

Insurance Funded Prepaid Funeral Benefits Contract

Contract No. 7615500

Purchaser: EXAMPLE 1

Provider: _____

Contract Beneficiary: John Doe

Seller: ForeLife Agency, Inc. / Permit # 858

Statement of Funeral Goods and Services Selected

(A) GUARANTEED SERVICES & MERCHANDISE:

The Total Contract Price below includes the goods and services to be delivered at the time of the Contract Beneficiary's death. You are not purchasing goods and services where price is left blank. You can purchase the goods and services left blank at the time of the funeral service. Certain purchases can be required by law or by a cemetery or crematory. This contract allows You to pay in advance and freeze the costs of the Guaranteed Services and Merchandise selected below.

BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF, AND OVERHEAD \$ INC

EMBALMING: (explanation below) \$ _____
 Embalming services \$ _____

If You 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 charged for embalming, we will explain why below.

- Mausoleum Requirement Customer Preference
- Funeral Service with Viewing
- Shipping Via Common Carrier
- Legal - Unclaimed Remains Not Applicable

OTHER PREPARATION OF THE BODY:

Bathing body..... \$ _____
 Cosmetic/Beautician..... \$ _____
 Dressing/Casketing..... \$ _____
 Refrigeration fee (# days 6)..... \$ INC
 Other..... \$ _____

USE OF FACILITIES AND STAFF:

Rosary or prayer service..... \$ _____
 Viewing/Visitation (# days _____)..... \$ _____
 Funeral ceremony at funeral home..... \$ _____
 Funeral ceremony at other facility..... \$ _____
 Memorial service at funeral home..... \$ _____
 Memorial service at other facility..... \$ _____
 Use of equipment and staff for graveside service..... \$ _____
 Other..... \$ _____

TRANSPORTATION SERVICES:

Transfer of remains to funeral home
 (25 mile radius)..... \$ INC
 Hearse (funeral coach)..... \$ _____
 Funeral Sedan VAN..... \$ INC
 Limousine (# _____)..... \$ _____
 Pallbearer car..... \$ _____
 Clergy car..... \$ _____
 Flower car..... \$ _____
 Other TRANSPORTATION to CREMATORY..... \$ INC

OTHER SERVICES:

Forwarding of remains to another funeral home
 (describe)..... \$ _____
 Receiving remains from another funeral home (describe)..... \$ _____
 Other..... \$ _____

Immediate Burial (Basic Charge)..... \$ _____

Direct Cremation (Basic Charge)..... \$ _____

Disposition: Burial Cremation Other

GOODS:

Casket..... \$ _____

- Wood Type: _____
- Steel: 16 ga 18 ga 20 ga ___ ga Stainless
- Bronze: 32 oz 48 oz. Copper: 32 oz 48 oz.
- Other: _____
- Seal Nonseal Gasketed Nongasketed N/A
- Interior Lining: Crepe Velvet Satin Other _____
- Shell: Square Round Exterior color: (opt) _____

Outer burial container (see explanation on page 2) \$ _____

- Liner Vault Box Other (describe): _____
- Concrete Wood Type: _____
- Steel: 7 ga 10 ga 12 ga 14 ga Stainless
- Bronze _____ oz. Copper _____ oz.
- Other: _____
- Seal Nonseal N/A

Alternative Container: (describe) _____ \$ INC

CARDBOARD CASKET

Urn: (Name and Primary Construction) HARDWOOD MESQUITE \$ INC

Shipping Container: (describe) _____ \$ _____

Clothing: (describe) _____ \$ _____

Stationery/Cards: (describe) _____ (# _____) \$ _____

Memorial Book: _____ (# _____) \$ _____

Acknowledgment cards: (describe) _____ (# _____) \$ _____

Guaranteed Cash Advance Items:
 We charge You for our services in obtaining the items with the boxes marked below:

- Other..... \$ _____
- Other..... \$ _____

(A) TOTAL COST OF GUARANTEED ITEMS: \$ 999⁰⁰

(B) NON-GUARANTEED CASH ADVANCE ITEMS:

The items and amounts listed below are specified as *Non-Guaranteed*. You understand that these amounts are *ESTIMATES* only and are not frozen in cost. This section allows You to set aside funds for non-guaranteed items. At the time of death, these funds may be used for any cash advance items. You are not prefunding any items below where price is left blank.

Initial here to confirm You have read this: WJR

We charge You for our services in obtaining the items with the boxes marked:

- Cemetery Opening & Closing Fee.....\$ _____
- Cemetery Set-Up (*tent-chairs-carpet*).....\$ _____
- Crematory Fees.....\$ _____
- Clergy Honorarium.....\$ _____
- Death Certificates.....\$ _____
- Flowers.....\$ _____
- Obituary Notices.....\$ _____
- Organist/Pianist.....\$ _____
- Outside Facility Rental.....\$ _____
- Police Escort.....\$ _____
- Transportation.....\$ _____
- Vocalist.....\$ _____

- Other.....\$ _____
- Other.....\$ _____
- Other.....\$ _____
- Other.....\$ _____

(B) TOTAL CASH ADVANCE ITEMS: \$ 0

Subtotal (A from page 1 + B):.....\$ 999.00

(Less): Discounts/Adjustments:.....\$ _____

TOTAL CONTRACT PRICE: \$ 999.00

Explanation of Certain Charges

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.

Reason for Outer Burial Container or Other: (describe): _____

Payment Terms

An Insurance Policy funds this contract. The Contract Beneficiary must apply for insurance coverage. Your payment made today is the first Premium for the Insurance Policy. The Insurance Company will either issue your Insurance Policy or deny insurance coverage within 30 days, after You sign this contract. If coverage is denied, You will receive a 100% refund from the Insurance Company.

The Premiums You pay on the Insurance Policy(s) may not equal the Total Contract Price. You could pay more or less, depending on several factors (for example: your age, health and type of Insurance Policy purchased). Based on the anticipated premium indicated on the insurance application(s), the maximum amount of Premiums You could pay over the term of the Insurance Policy(s) for this contract is \$ 1834.80.

Initial here to confirm You have read this: WJR

This is your estimated premium payment information:

Payment Mode: Single Monthly Quarterly Semi-Annual Annual

Payment Plan (Years to Pay) 10 Amount of Premium Payment Submitted with this Contract: \$ 15.29

Amount of Each Remaining Premium Payment: \$ 15.29

If You have purchased a policy with a Flexible Premium option, You have _____ months to pay the premiums equal to the Total Contract Price.

IF APPLICABLE: The initial face amount of the Insurance Policy(s) issued to fund this contract exceeds the total contract price by more than 5%. The excess amount is \$ 144.86 and is included in the policy face amount. The Provider will receive this excess face amount at the time of the funeral to cover its costs. If You do not want the excess coverage, You may ask if the Seller offers other Insurance Policy(s) to fund this contract.

Initial here to confirm You have read this and agree to the excess coverage: WJR

FORETHOUGHT GROUP LIFE INSURANCE ENROLLMENT FORM

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

Please Print

1 PROPOSED INSURED

Mr. Mrs. Ms. Miss First Name / Middle Initial / Last Name: John DOE Male Female

Social Security Number: 123 - 45 - 6789

Date of Birth: 04 / 06 / 1950

1a CERTIFICATEHOLDER — COMPLETE ONLY IF OTHER THAN INSURED

Mr. Mrs. Ms. Miss First Name / Middle Initial / Last Name: _____ Social Security Number: _____

2 MAILING ADDRESS FOR INSURED OR CERTIFICATEHOLDER — WHERE TO SEND INFORMATION ABOUT THIS INSURANCE

Street Address: 123 MERRY LANE Telephone Number: (210) - 664 - 1444

City: SAN ANTONIO State: TX Zip Code: 78251 Area Code: _____

3 FUNERAL PRICE 999.00 **FACE AMOUNT** 1,143.00 **SINGLE PREMIUM** 15.29

PAYMENT PLAN: 3 yr. Pay 5 yr. Pay 10 yr. Pay Flex Other _____

PAYMENT MODE: Monthly Annual Semi Quarterly Coupon Book APA*-Automatic Payment Authorization

* Attach completed authorization form and voided check if APA is selected.

Make check payable to Forethought Life Insurance Company and write certificate number on check.

INITIAL PREMIUM + MULTI-PAY PREMIUM = TOTAL PREMIUM AMOUNT

15.29 + 15.29 = 15.29

3a OPTIONAL HEALTH QUESTIONS - FOR UNDERWRITTEN 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.

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? Yes No

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: Yes No

AIDS/ARC Cancer Kidney Disorder
Blood Disorder Circulatory Disorder Liver Disorder
Brain Disorder Heart Disorder Lung Disorder

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

In return for the FUNERAL CARE UNIT promise in the Funeral Planning Agreement to provide the specified funeral goods and services, the Funeral Firm is hereby designated to receive the policy proceeds. This amount may only be collected after the goods and services have been furnished. This designation may be changed by giving written notice to Forethought Life Insurance Company at any time before the goods and services have been furnished. In the event there are proceeds unclaimed by the Funeral Firm, such remaining proceeds will be paid to the beneficiary of the certificate.

FRANCES DOE
First Name / Middle Initial / Last Name

No insurance coverage will take effect if the insured dies before the certificate is issued. 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. After the limited death benefit period, the full death benefit will be paid.

LIMITED LIFE INSURANCE DEATH BENEFIT PER \$1,000 FACE AMOUNT			
Months	3-Pay	5-Pay	7-10-Pay
0-6	*	*	*
7-12	500	*	*
13-24	1,000	700	*

* Premiums + interest as stated in the certificate.

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

Signature of Proposed Insured: John Doe

Signature of Certificateholder — ALWAYS needed if other than Insured: _____

A4055-02-TX If signed by legal representative or guardian, please attach legal documentation.

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.

Signature of Agent: William J. Bischoff Printed Name of Agent: WILLIAM J. BISCHOFF

Agent Number: 47262 Date: JUNE 3 2010

2 WHITE COPIES - Company YELLOW COPY - Funeral Firm PINK COPY - Family