

**GUARANTY INCOME LIFE INSURANCE COMPANY (GILICO)**5801 SW 6<sup>th</sup> Ave. • Topeka, KS 66675-8583

833.444.5426 • Fax: 785.228.4505

www.gilico.com

**ANNUITY APPLICATION****PLAN** \_\_\_\_\_

<i>Please Print in Ink</i>	<b>A. OWNER</b> (All Correspondence is Sent to Owner)	<b>B. ANNUITANT</b> (Complete ONLY if different from Owner)	<b>C. JOINT OWNER</b> (Non-Qualified Funds Only)		
Name:					
Mail Address:					
City, State Zip Code:					
SSN/Tax ID #:					
Date of Birth or Trust:					
Sex:					
Email Address:					
Home Phone #:					
<b>D. ANNUITY PREMIUM:</b> Paid with Application \$ _____ Anticipated Rollover/Transfer Amount \$ _____ <b>(Make check payable to GILICO.)</b>					
<b>E. TYPE OF FUNDS:</b> <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA Tax Year of New Qualified Contribution _____ <input type="checkbox"/> Other _____					
<b>F. INTEREST INCOME CHOICE:</b> (check one) <input type="checkbox"/> Left to Accumulate (Tax Deferred Growth) <input type="checkbox"/> Interest Paid Monthly Withhold Income Tax: <input type="checkbox"/> No <input type="checkbox"/> Yes @ _____%					
<b>G. OWNER'S BENEFICIARY DESIGNATIONS:</b>					
PRIMARY:	Name	Date of Birth or Trust Date	SSN or Tax ID #	Relationship	%
CONTINGENT:					
<b>H. REPLACEMENT:</b> Does the owner have any existing life insurance or annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and forward any replacement forms as required in the state of application.					
<b>I. REMARKS AND/OR SPECIAL INSTRUCTIONS:</b>					
<b>J. HOME OFFICE ENDORSEMENTS/CORRECTIONS:</b>					

I represent that my answers in this application are true and complete and that this application shall be part of an annuity contract issued by GILICO. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

Application Completed at (City, State): \_\_\_\_\_

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

**SIGNATURE OF OWNER****SIGNATURE OF JOINT OWNER**

**PRODUCER:** I hereby state that I have left with the applicant all sales materials used in my presentation and that such sales materials are only those approved for use by GILICO. I certify that I have truly and accurately recorded on the application the information provided by the applicant.

Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force?

☐ Yes ☐ No

If Yes, I presented and read the applicant a notice regarding the replacement. A signed copy was left with the applicant.

Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?

☐ Yes ☐ No

SIGNATURE OF PRODUCER(S)

PRODUCER NUMBER(S)

STATE LICENSE NUMBER OF PRODUCER(S)

Producer Name &amp; Mail Address: \_\_\_\_\_

Producer Phone, Fax, &amp; Email: \_\_\_\_\_

GI532 (1/08)

Original to Home Office – Copies to Policy Owner and Producer

