

INSURED	Policy/Certificate Number			
	Date of Death / /		Name of Insured	
	Age	Date of Birth / /	Social Security Number - -	
	Cause of Death* <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide			

*Provide death certificate if policy/certificate was underwritten, issued as first-day coverage or preferred rate **AND** insured died within two years of issue **OR** from an accidental death or suicide.

FUNERAL FIRM	Funeral Firm		Telephone Number ()	
	Address		City	State Zip
	TOTAL COST OF FUNERAL PROVIDED	\$	Mail check for excess benefits or correspondence to: <input type="checkbox"/> Agent (for delivery to Beneficiary) <input type="checkbox"/> Beneficiary	

BENEFICIARY	Name of Beneficiary (Not Funeral Firm)		Telephone Number ()	
	Address		City	State Zip

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).

X _____ Date
Signature of Beneficiary

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.

AUTHORIZATION OF PAYMENT FOR FUNERAL GOODS AND SERVICES

I certify that the above information is true to the best of my knowledge and that the funeral goods and services were furnished. I further certify that the amount of benefits claimed is in accordance with the terms of the funeral planning agreement if applicable. I understand that Forethought Life Insurance Company reserves the right to request more information or a certified copy of the death certificate.

X _____ Date
Signature of Funeral Director

As the person legally responsible for the funeral arrangements of the deceased Insured, I authorize payment to the Funeral Firm in the amount of the total cost of the funeral goods and services furnished.

X _____ Date
Signature of Person Legally Responsible for the Funeral



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

- Completed and signed forms
- A copy of the Death Certificate if policy/certificate was issued as first-day coverage or preferred rate and insured dies within two years of issue or from accidental death or suicide.

We reserve the right to request the original itemized statement of funeral goods and services and a certified copy of the death certificate before benefits are paid.

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 before benefits will be paid).