

# Forethought<sup>®</sup> Encore<sup>SM</sup> Family Pack

The following pages contain all the forms needed to apply for coverage with Forethought Life Insurance Company.

After completing the forms, send two copies to Forethought, provide a copy to the family, and keep a copy for your records.

If you should have any questions or would like us to send you a supply of postage-paid mailing envelopes, please contact Customer Service at 1-800-331-8853.

Submit completed forms to:

Forethought Life Insurance Company  
P.O. Box 151  
Batesville, IN 47006-9997

# APPLICATION FOR WHOLE LIFE INSURANCE

## FORETHOUGHT LIFE INSURANCE COMPANY

FORETHOUGHT CENTER  
BATESVILLE, INDIANA 47006



### 1 PROPOSED INSURED *Please Print*

<input type="checkbox"/> Mr. <i>First Name / Middle Initial / Last Name:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<i>Social Security Number:</i> _____ - ____ - ____  <i>Date of Birth:</i> ____ / ____ / ____
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### 1a POLICYHOLDER — COMPLETE ONLY IF OTHER THAN INSURED

<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> _____ - ____ - ____
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### 2 MAILING ADDRESS FOR INSURED OR POLICYHOLDER — WHERE TO SEND INFORMATION ABOUT THIS INSURANCE

<i>Street Address:</i>			<i>Telephone Number:</i>	
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	(    ) -    - <i>Area Code</i>	

### 3 FUNERAL PRICE      FACE AMOUNT      SINGLE PREMIUM

<i>PAYMENT PLAN</i>	<i>PAYMENT MODE</i>
<input type="checkbox"/> 3 yr. Pay <input type="checkbox"/> 5 yr. Pay <input type="checkbox"/> 10 yr. Pay <input type="checkbox"/> Flex <input type="checkbox"/> Other _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly <input type="checkbox"/> Coupon Book <input type="checkbox"/> APA*-Automatic Payment Authorization <small>* Attach completed authorization form and voided check if APA is selected.</small> <b>Make check payable to Forethought Life and write certificate number on check.</b>
<i>INITIAL PREMIUM + MULTI-PAY PREMIUM = TOTAL PREMIUM AMOUNT</i> _____ + _____ = _____	

*I elect the automatic premium loan option.*     Yes     No

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

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

### 5 DIRECTIONS FOR PAYMENT OF PROCEEDS

To secure the Funeral Firm guarantees stated in the Funeral Planning Agreement, proceeds are to be paid to the Funeral Firm in an amount not to exceed the retail price of the funeral provided. These directions may be changed any time before the funeral is provided by giving written notice to Forethought Life.

Any remaining proceeds are to be paid to the Beneficiary which is the estate of the insured. If another Beneficiary is desired, provide the information below. (Beneficiary should be other than the funeral home.)

\_\_\_\_\_  
*First Name / Middle Initial / Last Name*

### 6 *The above information is true and complete to the best of my knowledge and belief. No insurance will take effect until the premium has been paid and a certificate has been issued while the Insured is living.*

<i>Signature of Proposed Insured:</i> _____  <small>If signed by legal representative or guardian, please attach legal documentation.</small>	<i>Signature of Policyholder — ALWAYS needed if other than Insured:</i> _____
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### 7 AGENT'S STATEMENT *Is the insurance applied for intended to replace or change an existing life insurance or annuity policy?*    Yes    No

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

<b>Six (6) Digit Forethought Agent Number</b> <small>(not license number)</small> [    ] [    ] [    ] [    ] [    ] [    ]	<i>Printed Name of Agent:</i> _____  <i>Signature of Agent:</i> _____ <i>Date</i> _____
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### 3a HEALTH QUESTIONS

**FOR MULTI-PAY OR PREFERRED RATE PLANS ONLY**

**TO BE COMPLETED ONLY BY THE PROPOSED INSURED. INSURED'S SIGNATURE IS REQUIRED IN SECTION 6.**  
*Please answer each question to the best of your knowledge and belief.*

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

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.

**AUTHORIZATION** By completing the Health Questions and signing this Enrollment Form, any medical practitioner or facility, or other person is authorized to give Forethought Life records or information regarding the Proposed Insured's health. This authorization is limited to matters related to the Health Questions.

## GUARANTEED FUNERAL GOODS AND SERVICES

### OUR SERVICE

Arrangement and Professional Staff Services \$ \_\_\_\_\_

Embalming \$ \_\_\_\_\_

If you have selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below:

Use of Facilities/Staff/Equipment for:

Visitation \_\_\_\_\_ Days @ \$ \_\_\_\_\_/day \$ \_\_\_\_\_

Funeral/Memorial Service \$ \_\_\_\_\_

Graveside Service \$ \_\_\_\_\_

Transfer of Deceased (\_\_\_\_\_mi.) \$ \_\_\_\_\_

Family Car(s) # \_\_\_\_\_ @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Hearse \$ \_\_\_\_\_

Escort \$ \_\_\_\_\_

Forwarding/Receiving Remains \$ \_\_\_\_\_

Other Services/Facilities/Equipment:

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL SERVICES**

\$  

**REQUIRED PURCHASES**

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. Any legal, cemetery or crematory requirement that we represented to you as compelling the purchase of any goods and services called for by this Agreement is identified and described below:

### NON-GUARANTEED CASH ADVANCE ITEMS

Acknowledgement Cards \$ \_\_\_\_\_

Obituary Notices \$ \_\_\_\_\_

Death Certificate \$ \_\_\_\_\_

Flowers \$ \_\_\_\_\_

Clergy Honorarium \$ \_\_\_\_\_

Music \$ \_\_\_\_\_

Shipping Container \$ \_\_\_\_\_

Grave Opening and Closing \$ \_\_\_\_\_

Sales Tax \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

We charge you for our services in obtaining:

**ALLOWANCE FOR CASH ADVANCE ITEMS**

\$  

**TOTAL GUARANTEED AND NON-GUARANTEED FUNERAL PRICE**

\$  

\_\_\_\_\_  
Funeral Firm Name

\_\_\_\_\_  
Funeral Recipient (Insured)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Purchaser (Printed Name)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Purchaser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Funeral Director Signature

\_\_\_\_\_  
Date

# FUNERAL PLANNING AGREEMENT

## **Performance Guarantee**

The Funeral Firm **will** provide the planned funeral as shown on the statement of funeral goods and services unless factors beyond its control prevent it from doing so. The Funeral Firm will furnish the brands or makes of merchandise shown or, if unavailable, merchandise of equivalent quality. If the Funeral Firm is unable to provide the planned funeral, another funeral establishment may be chosen.

## **Price Guarantee**

The Funeral Firm **will** accept the Forethought Life Insurance death benefit as the full payment for the Guaranteed Funeral Goods and Services, even if the retail price for those items at the time of need is greater than the death benefit. If the at-need retail price is less than the death benefit, the excess will be paid to the beneficiary. The beneficiary may authorize payment of the excess for additional items not listed in this agreement. The Funeral Firm is not entitled to receive the death benefits purchased to fund Non-Guaranteed Cash Advance Items to cover the retail price of guaranteed items.

The date from which this guarantee is effective will be determined by the type of Forethought Life Insurance Plan you purchase.

1. If you purchase a plan which will pay an immediate death benefit which equals or exceeds The Total Guaranteed Funeral Price for death from any cause, this guarantee is effective immediately; or
2. If you purchase a plan which has a limited death benefit, this guarantee will become effective at the end of the limited death benefit period; or
3. If you purchase life insurance under a flexible payment plan, this guarantee will be effective when the premiums paid equal or exceed an amount equal to the Total Guaranteed Funeral Price increased by 4% annually, compounded quarterly. For example, to guarantee a \$3,000 funeral price at the end of 3 years, you would have paid Forethought Life Insurance Flexible Option premiums of \$3,375; \$3,650 at the end of 5 years; or \$3,948 at the end of 7 years. This plan is NOT a loan. Neither you nor your survivors are obligated to make payments under the flexible payment plan. However, if the premiums paid are less than the amount required to obtain a guarantee your survivors must pay the Funeral Firm the difference between the at-need retail price and the death benefit available from your total coverage.

## **Limitation on Price and Performance Guarantees**

The Funeral Firm must be designated to receive the death benefits. These guarantees will not apply if the Forethought life insurance is voided, lapsed, borrowed against, or surrendered, coverage is not purchased within 30 days, or death benefits are paid under the suicide provision of the policy.

## **Freedom of Choice Guarantee**

Designating the Funeral Firm to receive the proceeds of the Forethought insurance does not restrict any right to purchase funeral merchandise or services in the open market, with the advantages of competition, at any time before the Funeral Firm delivers the funeral.

## **Cancellation Guarantee**

This funeral plan can be cancelled at any time. Cancellation of this plan does not cancel your Forethought Life insurance, which may only be terminated in accordance with its terms and conditions of the Forethought insurance documents. The policyholder will receive the cash value if the coverage is surrendered more than 30 days from issue. In the early years, the cash value may be substantially less than the premiums paid.

## **Disclosures**

By completing this form and by signing the Forethought Life Group Insurance Enrollment Form, you acknowledge that: you were shown current General, Casket and Outer Burial Container price lists prior to discussing those prices, services or merchandise; you have read, understood, and received a copy of this Agreement; the person presenting this document is a representative of the Funeral Firm and an agent of Forethought Life Insurance Company to whom commissions may be paid. In addition you acknowledge that to secure the Funeral Firm guarantees stated above, you direct that proceeds are to be paid to the Funeral Firm in an amount not to exceed the retail price of the funeral provided. These directions may be changed any time before the funeral is provided by giving written notice to Forethought Life Insurance Company.