

FORETHOUGHT®

*Encore*<sup>SM</sup>

*Orchestrates your plan for those you love.<sup>SM</sup>*

***Step by Step  
Instructions***

*Guaranteed*

FORE  
THOUGHT®  
FUNERAL PLANNING

*It's the right choice®*

These instructions are intended to represent the usual fields required in most states. State variations exist that may require additional information. Calculation examples may vary by state. If you should have any questions regarding state-specific forms, please contact Customer Support at 1-800-331-8853.

# How to Apply for Insurance Coverage

- Fill out the Application/Enrollment form using these instructions as a guide.
- Complete the Goods & Services.
- Provide the copies of all forms to the family.
- Mail the Application/Enrollment form, Goods & Services, and payment to Forethought Life Insurance Company using our postage-paid envelope.

That's really all there is to it! It's fast, and it's a valuable service to your families.

## Section 1 Proposed Insured:

Fill in the title, name, gender, Social Security number and date of birth for the proposed insured.

**Section 1a Policyowner/Certificate holder (if other than Insured):** Fill in the title, name and Social Security number for the Owner of the policy.

**Section 2 Mailing Address for Insured or Policyowner/Certificate holder:** Fill in the name and address of where information about this insurance should be sent. Also include the telephone number.

**Section 3 Funeral Amount and Payment Information:** Based on the funeral amount selected and the customer's payment preferences, indicate the appropriate amounts and selections in these boxes.

If a single payment, enter the funeral price, the initial face amount, the 6-month face amount, and the single premium amount. Have the family write a check made payable to Forethought Life Insurance Company for the single premium amount. See example.

If a multiple-payment, see next page.

## Section 3a Health Questions

Health questions can only be answered by the Insured. Indicate their responses to the health questions.

## Section 4 Replacement

The State requires the replacement question to be answered.

## Section 5 Directions for Payment of Proceeds

Name a beneficiary to receive any excess death benefit remaining after the funeral firm has been paid.

## Section 6 Acknowledgement

The State requires the Owner to read and sign the Application/Enrollment form. (It will be returned if it is not signed.) Signature requirements: If a Power of Attorney (POA) signs for the Insured, a policy/certificate with a limited death benefit will be issued. Proper documentation must be sent with the Application/Enrollment form. POA granted for medical purposes only is not acceptable.

## Section 7 Agent Statement

Agent is required to answer the replacement question, enter the six (6) digit Forethought agent number, sign and print name, and date.

APPLICATION TO FORETHOUGHT LIFE INSURANCE COMPANY  
FORETHOUGHT LIFE INSURANCE COMPANY • FORETHOUGHT CENTER • BATESVILLE, INDIANA 47006 FORETHOUGHT

<b>1 PROPOSED INSURED</b> Please Print		Social Security Number: 123 - 45 - 6789	
<input checked="" type="checkbox"/> Mr. First Name / Middle Initial / Last Name: John M. Smith	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: 07 / 05 / 1940	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
<b>1a POLICYOWNER</b> — COMPLETE ONLY IF OTHER THAN INSURED		Social Security Number: 987 - 65 - 4321	
<input type="checkbox"/> Mr. First Name / Middle Initial / Last Name: Mary S. Smith			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
<b>2 MAILING ADDRESS FOR INSURED OR POLICYOWNER</b> — WHERE TO SEND INFORMATION ABOUT THIS INSURANCE		Telephone Number: (555) - 123 - 4567	
Street Address: 456 Central Avenue		Area Code	
City: Anytown	State: USA	Zip Code: 12345	
<b>3 FUNERAL PRICE/FACE AMOUNT</b>		<b>3a OPTIONAL HEALTH QUESTIONS - FOR MULTI-PAY PLANS ONLY</b>	
5000.00	5025.00/5300.00	5000.00	
<b>PAYMENT PLAN</b>		<b>TO BE COMPLETED ONLY BY THE PROPOSED INSURED. INSURED'S SIGNATURE IS REQUIRED IN SECTION 6.</b>	
<input type="checkbox"/> 3 yr. Pay	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly	Please answer each question to the best of your knowledge and belief.	
<input type="checkbox"/> 5 yr. Pay	<input type="checkbox"/> Coupon Book <input type="checkbox"/> APA <sup>®</sup> -Automatic Payment Authorization	1. Are you currently confined to a hospital, hospice, nursing home (including custodial care) or other such facility; or, within the past twelve months, have you been told by a medical practitioner that you should be confined but have chosen not to follow that instruction?	
<input type="checkbox"/> 10 yr. Pay	<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Make check payable to Forethought Life and write policy number on check.		2. During the last five years have you been diagnosed as having, or have you received active treatment from a medical practitioner for any of the following:	
INITIAL PREMIUM + MULTI-PAY PREMIUM = TOTAL PREMIUM AMOUNT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4 REPLACEMENT</b> Is the insurance applied for intended to replace or change any existing life insurance or annuity policy?		AIDS/ARC Cancer Kidney Disorder Blood Disorder Circulatory Disorder Liver Disorder Brain Disorder Heart Disorder Lung Disorder	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — If yes, please provide name of the insurance company(s), policy number(s), and replacement form(s), if required by your state.		If the answer to both health questions is "No," a policy 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 policy with limited death benefits during the first one or two years (depending on age and plan) will be issued.	
<b>5 DIRECTIONS FOR PAYMENT OF PROCEEDS</b>		<b>AUTHORIZATION</b> By completing the Health Questions and signing this Application, 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.	
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.)	
Mary S. Smith First Name / Middle Initial / Last Name		Signature of Proposed Insured: John M. Smith	
Signature of Proposed Insured: John M. Smith		Signature of Policyowner — ALWAYS needed if other than Insured: Mary S. Smith	
<b>6</b> has been issued while the Insured is living.		<b>7 AGENT'S STATEMENT</b> Is the insurance applied for intended to replace or change an existing life insurance or annuity policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If signed by legal representative or guardian, please attach legal documentation.		If the Health Questions are completed, I certify that the information was provided directly by the Proposed Insured.	
Six (6) Digit Forethought Agent Number (not license number)		Printed Name of Agent: James B. Director	
1 2 3 4 5 6		Signature of Agent: James B. Director	
		Date: 7/1/05	

Applications/Enrollment forms may vary by state.

Provide the pink copy to the family for their records, keep the yellow copy for the funeral firm, and forward the white copies to Forethought.

# Form Completion for Multiple-Payment Plans

The Policyowner/Certificate holder may spread out the cost of the insurance over time and may make scheduled multiple payments over a period of 3, 5, 7 or 10 years based on age of the insured.

If selecting multiple-payments, complete the funeral price, the face amount, the payment plan selected, and the payment mode.

Have the family write the check for the "Total Premium Amount," made payable to Forethought Life Insurance Company.

## Section 3

<b>3</b>	<b>FUNERAL PRICE/FACE AMOUNT</b>	<b>SINGLE PREMIUM</b>
	5000.00      5300.00	N/A
<b>PAYMENT PLAN</b>	<b>PAYMENT MODE</b>	
<input type="checkbox"/> 3 yr. Pay <input type="checkbox"/> 5 yr. Pay <input type="checkbox"/> 10 yr. Pay <input checked="" type="checkbox"/> Other <u>7</u>	<input checked="" 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 <i>* Attach completed authorization form and voided check if APA is selected.</i> <b>Make check payable to Forethought Life.</b>	
<b>INITIAL PREMIUM</b> + <b>MULTI-PAY PREMIUM</b> = <b>TOTAL PREMIUM AMOUNT</b>		
1000.00	77.59      1077.59	

Applications/Enrollment forms may vary by state.

## Premium Calculation Example

Funeral Amount: \$5000.00	Age: 65
7-Year Payment Plan	
Funeral Amount	\$5000.00
X Face Amount Factor	X 1.060 *
Total Face Amount	\$5300.00
Initial Premium	\$1000.00
X Face Amount Factor	X 1.060 *
Initial Payment Face	\$1060.00
Total Face Amount	\$5300.00
- Initial Payment Face	- 1060.00
Remaining Face Amount	\$4240.00
Remaining Face Amount	\$4240.00
X Premium Factor	X .01830 *
Monthly Premium Amount	\$ 77.59

\*Factors may vary depending on product and state. Consult rate card.

# Completing the Guaranteed Funeral Goods and Services

Based on the family's funeral selections, complete the Guaranteed Funeral Goods and Services form as follows:

- 1) Itemize each guaranteed merchandise and services item and indicate the corresponding price(s). Note: These items are subject to the funeral price guarantee.
- 2) Itemize each cash advance item and indicate the corresponding price(s). Note: These items are typically not within the control of the firm and are not subject to the funeral price guarantee.
- 3) Total each section individually, then combine for the Total Guaranteed and Non-Guaranteed Funeral Price. Total Guaranteed Funeral Price + Allowance for Cash Advance Items = Total Guaranteed and Non-Guaranteed Funeral Price
- 4) Complete the firm and funeral recipient information on the bottom and obtain any needed signatures.

GUARANTEED FUNERAL GOODS AND SERVICES	
<b>OUR SERVICE</b>	<b>DISPOSITION</b> <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other
Arrangement and Professional Staff Services \$ 1200.00	<b>CASKET</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Batesville \$ 2700.00
Embalming \$ _____	Manufacturer: <input checked="" type="checkbox"/> Batesville
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:	
Model # and Name (specify) _____	Exterior Material & Color _____
Use of Facilities/Staff/Equipment for:	Interior Material & Color _____
Visitation <u>1</u> Days @ \$ 250/day \$ 250.00	<b>OUTER BURIAL CONTAINER</b> \$ _____
Funeral/Memorial Service \$ _____	Manufacturer _____
Graveside Service \$ _____	Model # and Name _____
Transfer of Deceased ( <u>20</u> mi.) \$ 150.00	Material _____
Family Car(s) # _____ @ \$ _____ each \$ _____	<b>OTHER GUARANTEED MERCHANDISE (Specify)</b> _____
Hearse \$ 100.00	_____
Escort \$ _____	_____
Forwarding/Receiving Remains \$ _____	_____
Other Services/Facilities/Equipment (Specify) _____ \$ _____	_____
<b>TOTAL SERVICES</b> \$ 1700.00	<b>TOTAL GUARANTEED FUNERAL PRICE</b> \$ 4400.00
<b>REQUIRED PURCHASES</b>	
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:	
<b>Non-Guaranteed Cash Advance Items</b>	
Acknowledgement Cards \$ _____	Shipping Container \$ _____
Obituary Notices \$ _____	Grave Opening and Closing \$ 300.00
Death Certificate <u>4</u> @ <u>12.00</u> \$ 48.00	Sales Tax \$ _____
Flowers \$ 100.00	Other (Specify) _____ \$ _____
Clergy Honorarium \$ 100.00	Memorial Folders \$ 52.00
Music \$ _____	_____ \$ _____
We charge you for our services in obtaining:	<b>ALLOWANCE FOR CASH ADVANCE ITEMS</b> \$ 600.00
<b>TOTAL GUARANTEED AND NON-GUARANTEED FUNERAL PRICE</b> \$ 5000.00	
<b>ABC Funeral Home</b>	<b>John M. Smith</b>
Funeral Firm Name	Funeral Recipient (Insured)
123 Main St., Anytown, USA 12345	
Address	
(123) 456-7890	
Telephone Number	

Provide the pink copy to the family for their records, keep the yellow copy for the funeral firm, and forward the white copies to Forethought.

# Top 10 Reasons New Business is Not Issued:

1. Forms missing or incomplete
2. Licensing issues (expired, withdrawn, etc.)
3. Replacement questions not answered (Sections 4 and 7)
4. No agreement exists between funeral home and agent
5. Power of Attorney or Guardianship documentation not provided
6. Payment plan, premium amount, or down payment unclear (Section 3)
7. Date of birth missing (Section 1)
8. Signatures missing — insured, agent, policyowner/certificate holder (Sections 6 and 7)
9. Name and address information missing
10. Insured not eligible for payment plan selected

Forethought Life Insurance Company  
One Forethought Center  
Batesville, Indiana 47006

[www.forethought.com](http://www.forethought.com)

For assistance call Customer Support at  
1-800-331-8853