

**Change of Policy/Certificate/Annuity
Ownership to The Forethought Trust
(Permanent and Irrevocable)**

FORETHOUGHT LIFE INSURANCE COMPANY
P.O. BOX 216
BATESVILLE, INDIANA 47006-0216

IMPORTANT: Both sections of form **must** be completed.

Name of Insured

Number of Policy/Certificate/Annuity

Irrevocable Assignment of Ownership to Funeral Firm

I hereby irrevocable 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/annuity to The Forethought Trust on my behalf.

By assigning ownership of the policy/certificate/annuity to the Funeral Firm, it is understood:

1. This is permanent and irrevocable, and except as stated below, I renounce my power to control the policy/certificate/annuity; and
2. Ownership of the policy/certificate/annuity 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/annuity 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/annuity identified above; that I retain the right to change the designated funeral firm; and that I retain the right to change the named beneficiary.

Signature of Owner

Date

Transfer of Ownership to The Forethought Trust

On behalf of the Funeral Firm, I accept the above assignment, and hereby transfer ownership of the policy/certificate/annuity to The Forethought Trust. I understand that any right to receive payment of the proceeds is contingent upon delivery of funeral services and merchandise.

Name of Funeral Firm (Please Print Name)

Signature of Authorized Representative

Date