



GUARANTY INCOME LIFE INSURANCE COMPANY

Administrative Office: 5801 SW 6th Ave,
Topeka, KS 66636-1001
833.444.5426

Guaranty Rate Lock™
INDIVIDUAL ANNUITY APPLICATION

Note the following restrictions:

- The annuity applied for is a single premium deferred annuity; no additional premium will be accepted after the contract is issued.
- The Owner of the Contract must be the Annuitant (unless the Owner is a non-natural person).
- If Joint Owners are named, neither the Owner nor Joint Owner may be a non-natural person, and the Owner and Joint Owner must both be named as sole Primary Beneficiaries.

A. OWNER, JOINT OWNER, ANNUITANT INFORMATION – Please print in ink

Type of Ownership: Individual Joint Trust

1. OWNER / ANNUITANT INFORMATION (Complete ONLY if Owner is a Natural Person)

(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
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SSN	DOB (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Mailing Address	City	State	Zip
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Residential Address (if different)	City	State	Zip
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Phone Number	Email Address
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2. JOINT OWNER / JOINT ANNUITANT INFORMATION (Must be Spouse of Owner)

(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
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SSN	DOB (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Mailing Address	City	State	Zip
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Residential Address (if different)	City	State	Zip
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Phone Number	Email Address
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3. TRUST OWNER INFORMATION (Complete ONLY if Owner is a Non-Natural Person)

Trust Name	TIN
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State where Trust Created	Trust Creation Date (mm/dd/yyyy)
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Mailing Address	City	State	Zip
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Phone Number	Email Address
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4. ANNUITANT INFORMATION (Complete ONLY if Owner is a Non-Natural Person)

(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
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SSN	DOB (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Mailing Address	City	State	Zip
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Residential Address (if different)	City	State	Zip
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Phone Number	Email Address
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B. BENEFICIARY DESIGNATION (total Share of Benefit must equal 100%)

Upon the Death of the Owner as defined in the annuity contract, unless provided otherwise by the Owner, the benefits payable under the annuity at such time shall be divided equally among all Primary Beneficiaries who then survive, but if none then survive, then equally among all Contingent Beneficiaries who then survive. Also, regardless of any Primary Beneficiary designation, a surviving Joint Owner is the Primary Beneficiary at the Owner's death, and: (1) any other Primary Beneficiary on record at the time of the Owner's death will be treated as a Contingent Beneficiary; and (2) any Contingent Beneficiary on record at the time of the Owner's death then will be treated as a secondary Contingent Beneficiary that applies after the Primary Beneficiary.

PRIMARY BENEFICIARY				
Relationship to Owner/Annuitant			Share of Benefit (%)	
(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
SSN		DOB (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Trust Name			TIN	
State where Trust Created		Trust Creation Date (mm/dd/yyyy)		
Mailing Address		City	State	Zip
Phone Number		Email Address		
<input type="checkbox"/> PRIMARY BENEFICIARY <input type="checkbox"/> CONTINGENT BENEFICIARY				
Relationship to Owner/Annuitant			Share of Benefit (%)	
(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
SSN		DOB (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Trust Name			TIN	
State where Trust Created		Trust Creation Date (mm/dd/yyyy)		
Mailing Address		City	State	Zip
Phone Number		Email Address		
<input type="checkbox"/> PRIMARY BENEFICIARY <input type="checkbox"/> CONTINGENT BENEFICIARY				
Relationship to Owner/Annuitant			Share of Benefit (%)	
(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
SSN		DOB (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Trust Name			TIN	
State where Trust Created		Trust Creation Date (mm/dd/yyyy)		
Mailing Address		City	State	Zip
Phone Number		Email Address		
<input type="checkbox"/> PRIMARY BENEFICIARY <input type="checkbox"/> CONTINGENT BENEFICIARY				
Relationship to Owner/Annuitant			Share of Benefit (%)	
(Prefix)	Name (First)	(Middle)	(Last)	(Suffix)
SSN		DOB (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Trust Name			TIN	
State where Trust Created		Trust Creation Date (mm/dd/yyyy)		
Mailing Address		City	State	Zip
Phone Number		Email Address		

If there are additional beneficiaries, have applicant complete, date, and sign a separate sheet with all the above information, and attach it to this application.



C. ANNUITY TYPE			
<input type="checkbox"/> Non-Qualified			
<input type="checkbox"/> Tax-Qualified	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	Tax Year
D. INITIAL PAYMENT (SINGLE PREMIUM) INFORMATION			
Source – Name of entity funds are coming from.			
Payment Method – Check, Wire Transfer, Other. Cash is not accepted. Make checks payable to "GLICO".			
<input type="checkbox"/> Initial Payment is from a Single Source			
Source	Payment Method	Amount	Tax Year
		\$	
<input type="checkbox"/> Initial Payment is from Multiple Sources			
Source	Payment Method	Estimated Amount	Tax Year
1.		\$	
2.		\$	
3.		\$	
4.		\$	
Total		\$	
This annuity contract will not be issued until all payments have been received and the total amounts meets the minimum premium requirement for this product. Interest will not accrue until the effective Contract Date.			
E. PRODUCT SELECTION			
Guarantee Period <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 6 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> 8 Year <input type="checkbox"/> 9 Year <input type="checkbox"/> 10 Year			
Optional Rider:			
Add optional Market Value Adjustment Endorsement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
F. REPLACEMENT			
1. Does the proposed Owner or Annuitant have any other life insurance policies or annuity contracts in force with this or any other company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the annuity contract applied for in this application replacing or likely to replace an existing life insurance or annuity contract in force with this or any other company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If either F.1. or F.2. is "yes", complete replacement forms if required for the State where application is completed.			
G. PRODUCER INFORMATION			
Producer Name		Relationship to Owner	
Producer Number		Phone Number	
State License Number		Email	



H. GENERAL ITEMS, ACKNOWLEDGEMENTS, AND SIGNATURES

1. Electronic Document Delivery

I (we) the applicant and Owner(s) authorize(s) Guaranty Income Life Insurance Company (“GILICO”) to provide all present and future notices concerning the annuity applied for, via email at the owner’s email address provided above. I (We) can revoke this consent at any time, by contacting GILICO in writing at its administrative address. Also, I (we) acknowledge that GILICO has the right to deliver notices and policy and contact documents via email, but is not obligated to do so. I (We) acknowledge that I (we) have access to the Internet for the purposes of accepting electronic delivery of documents.

- I (We) consent to electronic document delivery as described above.
 - At this time, I (we) do not wish to give consent for electronic document delivery as described above.
- If neither box is marked Electronic Delivery **Will Not** be used.

2. Agreements and Acknowledgements

I, the applicant and Owner, and the Joint Owner, and Annuitant if any (also referred to jointly as the “Other Parties to the Application”) understand and agree that:

- a. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- b. All statements, information, and answers given in this application are true and correct to the best of my (our) knowledge.
- c. I (We) also understand that only the guaranteed minimum values are guaranteed and no other amounts are guaranteed.
- d. I (We) understand that withdrawals from the annuity may be subject to a surrender charge during the surrender charge period.
- e. I (We) understand that any amount withdrawn from this annuity contract during the surrender charge period, which is not a qualified Required Minimum Distribution (“RMD”) for Tax Qualified Annuities, and is in excess of the permitted free partial surrenders, may be subject to a Market Value Adjustment (“MVA”), which may cause the amount available for the withdrawal to increase or decrease in dollar amount. The annuity contract provides the exact details as to how this adjustment works.
- f. I (We) have received and reviewed a copy of an Annuity Product Summary for the annuity applied for, and have discussed with the producer/advisor all of my questions.
- g. This application is subject to acceptance by GILICO.
- h. If this application is rejected for any reason, GILICO will be liable only for return of any payment it receives for this application, without interest.
- i. Under penalties of perjury, I (the Owner) certify that:
 - (1) the Social Security Number (“SSN”) or Tax Identification Number (“TIN”) stated in this form is my correct taxpayer identification number, and
 - (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (“IRS”) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - (3) I am a US citizen or resident alien.

Note: You must cross out Item 2.i.(2) of this certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

3. Signatures – Owner, Joint Owner, and Annuitant

	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>	<i>City, State where Signed</i>
Owner				
Joint Owner <i>(if applicable)</i>				
Annuitant <i>(if Trust Owner)</i>				

Consent of Spouse of Owner – if Owner is married and lives in the following “community property states” (AZ, CA, ID, LA, MN, NV, TX, WA, & WI), the Owner’s Spouse must be named as the sole beneficiary or that spouse must consent by signing here.

	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>	<i>City, State where Signed</i>
Spouse				



I. PRODUCER REPORT

The primary producer should complete all sections of this report clearly and legibly, as indicated.

1. Applicant Identification to Verify

I have personally verified the identity of the Owner(s) by reviewing a government issued photo ID for each individual and/or by reviewing documents that confirm the legal status of any non-natural owner, such as a trust.

Proposed Owner Name (if natural person)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-US Citizen details
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Type of Government Issued ID	ID Number	Issued By
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Proposed Joint Owner Name (if applicable)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-US Citizen details
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Type of Government Issued ID	ID Number	Issued By
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Proposed Trust Owner Name (if non-natural)

Description of Documents (for non-natural Owner)
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2. Questions to Verify

a. Does the applicant have any existing life insurance or annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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b. Will the annuity applied for in this application change or replace any existing insurance or annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c. I gave the applicant a copy of all sales materials used in the sale of the annuity applied for, as required by applicable law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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d. I have made a reasonable effort to obtain information from applicant(s) concerning his/her/their financial status, investment objectives, and other information considered pertinent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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e. It is my belief that based on the information the applicant(s) provided and all the circumstances known to me at the time, the annuity being applied for is suitable for the applicant(s) insurance needs and/or financial objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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f. It is my belief that the applicant(s) do not have any diminished capacity with regards to making financial decisions on his/her/their own behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Signatures and acknowledgements

I verify that: (a) I have truly and accurately recorded in the application for the above applicant, the information provided by the applicant and Other Parties to this Application, and (b) all the information stated above is accurate and complete.

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>	<i>City, State where Signed</i>
Producer				



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