Guaranty Income Life Insurance Company (GILICO)
P. O. Box 2231 • Baton Rouge, LA 70821-2231
929 Government Street • Baton Rouge, LA 70802
225-383-0355 • 800-535-8110 • Fax: 225-343-1747 • www.GILICO.com

GUARANTY 4-6-8

ANNUITY DISCLOSURE STATEMENT

FORM #S 1SP4-MVA-M, 1SP6-MVA-M, 1SP8-MVA -M

GILICO has prepared this summary to explain the key features and benefits of the GUARANTY 4-6-8 annuity.

TAX ADVANTAGES

Although an annuity does not eliminate your tax liability on interest earnings, under current tax law all interest earned accumulates on a tax-deferred basis. Tax deferral is currently available only to individual owners and certain trusts, not to corporations or other non-individuals.

A SINGLE PREMIUM DEFERRED ANNUITY

The GUARANTY 4-6-8 is a single premium deferred annuity. Additional premiums may not be added in the future.

FINANCIAL SECURITY

GILICO was established in 1926 under the laws of the state of Louisiana and is a Legal Reserve Company, required by state regulation to maintain reserves equal to or greater than guaranteed surrender values.

NO SALES CHARGES OR FEES

100% of your money earns interest for you.

GUARANTEE PERIOD

You choose the guaranteed rate period that is best for you. The guarantee period begins on the date of issue and ends on the last day of the chosen period. After your chosen rate period ends, you will continue to earn interest.

The rate may go up or down, but will never be less than _____ %

INTEREST CREDITING

Interest is credited and compounded on a daily basis. The rates shown below are the current effective annual yields.

Guaranteed Period:	4 Years	6 Years	8 Years
Effective Annual Yield:	%	%	%

Yields in effect on: _____

Subject to Change Without Notice!

MAXIMUM ISSUE AGES

GUARANTY 4 – Age 100 • GUARANTY 6 & 8 – Age 79

MINIMUM/MAXIMUM PREMIUMS

Minimums are $5,000 for Non-Qualified funds and $2,000 for Qualified funds. Premiums in excess of $300,000 require prior company approval.

NOTICE OF ANNUITY VALUES

We will send you an annual report of the current annuity values.

RIGHT TO EXAMINE ANNUITY

Within the first 30 days after you receive your annuity, you may return the annuity and receive 100% of your premium, minus any prior withdrawals.

RIGHT TO CHANGE ANNUITANT

As the owner of a non-qualified GUARANTY 4-6-8 annuity, you may change the annuitant at any time before annuity payments begin.

SCHEDULED AND UNSCHEDULED WITHDRAWALS

Subject to a minimum of $100, you may withdraw 100% of your accumulated interest *free* of all charges at any time. If you desire, we will mail you a monthly check based on the daily nominal interest rate and a minimum amount of $100. The amount will vary depending on number of days in the month.

WITHDRAWALS/SURRENDER CHARGES

The surrender charge will apply to a full or partial surrender of the principal, unless the surrender charge is waived under the exceptions explained below.

SURRENDER CHARGES									
Year:	1	2	3	4	5	6	7	8	9
4 Year	8%	7%	6%	5%	None				
6 Year	8%	7%	7%	6%	5%	4%	None		
8 Year	8%	7%	7%	6%	5%	4%	3%	2%	None

MARKET VALUE ADJUSTMENT

A market value adjustment (MVA) applies to a full surrender, or to any partial surrender (withdrawal), to which a surrender charge applies. The MVA is in addition to the surrender charge and is calculated using the MVA factor described in the annuity. This factor is based on changes in the yields on U.S. Treasuries. The MVA may increase or decrease your surrender value.

EXCEPTIONS TO THE SURRENDER CHARGES AND MVA

1) You may make partial withdrawals up to the amount of accumulated interest, or the minimum required distribution of a qualified plan, whichever is greater, without a surrender charge or MVA.
2) You may elect to annuitize at any time from a wide range of options. Charges and MVA are waived with a payout of 5 years or longer.
3) If an owner dies before electing to annuitize, the Accumulation Value will be paid to the beneficiary. Other settlement options are also available. If an owner dies after electing to annuitize, but before all guaranteed income payments are received, the remaining guaranteed payments will be paid to the beneficiary.
4) If the Annuitant is different from the Owner(s) and the Annuitant dies before the owner elects to annuitize, the Owner(s) may name a new Annuitant.

MINIMUM REQUIRED DISTRIBUTIONS

Certain tax qualified annuities are subject to minimum required distributions, which generally require that distributions begin no later than your attainment of age 70 ½ and that the amounts paid to you, over a period of time, does not exceed your life expectancy.

TAXATION OF WITHDRAWALS

Withdrawals may be subject to income tax. If withdrawals are made before age 59 ½, they also may be subject to a 10% IRS penalty.

NOTES

- The GUARANTY 4-6-8 annuity is not available in all states; certain restrictions, conditions, and state variations may apply.
- This document is not a legal contract. For the exact terms and conditions, please refer to the annuity policy/contract.
- All rates described in this summary are effective annual interest rates/yields.
- Annuities are products of the insurance industry and are not guaranteed by any bank or insured by the FDIC.
- Tax laws are subject to varying interpretations and possible changes. Please consult your tax advisor for further information.

ACKNOWLEDGEMENT:

I acknowledge that I have read this disclosure and I understand the description of these provisions as they apply to my application. I acknowledge that there is a 30-day right to examine this annuity. I also understand that subject to the guaranteed values in the annuity, the cash surrender values in the annuity may increase or decrease based on an MVA adjustment prior to the date or dates specified in the annuity.

X _____ _____

Signature of Owner | Signature of Co-Owner

_____ _____

Signature of Agent | Date

_____

Agent Name and Address

Print This Form | Clear Form

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ANNUITY APPLICATION

GUARANTY

→ **PLAN** ☐ 4 ☐ 6 ☐ 8

Please Print in Ink	**A. OWNER** (All Correspondence is Sent to Owner)	**B. ANNUITANT** (Complete ONLY if different from Owner)	**C. JOINT OWNER** (Non-Qualified Funds Only)
Name:			
Mail Address:			
City, State Zip Code:			
SSN/Tax ID #:			
Date of Birth or Trust:			
Sex:			
Email Address:			
Home Phone #:			

D. ANNUITY PREMIUM: Paid with Application $ _____ Anticipated Rollover/Transfer Amount $ _____

(Make check payable to GILICO.)

E. TYPE OF FUNDS: ☐ Non-Qualified ☐ IRA ☐ Roth IRA ☐ Other _____ Tax Year of New Qualified Contribution _____

F. INTEREST INCOME CHOICE: (check one)
☐ Left to Accumulate (Tax Deferred Growth)
☐ Interest Paid Monthly Withhold Income Tax: ☐ No ☐ Yes @ _____ %

G. OWNER'S BENEFICIARY DESIGNATIONS:

PRIMARY: Name	Date of Birth or Trust Date	SSN or Tax ID #	Relationship	%
CONTINGENT:				

H. REPLACEMENT: Does the owner have any existing life insurance or annuity contracts in force? ☐ Yes ☐ No
Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? ☐ Yes ☐ No
If Yes, complete and forward any replacement forms as required in the state of application.

I. REMARKS AND/OR SPECIAL INSTRUCTIONS:

J. HOME OFFICE ENDORSEMENTS/CORRECTIONS:

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: _____

X _____ X _____

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

X _____ _____ _____

SIGNATURE OF PRODUCER(S) | PRODUCER NUMBER(S) | STATE LICENSE NUMBER OF PRODUCER(S)

Producer Name & Mail Address: _____

Producer Phone, Fax, & Email: _____