi-Pay Full Death Benefit Coverage Factor	
Payment Plan	Months 1+
3-Pay	100% of face
5-Pay	100% of face
10-Pay	100% of face
15-Pay	100% of face

Multi-Pay Full Death Benefit has a 2-year contestability period. When the policy is issued as full death benefit, the policy is in a paid-up status for multi-pay premiums, and death occurs prior to the 2-year policy anniversary date, we will contest the policy. This process includes submitting a death certificate, permission of next-of-kin (which is handled through the HIPAA Form) to contact physician, and confirmation of cause of death from the attending physician prior to finalizing claim.

Multi-Pay Graded Death Benefit

Multi-Pay Graded Death Benefit Coverage Factors			
Payment Plan	Months 1-12	Months 13-24	Months 25+
3-Pay	50% of face	100% of face	100% of face
5-Pay	30% of face	70% of face	100% of face
10-Pay	30% of face	70% of face	100% of face
15-Pay	30% of face	70% of face	100% of face

Accidental Death Benefit:

All policies include an Accidental Death Benefit. At any time if death occurs due to an accident, we will pay 100% of the face amount at time of claim. To qualify for this benefit, the death certificate must be submitted to show cause of death from an accident.

Application instructions

Section 1:

Agent/Producer & Firm Information

Complete your printed name, agent/producer id, firm name, firm id (SCI location number) and address.

Section 2:

Proposed Insured/Owner Information

Include the Social Security number(required) and verify that the birthdate/age correlates. If the owner is different from the proposed insured, provide all necessary information, including Social Security number (required). Secondary addressee is not required to be completed.

Section 3:

Health Questions

Complete only for a multi-pay plan to determine coverage. If the proposed insured answers “No” to all questions AND signs the application, Full Death Benefit coverage will be issued. (HIPAA form is required.) Otherwise, Graded Death Benefit coverage will be issued.

Waiver of Premium Benefit Rider

Coverage is available for issue ages 0-85. If the proposed insured answers “No” to questions 2 and 3 AND signs the application, the policy will be issued with this rider. Otherwise, it will not be included.

It is not required to list the POA/Guardian as the policy owner, if doing so you will need to include all recommended information. The policy owner will also need insurable interest. If no insurable interest is present, then have the POA/Guardian sign on behalf of the insured.

Global Atlantic FINANCIAL GROUP		Preneed Individual Life Insurance Application			
Policies issued by Forethought Life Insurance Company ("Forethought")				Administrative Address: One Forethought Center Batesville, IN 47006	
Section 1: Agent/Producer & Firm Information					
Agent/Producer Name	Agent/Producer ID	Phone Number	Firm Name	Firm ID	
Paul Ryker	012345	555-555-5555	ABC Funeral Home	1234	
Firm Address			City	State	Zip Code
1222 Main Street			Anytown	US	01010
Section 2: Proposed Insured/Owner Information					
Proposed Insured Name	SSN	Date of Birth	Age	Sex	Phone Number
Marilyn Mertin	123-45-6789	05/01/1954	70	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	555-555-1111
Proposed Insured Mailing Address			City	State	Zip Code
444 Angel Drive			Anytown	US	01010
Owner Name (if different from Proposed Insured)		SSN	Phone Number	Relationship to Insured	
Howard Mertin		986-75-4321	555-555-1111	Husband	
Owner Mailing Address (where to send policy information)			City	State	Zip Code
444 Angel Drive			Anytown	US	01010
Secondary Addressee Name (for lapse notices)		Address	City	State	Zip Code
Owner Personal Email Address howardmertin@xmail.com					
Section 3: Health Questions – To be completed only when applying for a 3 Yr, 5 Yr, 10 Yr, or 15 Yr Multi-Pay Plan.					
1) In the last five years, has the Proposed Insured been diagnosed or treated by a medical professional for any of the following: cancer; congestive heart failure; stroke; COPD; Alzheimer's/dementia; insulin-dependent diabetes; alcohol or drug dependency; AIDS or Human Immunodeficiency Virus (AIDS virus); or any disease or disorder of the heart, blood, brain, lung, kidney, liver, circulatory system, digestive system, or nervous system?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) Does the Proposed Insured currently reside in a nursing care facility or been advised in the last five years by a medical professional to reside in a nursing care facility?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) Does the Proposed Insured now require assistance with bathing, feeding, dressing, toileting, transferring, or maintaining continence or been advised in the last five years by a medical professional to seek assistance for any of these daily living activities?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the Proposed Insured answers 'No' to Questions 1, 2, and 3 AND signs the application, Full Death Benefit coverage will be issued. Otherwise, Graded Death Benefit coverage will be issued.					
If the Proposed Insured answers 'No' to both Questions 2 and 3 AND signs the application, the policy will be issued with Waiver of Premium Benefit Rider coverage. Otherwise, Waiver of Premium Benefit Rider coverage will not be included. Waiver of Premium Benefit Rider coverage is only available for issue ages 0-85.					
Total premiums paid over the life of a Multi-Pay Payment Plan equals the modal premium amount times the number of payments, plus the initial premium. The total premiums paid could be more than the death benefit.					

Section 4:

Plan Type and Payment/Billing Mode

Refer to the product sheet for available plans based on issue age. Calculate the premium and face amounts using the instructions provided. Examples of Single-Pay, Multi-Pay with no down payment and Multi-Pay with down payment are included.

Pay Premium Mode Check the appropriate box for Multi-Pay plans based on consumer preference.

Initial Payment Options

Check the appropriate box for the method of payment. Credit Card Holder Email Address is required if that method is selected. Checks or Money Orders should be payable to Forethought.

Billing Mode

Check the appropriate box for multi-payment plans.

Recurring Credit/Debit Card and ACH

These transactions are drafted on the days 5, 10, 15, 20 and 25 of the month. If the date falls on a Saturday or Sunday, the draft will occur on the

following Monday or if the date falls on a bank holiday, the draft is set for the following banking day.

Direct Bill Approximately two weeks prior to the payment due date, the billing notice is mailed to the owner. Make sure you are answering the question “Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided by anyone other than the Owner?”

Section 5: Replacement

Indicate if the policy is intended to replace or change an existing policy or annuity.

Section 6: Beneficiary Information

This section is not required to be completed. DO NOT indicate the funeral home as the beneficiary. Direction to Pay Proceeds (section 7) outlines the death benefit will be paid to the funeral home.

Section 4: Plan Type and Payment/Billing Mode		
Prearrangement Type: <input checked="" type="checkbox"/> Guaranteed (Price guarantee not applicable to cash advance items)		Funeral Price \$ 6,500.00
Down Pay ¹ /Single Pay Premium Amount \$	Down Pay ¹ /Single Pay Face Amount \$	
Multi-Pay Modal Premium Amount \$ 248.30	Multi-Pay Face Amount \$ 6,500.00	Multi-Pay Payment Plans: <input checked="" type="checkbox"/> 3Yr <input type="checkbox"/> 5Yr <input type="checkbox"/> 10Yr <input type="checkbox"/> 15Yr
Total Premium Submitted \$ 248.30	Total Face Amount Applied For \$ 6,500.00	
Pay Premium Mode: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual		
Initial Payment Options: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check (Payable to Forethought) <input checked="" type="checkbox"/> Checking/Savings Acct EFT <input type="checkbox"/> Money Order (Payable to Forethought)		
Billing Mode: <input type="checkbox"/> Recurring Credit/Debit Card <input checked="" type="checkbox"/> Recurring Checking/Savings Acct EFT <input type="checkbox"/> Direct Bill		
Credit Card Holder Email Address		
Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name	Address (Street, City, State, Zip Code)	Relationship to Proposed Owner/Insured

Application instructions (continued)

Section 7: Proposed Insured/Owner Agreement

Complete the information, including city & state of signing, date, and signatures of proposed insured and owner (if different).

If the proposed insured is unable to sign, only Full Benefit Single-Pay or Graded Death Benefit Multi-Pay can be issued. Someone with “insurable interest,” generally defined as having a monetary or other legally-recognized interest (e.g., close familial relationship), can own the policy. Power of Attorney (POA), Guardian or Conservator must sign as such and include the appropriate documentation. For example, Jane Doe, authorized POA for John Doe.

Many states require the proposed insured consent in writing to show that they are aware that life insurance is being issued on their life. Refer to the Insured Consent Requirements for detailed information.

Section 8: Agent/Producer Agreement

Indicate if the policy is intended to replace or change an existing policy or annuity. Based on how questions one and two are answered, certain states require Notice of Replacement Form be submitted. Refer to the Life Insurance Replacement Requirements for detailed information.

Sign and print your name and date the application.

Section 7: Proposed Insured/Owner Agreement

Confirmation of Prearrangement and Direction to Pay Proceeds:
By signing below, I agree that this coverage is being applied for in combination with and/or in support of a prearranged funeral agreement with the Firm listed above that will provide funeral goods and services upon the death of the Proposed Insured. I hereby direct payment of the death benefit of the policy(ies) to the Firm, up to its full interest as provided in the funeral agreement and contingent upon the Firm's delivery of the funeral goods and services set forth therein. This direction is effective until revoked or the proceeds are assigned to another funeral firm. If the funeral agreement so provides, the amount paid to the funeral firm may be greater than the retail price of the provided funeral. I authorize Forethought to release information regarding my policy(ies) to the funeral firm providing funeral goods and services.

I agree and understand the following:

- 1) The above information is true and complete to the best of my knowledge and belief.
- 2) I understand that a material misrepresentation, untrue declaration, or failure to disclose all material facts may result in loss or cancellation of coverage, subject to the conditions and provisions of the policy.
- 3) I understand that no coverage shall be in effect under a policy until the policy's full first premium has been paid, the policy has been issued while the Proposed Insured is living, and the Proposed Insured's insurability remains unchanged at the time of delivery of the policy.
- 4) I have read and understand the Fraud Warning and Additional Disclosures on this application.

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Section 7: Proposed Insured/Owner Agreement (continued)

I certify that:

- 1) I have not entered into any agreement or arrangement to make a future sale of the Forethought life insurance policy(ies);
- 2) I have not entered into any agreement by which I am to receive consideration in exchange for procuring the Forethought policy(ies); and
- 3) I have received and reviewed a copy of the Preneed Funeral Contract Disclosure, if applicable in the state I reside.

Sign Here	Proposed Insured Signature	Proposed Insured Printed Name	City & State (where signed)	Date
	<i>Marilyn Mertin</i>	Marilyn Mertin	Anytown, US	05/01/2024
Sign Here	Owner Signature (if different)	Owner Printed Name	City & State (where signed)	Date
	<i>Harold Mertin</i>	Harold Mertin	Anytown, US	05/01/2024

Section 8: Agent/Producer Agreement

To the best of my knowledge, the applicant has an existing life insurance policy or annuity contract. Yes No

Is the insurance applied for intended to replace or change any existing life insurance or annuity? Yes No

Does the Owner intend to use the benefits of this policy to assist in paying funeral-related expenses or other expenses of the Proposed Insured that would otherwise become an obligation of the Owner and/or Proposed Insured's estate/heirs? Yes No

I certify that: I have truly and accurately recorded herein the information supplied by the Owner and Proposed Insured. I have provided a copy of the Preneed Funeral Contract Disclosure, if applicable in the state where the Owner resides.

Sign Here	Agent/Producer Signature	Agent/Producer Printed Name	Date
	<i>Paul Ryker</i>	Paul Ryker	05/01/2024

Section 9: Fraud Warning
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Section 10: Additional Disclosure(s)
¹When a Down Pay premium is submitted with an application for a Multi-Pay Payment Plan, the Down Pay will be applied as a single premium to fund a Single Pay policy also issued using this application. The accompanying Multi-Pay Payment Plan will be issued as a separate policy, with a separate modal premium and face amount as set forth above.

Proper Signature for a POA or Guardian:

When having the person with legal authority to sign on behalf of the insured please have them sign in this format, if the Guardian is a entity please also obtain a letter that shows the person signing as an authorized signor for that named Guardian (such as letter on letterhead).

In these scenarios Mark Jones is the proposed insured and James Smith is the POA or Guardian.

POA: **Mark Jones by James Smith, POA**


Guardian: **Mark Jones by James Smith, Guardian**

Additional forms

Irrevocable - Change of Ownership


The purpose of this form is to remove the ownership of the proposed insured to a trust that may allow the proposed insured to qualify for medical assistance through Medicare. In the state of Indiana, it will automatically be moved at 30 days from issue.

This field would be used if the proposed insured wants excess proceeds to be sent to the Estate of at time of death.

 <p>Policies/Certificate/Contract issue by ForethoughtLifeInsuranceCompany</p>	<p>Irrevocable Change of Ownership to The Forethought Trust</p>
<p>Section 1: Policy/Contract/Certificateholder Information</p>	
Policy/Certificate/Contract Number	Insured Name (first, middle, last)
Owner Name (first, middle, last) (if other than Insured)	
<p>Section 2: Irrevocable Assignment of Ownership to Funeral Firm (See additional information in Section 6.)</p> <p>I hereby irrevocably assign ownership of the Forethought Life insurance policy/certificate or annuity to the Funeral Firm identified below in return for the promise to deliver funeral services and merchandise, and for the promise of the Funeral Firm to immediately transfer ownership of the policy/certificate/contract to The Forethought Trust on my behalf.</p> <p>By assigning ownership of the policy/certificate/contract to the Funeral Firm, it is understood:</p> <ol style="list-style-type: none"> 1. This is permanent and irrevocable, and except as stated below, I renounce my power to control the policy/certificate/contract; and 2. Ownership of the policy/certificate/contract will subsequently be transferred by the Funeral Firm to The Forethought Trust which shall assure payment to the Funeral Firm, or any subsequently designated funeral firm, for the provision of funeral services and merchandise; and 3. I waive all rights under the policy/certificate/contract to surrender it for cash and to obtain a loan against the policy/certificate/annuity. I do not assign these rights to any other person; and 4. I understand that it is my personal obligation to pay all premiums due on the policy/certificate/contract identified above; that I retain the right to change the designated funeral firm; and that, unless waived in Section 3 below, I retain the right to change the named beneficiary. 	
<p>Section 3: OPTIONAL Waiver of Beneficiary Change Rights Please read carefully and initial if electing this waiver.</p> <p>Owner's Initials In anticipation of applying for or receiving Medicaid assistance, I have designated my estate as the named beneficiary of the Forethought Life insurance policy, certificate, or contract to receive any proceeds remaining after delivery of all services and merchandise under the Funeral Planning Agreement. I hereby waive any right I have to change the named beneficiary. I understand that this waiver of my right to change the named beneficiary is effective upon the sooner of the issuance of the policy, certificate, or contract, and the date Forethought Life records this assignment. I further understand my waiver is permanent and is irrevocable.</p>	
<p>Section 4: Owner's Signatures</p>	
Sign Here	Policy/Certificate/Contract Owner's Signature
	Date (mm/dd/yyyy)
<p>Section 5: Transfer of Ownership to the Forethought Trust</p> <p>On behalf of the Funeral Firm, I accept the above assignment, and hereby transfer ownership of the policy/certificate/annuity contract to The Forethought Trust. I understand that any right to receive payment of the proceeds is contingent upon delivery of funeral services and merchandise.</p>	
Sign Here	Authorized Representative of Funeral Firm's Signature
	Date (mm/dd/yyyy)
Name of Funeral Firm	
<p style="font-size: small;">GA60012-01 Page 1 of 2 (10-24)</p>	

Additional forms (continued)

Preplan Summary Form GA50019-02



Preplan Summary Form

Policies issued by
ForethoughtLife Insurance Company

Prepared for _____ Date (mm/dd/yyyy) _____

Funeral Amount \$ _____ **Acceptable Payments:** Credit/Debit Card, Checking/Savings Acct EFT, Check (Payable to Forethought), or Money Order (Payable to Forethought)

Multiple Payments ¹				
Payment Options	Monthly Payment		Number of Months	Cost Per Day
3 Years	\$	X	36	\$
5 Years	\$	X	60	\$
10 Years	\$	X	120	\$
15 Years	\$	X	180	\$

You have the option to convert your policy to a paid-up status prior to the first policy anniversary. During the first policy year you would like to have your policy moved to a paid-up status please follow these steps:

1. Call Customer Service at (855) 207-0818 to initiate a payoff by requesting a quote.
2. Instructions and payment options will be provided.

The estimated amount required to convert a policy to a paid-up status is the original funeral price less the sum of premiums paid. Please call Customer Service to confirm the accurate amount for payment prior to the first policy anniversary.

The coverage being purchased to fund your funeral plan is either a Full Benefit Plan or Graded Benefit Plan.
 Coverage limits are detailed below. Full Coverage is provided for accidental death.

<input type="checkbox"/> Full Benefit Plan	Full face amount is effective from the issue date. If the insured dies in the first two years, we will review for contestability.			
<input type="checkbox"/> Graded Benefit Plan	Pay Plan(s)	Months 1-12	Months 13-24	Months 25+
	3	50% Face Amount	Full Face Amount	Full Face Amount
	5, 10, and 15	30% Face Amount	70% Face Amount	Full Face Amount

I understand and agree that:

- This form is intended for preneed planning purposes only and does not in any way alter the terms of any preneed insurance policy or annuity contract issued to me by Forethought Life Insurance Company, the terms of which shall control.
- The total premiums paid may exceed the funeral amount and/or the death benefit payable under the policy.
- If all scheduled premiums are paid throughout the payment terms of the policy, the total cost of the plan I have selected is displayed above.
- I confirm that I was presented with the information I requested on the payment options that were applicable to me and have voluntarily selected the plan that best suits my needs.

Sign Here	Insured's Signature	Insured's Printed Name	Date (mm/dd/yyyy)
Sign Here	Owner's Signature	Owner's Printed Name	Date (mm/dd/yyyy)
Sign Here	Agent's Signature	Agent's Printed Name	Date (mm/dd/yyyy)

¹Products and features are subject to state variations and state availability.
 Global Atlantic Financial Group (Global Atlantic) is the marketing name for The Global Atlantic Financial Group LLC and its subsidiaries, including Forethought Life Insurance Company and Accordia Life and Annuity Company. Each subsidiary is responsible for its own financial and contractual obligations. These subsidiaries are not authorized to do business in New York.

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Additional forms (continued)


Preneed Distribution Form - GA60003-01 (SCI)

This form is used to request a full surrender or loan on an existing policy certificate/contract.

When the policy owner wants to surrender or take out a loan, this form is needed in order to distribute the funds. It is encouraged that you always call Customer Service at 1-855-207-0818 to understand the cash surrender value or loan repayment process before submitting this form.

Policy Owners in these states are required to have their spouses also sign in Section 6 due to state regulations:

AZ, CA, ID, LA, NM, NV, TX, WA or WI

		Preneed Distribution Form Use this form to request a full surrender or loan on an existing policy/certificate/contract.	
Policies/Certificate/Contract issue by Forethought Life Insurance Company			
Section 1: Transaction Selection Please select one of the following options and complete the applicable sections listed.			
<input type="checkbox"/> Full Surrender—Must also complete sections 2, 3, 5 & 6 (if applicable) <input type="checkbox"/> Loan—Must also complete sections 2, 4, 5 & 6 (if applicable)			
Section 2: Policy/Certificate/Contract Information			
Policy/Certificate/Contract Number		Telephone Number	
Insured Name (First, Middle, Last)			
Section 3: Request for Full Surrender <input type="checkbox"/> By checking this box and signing below, I am requesting the full surrender value of the policy/certificate/contract. I understand that this will terminate the policy/certificate/contract and I will not be able to reinstate it. In return for the full surrender value, I surrender the policy/certificate/contract and release Forethought Life Insurance Company from all obligations under the policy/certificate/contract.			
Section 4: Request for Loan Please choose one : <input type="checkbox"/> Maximum Loan Amount Available <input type="checkbox"/> Lesser Amount—Please specify if lesser amount: \$ _____ By requesting a loan and signing below, I hereby also assign a portion of the policy/certificate/contract proceeds equal to the outstanding loan balance (including any added interest) to Forethought Life Insurance Company as security for this loan. The indebtedness shall have priority over the interests of any beneficiary or anyone else who may have an interest in this coverage.			
Section 5: Required Signature(s) I agree that the change(s) requested in this form shall be subject to the terms of the policy/certificate/contract and any conditions contained in this form.			
<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Sign Here</div>	Signature of Policy/Contract Owner or Certificateholder		Date (mm/dd/yyyy)
Section 6: Spousal Consent Spousal Consent is required for residents of Community Property States (AZ, CA, ID, LA, NM, NV, TX, WA or WI). <input type="checkbox"/> If you do not have a spouse, or if your spouse is deceased, check this box.			
<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Sign Here</div>	Signature of Spouse		Date (mm/dd/yyyy)
Section 7: Submission Options			
Email	Send your completed form to preneedpolicy@gafg.com	Fax	(800) 320-3291
U.S. Mail / Express Courier	Forethought Life Insurance Company P.O. Box 216 Batesville, IN 47006	Questions?	Call Global Atlantic Customer Service at (800) 331-8853
GA 600 03- 01		Page 1 of 1 (05-23)	

Single pay example

Family is paying in full with a funeral amount \$6,500.00 for a 70-year-old.

- Place the \$6,500.00 funeral amount in **Section A** (Funeral Price).
- Place the \$6,500.00 funeral amount in **Section B** (Down Pay/Single Pay Premium Amount).
- Place \$6,532.66 in the Single Pay Face Amount in **Section C** (Down Pay/Single Pay Face Amount).
- The Face Amount is calculated by using the Face Factor chart -

$$\$6,500.00 \times 1.005025 = \$6,532.66.$$

- Mark the Payment Option in **Section D** (Initial Payment Options). In this example, the family chose to write a check.

Single Pay Example

Section 4: Plan Type and Payment/Billing Mode

Prearrangement Type:		Funeral Price	A
<input checked="" type="checkbox"/> Guaranteed (Price guarantee not applicable to cash advance items)		\$ 6,500.00	
Down Pay ¹ /Single Pay Premium Amount	Down Pay ¹ /Single Pay Face Amount	C	
\$ 6,500.00	\$ 6,532.66		
Multi-Pay Modal Premium Amount	Multi-Pay Face Amount	Multi-Pay Payment Plans:	
\$	\$	<input type="checkbox"/> 3Yr <input type="checkbox"/> 5Yr <input type="checkbox"/> 10Yr <input type="checkbox"/> 15Yr	
Total Premium Submitted	Total Face Amount Applied For		
\$ 6,500.00	\$ 6,532.66		

Pay Premium Mode: Monthly Quarterly Semiannual Annual

D Initial Payment Options: Credit/Debit Card Check (Payable to Forethought) Checking/Savings Acct EFT Money Order (Payable to Forethought)

Billing Mode: Recurring Credit/Debit Card Recurring Checking/Savings Acct EFT Direct Bill

Credit Card Holder Email Address

Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information: Yes No

Name	Address (Street, City, State, Zip Code)	Relationship to Proposed Owner/Insured
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3 pay example

Family is paying for their \$6,500.00 funeral over three years for a 70-year-old.

- Place the \$6,500.00 funeral amount in **Section A** (Funeral Price)
- Place the Multi-Pay Modal Premium Amount in **Section B** (Multi-PayModalPremium Amount).
- Modal Premium is calculated from the Monthly Rates per Thousand chart -

$$\$6,500.00 \times .0382 = \$248.30$$
 (Multi-Pay Model Premium Amount).
- Place the Modal Premium amount in **Section C** (Total Premium Submitted).
- Place the Multi-Pay Face Amount and Total Face amount applied for in**Sections D & E** (same amount as the Funeral Price)
- Mark the Payment Option in **Section F** (InitialPayment Options) In this example, the family chose to draft money out of their checking account.

Section 4: Plan Type and Payment/Billing Mode			
Prearrangement Type:		Funeral Price	A
<input checked="" type="checkbox"/> Guaranteed (Price guarantee not applicable to cash advance items)		\$ 6,500.00	
Down Pay ¹ /Single Pay Premium Amount	Down Pay ¹ /Single Pay Face Amount		
\$	\$		
Multi-Pay Modal Premium Amount	Multi-Pay Face Amount	D	Multi-Pay Payment Plans: <input checked="" type="checkbox"/> 3Yr <input type="checkbox"/> 5Yr <input type="checkbox"/> 10Yr <input type="checkbox"/> 15Yr
\$ 248.30	\$ 6,500.00		
Total Premium Submitted	Total Face Amount Applied For	E	
\$ 248.30	\$ 6,500.00		
Pay Premium Mode: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual			
Initial Payment Options: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check (Payable to Forethought)			
<input checked="" type="checkbox"/> Checking/Savings Acct EFT <input type="checkbox"/> Money Order (Payable to Forethought)			
Billing Mode: <input type="checkbox"/> Recurring Credit/Debit Card <input checked="" type="checkbox"/> Recurring Checking/Savings Acct EFT <input type="checkbox"/> Direct Bill			
Credit Card Holder Email Address			
Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name	Address (Street, City, State, Zip Code)	Relationship to Proposed Owner/Insured	

5 pay with down pay example

Family is paying for their \$6,500.00 funeral over five years and has \$1,000.00 Down Pay for a 70-year-old.

- Place the \$6,500.00 funeral amount in **Section A** (Funeral Price).
- Place the Down Pay of \$1,000.00 in **Section B** (Down Pay/Single Pay Premium Amount).
- Calculate Down Pay Face Amount in **Section C** (Down Pay/Single Pay Face Amount) -
 $\$1,000.00 \times 1.005025 = \$1,005.03$ (Use Face Factor sheet).
- Place the Multi-Pay Modal Premium Amount in **Section D** (Multi-Pay Modal Premium Amount).
- Modal Premium is calculated from the Monthly Rates per Thousand chart (Multi-Pay Modal Premium Amount) - $\$5,500.00 \times .0265 = \145.75 .
- Calculate Total Premium Submitted in **Section E** (Total Premium Submitted) -
 $\$1,000.00 + \$145.75 = \$1,145.75$.
- Place the Multi-Pay Face Amount in **Section F** (Multi-Pay Face Amount).
- Add the Down Pay/Single Pay Face Amount and Multi-Pay Face Amount together to get Total Face Amount Applied For -
 $\$1,005.03 + \$5,500.00 = \$6,505.03$.
- Place Total in **Section G** (Total Face Amount Applied For).
- Mark the Payment Option in **Section H** (Initial Payment Options). In this example, the family chose to draft money out of their checking account.

Section 4: Plan Type and Payment/Billing Mode			
Prearrangement Type: <input checked="" type="checkbox"/> Guaranteed (Price guarantee not applicable to cash advance items)			Funeral Price A \$ 6,500.00
B Down Pay ¹ /Single Pay Premium Amount \$ 1,000.00	Down Pay ¹ /Single Pay Face Amount C \$ 1,005.03		
D Multi-Pay Modal Premium Amount \$ 145.75	Multi-Pay Face Amount F \$ 5,500.00	Multi-Pay Payment Plans: <input type="checkbox"/> 3Yr <input checked="" type="checkbox"/> 5Yr <input type="checkbox"/> 10Yr <input type="checkbox"/> 15Yr	
E Total Premium Submitted \$ 1,145.75	Total Face Amount Applied For G \$ 6,505.03		
Pay Premium Mode: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual			
H Initial Payment Options: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check (Payable to Forethought) <input checked="" type="checkbox"/> Checking/Savings Acct EFT <input type="checkbox"/> Money Order (Payable to Forethought)			
Billing Mode: <input type="checkbox"/> Recurring Credit/Debit Card <input checked="" type="checkbox"/> Recurring Checking/Savings Acct EFT <input type="checkbox"/> Direct Bill			
Credit Card Holder Email Address			
Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name	Address (Street, City, State, Zip Code)	Relationship to Proposed Owner/Insured	

5 pay example

Family is paying for their \$6,500.00 funeral over five years for a 70-year-old.

- Place the \$6,500.00 funeral amount in **Section A**

(Funeral Price).

- Place the Multi-Pay Modal Premium Amount in **Section B** (Multi-Pay Modal Premium Amount).

- Modal Premium is calculated from the Monthly Rates per Thousand chart -

$$\$6,500.00 \times .0265 = \$172.25 \text{ (Multi-Pay Model Premium Amount).}$$

- Place the Modal Premium amount in **Section C** (Total Premium Submitted).

- Place the Multi-Pay Face Amount and Total Face Amount Applied For in **Sections D & E** (same amount as the Funeral Price).

- Mark the Payment Option in **Section F** (Initial Payment Options). In this example, the family chose to draft money out of their checking account.

Section 4: Plan Type and Payment/Billing Mode		
Prearrangement Type:		Funeral Price A
<input checked="" type="checkbox"/> Guaranteed (Price guarantee not applicable to cash advance items)		\$6,500.00
Down Pay ¹ /Single Pay Premium Amount	Down Pay ¹ /Single Pay Face Amount	
\$	\$	
B Multi-Pay Modal Premium Amount	Multi-Pay Face Amount D	Multi-Pay Payment Plans: <input type="checkbox"/> 3Yr <input checked="" type="checkbox"/> 5Yr <input type="checkbox"/> 10Yr <input type="checkbox"/> 15Yr
\$172.25	\$6,500.00	
C Total Premium Submitted	Total Face Amount Applied For E	Installment Payment Plans: <input type="checkbox"/> 3Yr
\$172.25	\$6,500.00	
Pay Premium Mode: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual		
F Initial Payment Options: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check (Payable to Forethought) <input checked="" type="checkbox"/> Checking/Savings Acct EFT <input type="checkbox"/> Money Order (Payable to Forethought)		
Billing Mode: <input type="checkbox"/> Recurring Credit/Debit Card <input checked="" type="checkbox"/> Recurring Checking/Savings Acct EFT <input type="checkbox"/> Direct Bill		
Credit Card Holder Email Address		
Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name	Address (Street, City, State, Zip Code)	Relationship to Proposed Owner/Insured

Early payoff option

- An Early Payoff option is available for all MP Products. These products include only the 3-, 5-, 10-, and 15-year pay options.
- Payoff Quote Amount = Single Pay Rate × Original Face Amount – sum of MP premiums paid to-date.
- Payoff occurs when a payoff quote is requested by contacting customer service at 1-855-207-0818.
 - Please provide the policy number, name of insured and last 4 digits of their Social Security number for security protection.
 - Quote will be given, and a 30-day grace period will be available to send final payment amount.
 - Any premiums received, but not preceded by a payoff quote, will be applied as regular premium. Policy owners and agents will want to ensure a payoff quote is first executed before submitting premium intended to affect a payoff.
- There is no fee to the policy insured or owner to take advantage of this ONLY during the first policy year.
- Once we receive the final payment, a payoff letter will be sent for all payoffs acknowledging the transaction, that coverage is now paid-up, and that no additional premiums are due.
- The post-payoff death benefit will be 100% Face as if Single Pay coverage was issued.
- The original commission amount paid for the Multi-Pay plan is charged back and a new commission based on Single Pay rate is paid.

Early Payoff Example

Prepared for John Doe		Date (mm/dd/yyyy) 0 5/2 2 /24	
Funeral Amount \$ 6,500.00		Acceptable Payments: Credit/Debit Card, Checking/Savings Acct EFT, Check (Payable to Forethought), or Money Order (Payable to Forethought)	
Multiple Payments1			
Payment Options	Monthly Payment	Number of Months	Total Cost
3 Years	\$	X 36	= \$ =
5 Years	\$ 176.80	X 60	\$ = \$ 10,608.00
10 Years	\$	X 120	= \$
15 Years	\$	X 180	\$
You have the option to convert your policy to a paid-up status prior to the first policy anniversary. During the first policy year you would like to have your policy moved to a paid-up status please follow these steps: <ol style="list-style-type: none"> 1. Call Customer Service at (855) 207-0818 to initiate a payoff by requesting a quote. 2. Instructions and payment options will be provided. 			

In this example, John Doe is 75 years of age and has decided to take out a five year monthly payment plan. Mr. Doe now decides he would like to exercise the early payoff option after he as made 8 payments.

Payments Made: $\$176.80 \times 8 = \$1,414.40$
 Payoff Amount: $\$6,500.00 - \$1,414.40 = \$5,085.60$

Common questions

General

Is there Accidental Death Coverage?

Yes, if the insured of a graded death benefit policy dies as a result of accidental means anytime after the policy being issued, we will pay the full face amount with no chargeback to the agent.

Paperwork

Why are Individual Tax ID (Social Security) numbers of the insured and owner required to collect?

SSN is required to satisfy Anti-Money Laundering Regulations. It also helps GA make sure that we return unclaimed funds after a death has occurred. Millions of dollars go unclaimed each year because of insufficient information when a death occurs and no claim is made by the beneficiary against an existing policy. By having this information on the application, a family can help make sure the funds their loved one set aside are put to the intended use.

What payment options are available if the Insured is unable to sign?

If the Insured is unable to sign and the state and ownership structure does not require the insured to sign, a single pay or Multi-Pay graded death benefit plan, may be issued. Someone with an “insurable interest” in the life of insured may own the policy. Insurable interest is generally defined as having a monetary or other legally-recognized interest (e.g., close familial relationship) in the continuing life of the Insured at the time of application for coverage. State-specific insured consent and insurable interest rules apply.

What is required when the Owner/Insured's legal guardian or attorney-in-fact completes the application?

In most cases, the application can be completed by the Owner/Insured's legal guardian or attorney-in-fact (POA), subject to limitations in the power of attorney documentation, appointment paperwork, applicable law and the coverage available.

When a legal guardian or POA is involved, be sure to include proof of their authority when sending in the application, including a properly executed and current power of attorney form, guardianship paperwork, related court orders, or other legal documentation demonstrating the signee's authority to act on behalf of the Owner/Insured with respect to insurance transactions.

Policy administration

What if a change needs to be made to a policy?

Any changes that need to be made to a policy, including payment modes, funeral amount, early pay-off, designated beneficiary, etc., should be initiated with Customer Service at (855) 207-0818. They can provide you with the proper paperwork and answer any questions you may have.

What is the minimum amount for add-ons/upgrades to the policy?

Single Pay: \$500

Are additional premiums (dump-ins) acceptable?

No, we can only accept the amount due for the monthly premium. Any excess funds received will be sent back to the policy owner.

Are downgrades acceptable?

No, downgrades are not available.

Can additional premiums be added to an existing policy that is active?

No, if you want to add more coverage for the insured, a new policy must be written with a minimum of \$500 face amount.

Are you allowed to add a down payment to a multi-pay policy?

Yes, on the Full Benefit Multi-Pay or Graded Death Benefit Multi-Pay products as long as it meets the minimum of \$500 face amount. A separate single pay policy will be issued for this amount.

Contact Information

Business hours

Monday - Friday:
8:00 a.m. to 7:00 p.m. (Eastern)

Overnight business address

Forethought LifeInsuranceCompany
Attn: Preneed New Business
1 Forethought Center
Batesville, IN 47006

Fax: (800) 320-3291
Email: AskGA4SCI@gafg.com

Sales support

Email: scisales_support@gafg.com

Customer service

Phone: (855) 207-0818

Preneed Professional: Option 1

- Option 1: New Business or NIGO
- Option 2: Make Payments or Payoff Amounts
- Option 3: Death Benefit/Claim Questions
- Option 4: Licensing or Contracting

Policy Owner Information: Option 2

- Option 1: Make Payments or Payoff Amounts
- Option 2: Make a One-Time payment or Set-Up or make changes to recurring payments
- Option 2: Death Benefit/Claim Questions

Additional Questions: Option 3

Global Atlantic Financial Group

Global Atlantic Financial Group is a leader in the U.S. life insurance and annuity industry, serving the needs of individuals and institutions. With differentiated investment and risk management capabilities, deep client relationships, and a strong financial foundation, the company has established a track record of delivering proven, value-added solutions and long-term growth. Global Atlantic is a wholly-owned subsidiary of KKR, a leading global investment firm that offers alternative asset management across multiple strategies and capital markets solutions. KKR's parent company is KKR & Co. Inc. (NYSE: KKR)

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