

# GUARANTY

INCOME LIFE INSURANCE COMPANY

## Request for **NON-QUALIFIED** Fund Transfer / 1035 Exchange

Please print or type

<b>A. SURRENDERING COMPANY INFORMATION</b>		
Current Trustee, Custodian, or Insurance Company ("Surrendering Entity")		Insured/Annuitant/Depositor
Street	Owner(s)	Joint Owner/Annuitant
City	State	Zip
City	State	Zip
City	State	Zip
Current Account Number(s)	Owner's SSN	Joint Owner/Annuitant SSN
Current Account Number(s)	Owner's DOB (MM/DD/YY)	Joint Owner/Annuitant DOB (MM/DD/YY)

**B. DISTRIBUTION INSTRUCTIONS** (Not all companies will process a partial account transfer under Sect. 1035 of the Internal Rev. Code)

All **Effective:**  Immediately **To:**  New Policy  
 Partial \$ \_\_\_\_\_  Upon the Maturity Date of \_\_\_\_\_  Existing Policy # \_\_\_\_\_

**C. TYPE OF TRANSFER (Current plan type)**

FUND TRANSFER  
  
 1035 EXCHANGE

**D. TYPE OF ACCOUNT BEING TRANSFERRED**

Life Insurance  Annuity  Bank CD  
 Mutual Fund (name) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**E. AUTHORIZATION AND ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE (if Fund Transfer disregard Section E)**

- This assignment and exchange authorization is subject to acceptance by Guaranty Income Life Insurance Company ("GILICO", or the "Company"), and is not effective until so accepted. The sole purpose of this authorization is to affect a tax-free exchange under Section 1035(a) of the Internal Revenue Code.
- I (we) understand that GILICO is authorized to surrender the life policy or annuity contract identified in Section D above (the "Old Contract") for its full value or the amount of value listed above in Section B above (the "Exchange Value"), and to apply those proceeds as a premium payment for a new or existing policy or contract issued by GILICO as listed in Section B. above (the "Receiving Contract"). I (we) authorize the Surrendering Entity to send such proceeds directly to GILICO. I (we) understand that fees and surrender charges may apply to the Old Contract in obtaining the Exchange Value from it.
- Under this authorization, I (we) fully assign and transfer all claims, options, privileges, title and interest (the "rights") to either all Old Contract if all the value of the Old Contract is to be transferred, or all such Rights necessary for GILICO to surrender and receive an amount from the Old Contract equal to the Exchange Value. All of the powers, elections, appointments, options and rights I (we) have as owner of the Old Contract, including the right to surrender, are now exercisable by GILICO to the extent necessary for it to receive the Exchange Value from the Old Contract. Simultaneously, I (we) designate GILICO the beneficiary under the Old Contract to the extent of the Exchange Value.
- Currently, other than the "owner" listed above, no person, firm or corporation other than myself (ourselves) and the Surrendering Entity has an interest in the Old Contract; and currently no proceedings in insolvency or bankruptcy or of an equitable or legal nature have been instituted by or against me (us).
- GILICO is not liable for changes in value that may occur in the Old Contract before GILICO receives the proceeds of that contract. Prior to the date of receipt of such proceeds by GILICO in good order, no value will accrue or be earned on the New Contract.
- In accordance with Federal tax law, I (we) direct and authorize the Surrendering Entity to furnish a statement to GILICO and to the former contract holder of the cost basis in the Old Contract. I (we) authorize GILICO to rely upon the cost basis information provided by the Surrendering Entity, but agree that GILICO will assume no responsibility for determining or verifying the cost basis. If cost basis information is not provided, I (we) acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.
- I (we) acknowledge that: (1) GILICO provides this form and participates in this transaction as an accommodation to me (us); (2) GILICO does not give tax or legal advice on the tax consequences for replacing one contract for another, and (3) GILICO has and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this transaction under IRC Section 1035(a) or other laws or regulations.

**F. THE CONTRACT (Applicable for the Total Transfer of Annuity and Life Insurance Policies Only)**

ENCLOSED  
 LOST/DESTROYED – I hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

**G. SIGNATURES – Under penalties of perjury, I (We) certify the taxpayer ID numbers shown on this form are correct.**

Please liquidate and transfer the proceeds identified above and make the check payable to Guaranty Income Life Insurance Company for the benefit of the above referenced Owner.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Policyowner(s) (Assignor)

**X**  
\_\_\_\_\_  
Signature of Joint Policyowner(s) (Assignor)

\_\_\_\_\_  
Signature of Witness

**X**  
\_\_\_\_\_  
Signature of Policyowner's Spouse (if Community Property State)

**H. ACCEPTANCE (To be completed by the Home Office)**

This is to certify that the above individual has established a:  Life Insurance Policy  Non-Qualified Annuity  
Guaranty Income Life Insurance Company will accept the transfer and will assume full responsibility as trustee for the funds described above. Please withdraw and transfer on a fiduciary to fiduciary basis, all or part of the account/policy as instructed above. It is the Owner's intention that this payment shall not constitute actual or constructive receipt to them for income tax purposes. Please return a copy of this form with your check made payable to Guaranty Income Life Insurance Company and forward payment to the address above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Authorized Signature/Title

**I. COST BASIS REQUESTED**

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please complete the attached request for cost basis to the assignee.

