

GUARANTY INCOME LIFE INSURANCE COMPANY

P.O. Box 2231 Baton Rouge, LA 70821
 225.383.0355 800.535.8110
 Fax 225.343.0047

ANNUITANT / OWNER BENEFICIARY ENDORSEMENT

Please check one:

Owner-Driven

Non Owner-Driven

Policy Number

Owner/Annuitant

Joint Owner

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PLEASE MAKE THE FOLLOWING CHANGES

BENEFICIARY FOR OWNER/ANNUITANT	I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Annuitant/Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Annuitant/Owner.
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NAME/ADDRESS	TELEPHONE	DOB/SSN	RELATIONSHIP	%
PRIMARY				
CONTINGENT				

BENEFICIARY FOR JOINT OWNER	I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Owner.
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NAME/ADDRESS	TELEPHONE	DOB/SSN	RELATIONSHIP	%
PRIMARY				
CONTINGENT				

SIGN HERE FOR THE ABOVE REQUEST

I direct that any endorsement of the policy requested above be effected by return of this request with the Company's acknowledgement. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Dated at _____ this _____ day of _____, _____.

City/State

Signature of Owner/Annuitant

Witness

Signature of Joint Owner