



GUARANTY INCOME LIFE INSURANCE COMPANY

P. O. Box 2231 • Baton Rouge, LA 70821-2231
929 Government Street • Baton Rouge, LA 70802
800 535-8110 • Fax: 225-343-1747 • www.GILICO.com • POS@gilico.com

POLICYOWNER'S SERVICE REQUEST FORM

<u>Policy Number</u>	<u>Insured</u>	<u>Owner (If Other Than Insured)</u>
<input type="checkbox"/> 1. Loan	Make Policy Loan for <input type="checkbox"/> Full Amount <input type="checkbox"/> \$ _____ Cash or Full Amount Available, if Less.	
<input type="checkbox"/> 2. Withdrawal	I wish to withdraw \$ _____ from my policy. Remarks or Special Instructions for Payment _____	
<input type="checkbox"/> 3. Surrender Attach Policy	Surrender the policy for the net cash value in accordance with the provisions and conditions of the policy. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows: Remarks or Special Instructions for Payment <i>I UNDERSTAND MY GUARANTY INCOME LIFE ANNUITY IS 100% LIQUID. I AGREE TO GIVE UP MY LIQUIDITY AND TRANSFER MY ACCUMULATION VALUE TO:</i>	
<input type="checkbox"/> 4. Election for Withholding	If you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You also may be subject to a 10% "Premature Distribution Penalty" if you are not yet 59 ½ and other tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. Your election will remain in effect until you revoke it. You may revoke your election at any time by sending a completed, signed and dated revocation to this office. I, _____, owner of the above-referenced Policy, <input type="checkbox"/> DO or <input type="checkbox"/> DO NOT want to have Federal Income Tax withheld from my withdrawal.	
<input type="checkbox"/> 5. Duplicate Policy	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: _____ I hereby request the issuance of a duplicate of said policy or certificate of insurance should duplicate policy forms not be available, and hereby agree that any certificate of duplicate policy issued shall create no liability on the part of the Company other than that set out in the original policy. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to the Company.	

PLEASE SIGN BELOW

Dated at _____ this _____ day of _____, _____
City/State

Witness Signature (No Relation to Owner)

X

Signature of Insured or Owner, if Other Than Insured

Social Security No. _____

Notary Public
(Required if Policy is Lost)

Signature of Assignee (If Any)