GUARANTY
INCOME LIFE INSURANCE COMPANY

Out-of-State Verification Form

Because of the "Conflict of Laws Rules," the key factors in determining the appropriate state for issue of a contract is the place where the contract is solicited, negotiated and completed. This Out-of-State Verification Form must be completed and submitted with the application any time an application is signed in a state other than the Residence State of the owner-applicant. *This form may not be used for residents of Kansas, New York, Pennsylvania and Utah.*

Residence State: "Residence State" is the state of permanent residence (i.e., primary residence, summer/winter home, etc.) where the owner-applicant receives mail on a regular basis. It does not include a temporary arrangement such as a time-share or vacation rental. Where the owner-applicant is a business entity, "Residence State" means any state in which the business entity has an operating office. For trusts, "Residence State" means a state in which the trustee has an operating office or mailing address.

Application State: "Application State" is the state where the owner-applicant is solicited, signs the application, and where the policy is delivered. **The Application State must be a state in which GILICO is licensed, the agent is licensed, and the product is approved.**

Application Date: _____ **Plan of Insurance:** _____

Owner-applicant: _____

Owner-applicant Residence Address: _____

Application State: _____

In connection with the above application, the undersigned agree:

1. All communication, solicitation, and negotiation of the application occurred in the Application State.
2. The application was signed by the owner-applicant and agent in the Application State.
3. The owner-applicant will take delivery of the policy issued as a result of the application in the Application State.
4. GILICO will rely on this verification in issuing any policy according to the laws of the Application State.

If the undersigned owner-applicant is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Signed at _____ , _____ this _____ day of _____ , 20_____
                  City   *State*

Owner-Applicant Signature _____

Title and Business or Trust Name (If Applicable) _____

Agent Signature _____