

GUARANTY

INCOME LIFE INSURANCE COMPANY

POA / HEALTH STATUS

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.

Producer Signature _____

Date _____

