

**Section 1: Policy Owner/Certificate Holder Information**

Policy Number	Policy Owner/Certificate Holder Name		
Street Address	City	State	Zip Code
Phone Number	Email Address		

**Section 2: Insured Information (if different than Policy Owner/Certificate Holder)**

Insured's Name (if different from Policy Owner/Certificate Holder)	Insured SSN
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**Section 3: Successor Funeral Firm Information**

Funeral Firm			
Street Address	City	State	Zip Code
Phone Number	Email Address		

**ALL SECTIONS MUST BE COMPLETED IN THEIR ENTIRETY FOR THIS CHANGE TO BE PROCESSED**

**Section 4: Direction to Pay Proceeds**

I hereby revoke my previous Direction to Pay Proceeds and modify the direction to pay proceeds as follows:

**Please check one of the following:**

- This is a revocation of the Direction to Pay Proceeds only. This does not change the beneficiary designation. *(This option is not available for irrevocable policies.)*
- I direct the policy proceeds to be paid to the Successor Funeral Firm in accordance with the Funeral Planning Agreement (FPA) attached to my original Direction to Pay Proceeds, which the Successor Funeral Firm has agreed to honor in its entirety.  
**Note:** *In states that prohibit it, excess proceeds will not be paid to the Successor Funeral Firm regardless of FPA language. (Not available in North Carolina)*
- I have entered into a new FPA with the Successor Funeral Firm which is attached.** I hereby re-designate or reassign any death benefit payable under the coverage identified above to be paid to the Successor Funeral Firm in accordance with the attached FPA. If irrevocable, I understand that this change of designation does not revoke any irrevocable change of ownership. Therefore, any waiver of my rights to surrender the policy/certificate for cash or to obtain a loan remains in effect.  
*(This Option is NOT applicable for Indiana and Texas.)*

\_\_\_\_\_  
 Policy Owner/Certificate Holder Signature

\_\_\_\_\_  
 Date (mm/dd/yyyy)

\_\_\_\_\_  
 Successor Funeral Firm Representative Signature

\_\_\_\_\_  
 Date (mm/dd/yyyy)

This Modification of Direction to Pay Proceeds Form can be submitted as follows:

**U.S. Mail**

Forethought Life Insurance Company  
 P.O. Box 151  
 Batesville, IN 47006

**Private Express Carrier:**

Forethought Life Insurance Company  
 One Forethought Center  
 Batesville, IN 47006

**Via Fax**

Requests may be submitted via fax to (800) 320-3291

**Email**

preneedpolicyservice@gafg.com

**Questions?** Please call (800) 331-8853