

INSURED

Policy/Certificate Number _____ Name of Insured _____
 _____ / _____ / _____ - _____ - _____ / _____ / _____
 Age Date of Birth Social Security Number Date of Death

Cause of Death Natural Accidental Suicide

TAXPAYER IDENTIFICATION

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION BY BENEFICIARY/ESTATE
 IRS regulations require that we obtain the beneficiary's Social Security number in order to generate a 1099 for any interest paid on life insurance death benefits or growth and/or interest on annuity contracts in the amount of \$10.00 or more. If paying the estate, please provide a Tax Identification Number of the estate in the box below.

If there is no estate, we may pay excess benefits to a relative of the insured instead of the estate itself (except for individual policies in Kansas). Therefore, with the exception of Kansas individual policies, if the estate is named as beneficiary, please indicate who should receive any excess.

Enter your Taxpayer Identification Number in the box below. For most individuals, this is your Social Security number.

Social Security Number/Taxpayer Identification Number

Certification. 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 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 the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions. You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, **do not** cross out item (2).

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

PAYMENT AUTHORIZATION

AUTHORIZATION OF PAYMENT
 By signing below, I certify that I am the beneficiary named in the above-referenced certificate and the above information is true and complete to the best of my knowledge. A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Printed Name of Beneficiary (Full legal name) _____
 Mailing Address _____
 _____ () _____
 City State Zip Telephone

Pay all proceeds to me; or
 I hereby assign \$ (the cost of the funeral/cemetery merchandise and services provided) of the life insurance proceeds to the funeral provider identified below. Any remaining proceeds are to be paid to me.

X _____
 Signature of Beneficiary Date

FUNERAL FIRM ASSIGNMENT

OPTIONAL – Complete ONLY if assigning benefits to the Funeral Firm

Funeral Firm _____ () _____
 Telephone

Address _____ City _____ State _____ Zip _____

X _____
 Signature of Funeral Director Date



FORETHOUGHT LIFE INSURANCE COMPANY
P.O. Box 216
BATESVILLE, INDIANA 47006-0216
FAX (888) 425-2463

CLAIM FORM

Complete the attached forms

Send by fax or mail the following to Forethought Life Insurance Company/Forethought National Life Insurance Company

- Completed and signed forms
- A copy of the Death Certificate is required

To obtain the current death benefit quote prior to filing a claim, simply call the 24-hour Forethought Information Line at 1-800-959-6886.

Any quote which you are given is only an estimate of death benefits available. (If you call the information line, you must also fax completed copies of the forms with signatures to Forethought Life Insurance Company/Forethought National Life Insurance Company before benefits will be paid).