



**GUARANTY INCOME LIFE INSURANCE COMPANY**  
 P.O. Box 2231, Baton Rouge, LA 70821-2231  
 800.535.8110 / 225.383.0355  
 www.gilico.com

**INTERNAL EXCHANGE/TRANSFER DISCLOSURE FORM**

Policy Owner's Name \_\_\_\_\_

**Please read carefully!**

This information has been prepared for you so that you may make an informed decision on the use of your current policy values to fund the purchase of a new policy.

The existing policy or contract is being replaced because \_\_\_\_\_

**Your existing policy will terminate.**

- Policy attached, or
- I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated, or pledged, except as follows:

**Your new policy will be subject to new surrender charges.**

The surrender values of your EXISTING POLICY will be used to fund the purchase of the new policy.

Policy No.	Current Accumulated Value	Surrender Value as of _____	Actual Surrender Value	Issue Date of New Policy
	\$	\$	\$	

SHADED SECTION FOR HOME OFFICE USE

The Actual Surrender Value(s) and Date(s) Issued will be noted and a copy of this form will be returned once all policies have been surrendered and amounts applied.

**I UNDERSTAND MY CURRENT GUARANTY INCOME LIFE ANNUITY IS 100% LIQUID.**

**I acknowledge and understand that my new policy will be subject to a new penalty period of \_\_\_\_\_ years with this exchange/transfer.**

Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent or Company Officer Signature \_\_\_\_\_ Date \_\_\_\_\_