

SUPPLEMENTAL STATEMENT OF FUNERAL GOODS AND SERVICES

Any changes or additions shown on this Supplement shall supersede the original Funeral Planning Agreement.

Guaranteed Funeral Goods and Services

Our Services _____ \$ _____
 Facilities _____ \$ _____
 Transportation _____ \$ _____
 Casket Model _____ \$ _____
 Casket Manufacturer _____
 Other Guaranteed Merchandise _____ \$ _____

Non-Guaranteed Cash Advance Items

Flowers ~~FEES~~ ¹⁰⁰⁻
 Description up grade vault to sst \$ 295-
 Minister Honorarium \$ 50-
 Death Certificate 6 \$ 30-
 Sales TAX \$ 28.64

ALLOWANCE FOR SUPPLEMENTAL CASH ADVANCE ITEMS \$ **503.64**

TOTAL SUPPLEMENTAL GUARANTEED FUNERAL PRICE \$ _____

TOTAL SUPPLEMENTAL FUNERAL PRICE \$ **503.64**

- Early Payoff** To pay up your limited payment policy so that no more premiums are due, enclose sufficient premium to pay off the policy with this form. Forethought Life Insurance Company will provide the amount due upon request. This amount may exceed the funeral price. We will send you a stamped copy of this form to acknowledge that your policy is paid up.
- Single Premium** To upgrade your funeral plan with a single sum: 1) complete the Supplemental Statement of Funeral Goods and Services section to indicate modification, 2) complete the application below, and 3) submit premium equal to the increased funeral plan.
- All Other Changes in Coverage** To change your existing policy: 1) complete the Supplemental Statement of Funeral Goods and Services, if applicable, 2) complete the application below with information for the change, and 3) attach the original policy to this form unless the policy is lost or destroyed. If the policy is not attached, the policyowner must initial below.

Flexible Payment Plans If you change your coverage to a flexible payment plan, you do not have an immediate funeral price guarantee. The funeral price guarantee will be effective when the premiums paid equal or exceed an amount equal to the Total Guaranteed Funeral Price increased by 4% annually, compounded quarterly.

APPLICATION FOR ADDITIONAL OR CHANGED COVERAGE

Policy Number 1516958 Insured Colbert L. Robinson

Change Requested	New Plan Selected	Complete if changing payment plan Change From: _____ years to pay To: _____ years to pay Pay How Often For New Plan <input type="checkbox"/> Once <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> APA* *Automatic Payment Authorization
	Premium Submitted	
	\$ <u>503.64</u>	

Limited Life Insurance Death Benefit I understand that, if I pay my premium in periodic payments, my life insurance policy will have a limited death benefit for a period not to exceed two years. The full death benefit will be paid if death is caused by accidental injury during that period.

I agree that the change requested in this form shall be subject to the terms of the policy identified above.

Colbert L. Robinson
 Signature of Policyowner

Initial here to certify that the original policy is lost or destroyed _____
 Date 11-15-95

A1-54

0490

AGENT'S USE ONLY
 Agent # 8281
 Mail Completed Material To
 Funeral Firm for delivery to Policyowner Policyowner directly

FOR HOME OFFICE USE ONLY
 Forethought Life Insurance Company in Batesville, IN, acknowledges receipt of the request, has made the requested change and has retained a copy of the request.
 By _____
 Date _____

PERSONAL INFORMATION

Certificate Number: 001516958B-NCSA

Covered Person: Mr. Calbert L. Roberson

Face Amount: \$506.16

Certificate Date: November 27, 1995

Sex: Male

Issue Age: 93

Premium: \$503.64 Single Premium payable at issue

Owner and Beneficiary: As designated 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	903.11	13	1000.00
2	916.60	14	1000.00
3	931.44	15	1000.00
4	947.12	16	1000.00
5	962.45	17	1000.00
6	974.83	18	1000.00
7	1000.00	19	1000.00
8	1000.00	20	1000.00
9	1000.00		
10	1000.00	Age 100	1000.00
11	1000.00		
12	1000.00		

CALBERT L. ROBERSON
BETTY R. WAGGONER

1854

PH. 317-764-4392
P. O. BOX 206
WEST LEBANON, IND. 47991

Nov. 15 19 95

71-415/749

PAY TO THE ORDER OF Forethought Life Insurance Co. \$ 503.64

Five hundred three and 64/100 ----- DOLLARS



THE CENTRAL NATIONAL BANK & TRUST COMPANY
P.O. BOX 249, ATTICA, INDIANA 47918

MEMO Policy 1516958

Betty R. Waggoner

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SAFETY PAPER