

GUARANTEED FUNERAL GOODS AND SERVICES

OUR SERVICE

Arrangement and Professional Staff Services \$ 690⁻
 Embalming \$ 150⁻

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:

Family request
Deceased Care 80⁻
 Use of Facilities/Staff/Equipment for:

Visitation 1 Days @ \$ 1H^r/day \$ 200⁻

Funeral/Memorial Service \$ _____

Graveside Service \$ _____

Transfer of Deceased (100 mi.) *Each Way* \$ 250⁻

Family Car(s) # _____ @ \$ _____ each \$ _____

Hearse \$ 125⁻

~~Service~~ \$ 50⁻

Forwarding/Receiving Remains \$ _____

Other Services/Facilities/Equipment:

(Specify) *Personal Prot. Equip* \$ 75⁻

\$ _____

TOTAL SERVICES

\$ 1620⁻

REQUIRED PURCHASES

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:

DISPOSITION Burial Cremation Other

CASKET None \$ 5395⁻

Manufacturer: Batesville

Other _____

Model # and Name 269 Venetian Bronze

Exterior Material & Color 48oz Solid Bronze

Interior Material & Color Champaign Velvet

OUTER BURIAL CONTAINER \$ 0

Manufacturer See Below

Model # and Name _____

Material _____

OTHER GUARANTEED MERCHANDISE (Specify)

\$ 0

TOTAL GUARANTEED FUNERAL PRICE

\$ 7015⁻

NON-GUARANTEED CASH ADVANCE ITEMS

Acknowledgement Cards	\$ <u>Not Included</u>	Shipping Container	\$ <u>Not Included</u>
Obituary Notices <i>None</i>	\$ <u>50⁻</u>	Grave Opening and Closing	\$ <u>Not Included</u>
Death Certificate	\$ <u>Not Included</u>	Sales Tax	\$ <u>451.31</u>
Flowers	\$ <u>Not Included</u>	Other (Specify) _____	\$ _____
Clergy Honorarium	\$ <u>Not included</u>	<i>Wilbert Venetian</i>	\$ <u>830⁻</u>
Music	\$ <u>Not included</u>	_____	\$ _____

We charge you for our services in obtaining:

ALLOWANCE FOR CASH ADVANCE ITEMS \$ 1331.31

TOTAL GUARANTEED AND NON-GUARANTEED FUNERAL PRICE \$ 8346.31

<u>Graceland/Fairlawn Funeral Home</u>	<u>Calbert L. Roberson</u>
Funeral Firm Name (Provider)	Funeral Recipient (Insured)
<u>2091 N. Oakland, Decatur, IL 62526</u>	_____
Address	Person Making Arrangements (if other than Insured)
<u>217-429-5439</u>	_____
Telephone Number	Seller (if different from Provider)

1 Proposed Insured Mr. Mrs. Ms. Miss
Calbert L Roberson
 First Name / Middle Initial / Last Name 329 101 13082
Social Security Number
 Age 91 Date of Birth 11 / 23 / 1902 Male Female

1a Certificateholder Mr. Mrs. Ms. Miss
 (Complete only if other than Insured)
Betty R Waggoner
 First Name / Middle Initial / Last Name / /
Social Security Number

2 Mailing Address for Insured or Certificateholder (Where to send information about this insurance)
(317) 764-4392
 Area Code Telephone Number
PO Box 206 West Lebanon Ind. 47991
 Street City State Zip Code

3

Funeral Price	Face Amount	Single Premium
8346.31	8513.24	8346.31
Payment Plan	Payment Mode	
	<input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> APA*	
Initial Premium	Multi-Pay Premium	Check is for \$
		8346.31

3a Health Questions (Optional) - Multi-Pay Plans ONLY.
TO BE COMPLETED ONLY BY THE PROPOSED INSURED. 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

Make check payable to Forethought Life Insurance Company.
 *Automatic Payment Authorization - Attach completed authorization form if selected.

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 insurance company(s) and policy number(s)

5 Directions for Payment of Proceeds 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 Insurance Company.

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.
BETTY R. WAGGONER
 First Name / Middle Initial / Last Name

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.

Authorization 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.

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

X Calbert L Roberson. X
 Signature of Proposed Insured A1-62 Signature of Certificateholder (only if other than Insured)

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.

Nancy W Dutton
 Signature of Agent 8281 3/11/94
 Agent Number Date

FOR OFFICE USE ONLY
 CWA: _____

Change of Ownership to The Forethought Trust

FORETHOUGHT LIFE INSURANCE COMPANY
P.O. BOX 216
BATESVILLE, INDIANA 47006-0216

Please print all information

Insured Calbert L Roberson Policy/Certificate Number 1516958

Owner (If other than Insured) _____

I hereby transfer ownership of the policy/certificate to The Forethought Trust. This change is made to comply with State and/or Federal public assistance program requirements.

I understand that by transferring ownership:

1. The change of ownership is permanent; and except as stated below, I renounce my power to control the policy/certificate; and
2. I waive all rights under the policy/certificate to surrender it for cash and to obtain a loan against the policy/certificate.
3. I do not assign the rights waived to any other person, including the Funeral Firm, and the use of the death benefit of the policy/certificate is limited to the funding of the cost of the funeral services and merchandise.
4. I understand that it is my personal obligation to pay all premiums due on the policy/certificate identified above.

I reserve the right to name a successor funeral home to provide my funeral. In such event, policy/certificate ownership shall be automatically transferred to the successor funeral home.

Calbert L Roberson

Signature of Policyowner/Certificateholder

3-23-94

Date

PERSONAL INFORMATION

Certificate Number: 001516958-NCSA

Covered Person: Mr. Calbert L. Roberson

Face Amount: \$8,513.24

Certificate Date: March 28, 1994

Sex: Male

Issue Age: 91

Premium: \$8,346.31 Single Premium payable at issue

Owner and Beneficiary: As designated in the enrollment form or as
later changed

Interest Rate for Basis of Values: 5.25 %

Cash Value Table per \$1,000 Death Benefit

The cash value of this certificate on each certificate anniversary is determined by multiplying the death benefit by the appropriate cash value from the table below and dividing by 1,000.

End of Certificate Year -----	Cash Value -----	End of Certificate Year -----	Cash Value -----
1	880.10	13	1000.00
2	891.01	14	1000.00
3	903.11	15	1000.00
4	916.60	16	1000.00
5	931.44	17	1000.00
6	947.12	18	1000.00
7	962.45	19	1000.00
8	974.83	20	1000.00
9	1000.00		
10	1000.00	Age 100	1000.00
11	1000.00		
12	1000.00		

JMH

CALBERT L. ROBERSON
BETTY R. WAGGONER

1516958

1785

PH. 317-764-4392

P. O. BOX 206

WEST LEBANON, IND. 47991

March 30 19 94

71-415/749

PAID
APR 4 1994

PAY TO THE
ORDER OF

Forethought Life Insurance Company

\$ 8346.31

Eight thousand Three hundred forty six and 31/100 DOLLARS



THE
CENTRAL NATIONAL BANK
& TRUST COMPANY
PO BOX 249 ATTICA, INDIANA 47918

MEMO

Policy/Certificate 1516958

Betty R. Waggoner

⑆074904158⑆ 51119119⑆

⑆0000834631⑆

SAFETY PAPER