

# GUARANTY

INCOME LIFE INSURANCE COMPANY

PO Box 758583  
Topeka, KS 66675-8583  
833-444-5426

## PRODUCER RELATIONSHIP DISCLOSURE FORM

Date: \_\_\_\_\_

### INSURANCE AGENT/PRODUCER INFORMATION ("Me", "I", "My")

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Insurance License # \_\_\_\_\_

### CLIENT INFORMATION ("You", "Your")

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### INSURANCE AUTHORIZATION

I am licensed and authorized to sell insurance products, including annuities in \_\_\_\_\_ in accordance with state laws. I offer the following products:

- |  |   |
|--|---|
| <input type="radio"/> Fixed or Indexed Annuities | <input type="radio"/> Stocks/Bonds  |
| <input type="radio"/> Variable Annuities         | <input type="radio"/> Securities Options                                  |
| <input type="radio"/> Life Insurance             | <input type="radio"/> Certificates of Deposit                             |
| <input type="radio"/> Variable Life Insurance    | <input type="radio"/> Other Relevant Securities, Insurance or Investments |
| <input type="radio"/> Mutual Funds               | (Describe): _____   |

I am authorized and contracted or appointed or have access to offer:

- Products from ONLY ONE INSURER or insurance holding company group  
 Products from multiple insurers although I am primarily contracted with one insurer  
 Products from multiple insurers

My relationship with you:

- One Time Transaction  
 Ongoing Relationship

My Compensation Structure:

- Commissioned Transaction  
 An asset under management fee  
 Other, please describe \_\_\_\_\_

I am likely to be compensated by the following sources for this relationship:

- Insurance Company  
 The Consumer  
 Third Parties such as an Independent Marketing Organization (IMO) related to the Insurer  
 Other sources \_\_\_\_\_

### ADDITIONAL INFORMATION

You may obtain further information regarding the cash compensation paid to me.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

