



GUARANTY INCOME LIFE INSURANCE COMPANY
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 P.O. Box 2231, Baton Rouge, LA 70821-2231
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POA / HEALTH STATUS and TRUST QUESTIONNAIRE

 Owner's Name

 Annuitant's Name (If different from Owner)

POWER OF ATTORNEY

If a POA (Power of Attorney) is used as a component of this application (owner or annuitant), please provide the following information:

1. Is this a POA for the Owner or Annuitant?
2. When was the POA set up? _____
3. Why was the POA set up? _____
4. What is the relationship of the POA to the owner or annuitant?

5. Please provide a copy of the POA and complete Owner/Annuitant Health Status Questions below.

OWNER/ANNUITANT HEALTH STATUS QUESTIONS

If your client (owner or annuitant) has a Power of Attorney, please provide the following information:

1. What is the general health condition of your client? _____
2. Has your client been diagnosed with a terminal illness? Yes No
 If yes, please explain. _____

If your client is currently confined to a nursing home facility or has been confined to a nursing home facility within the past 30 days, Guaranty Income Life will NOT accept an application.

TRUST – If the Trust is the Owner, product availability will be based on the oldest party to this application.

Please complete the following for each Trust component of this application:

Trust Name _____

1. Will the Trust be Owner or Beneficiary?
2. What is the date of the Trust? _____
3. What is the purpose of the Trust? _____
4. Who is the Grantor or person whose death triggers payments from the Trust? _____
5. What is their DOB? _____ What is their SS# _____
6. Who are the Trustees? _____
7. Who are the Trust beneficiaries? _____
8. a. If the Owner is a Trust, please provide a copy of the complete Trust document.
 b. If a Trust is a Beneficiary, please provide a copy of the key pages of the Trust, normally the 1st two pages and the signature page(s). If a Death Claim is filed, Guaranty Income Life will require a copy of the complete Trust document.

Producer Signature X _____ Date _____