

GUARANTY

INCOME LIFE INSURANCE COMPANY

Request for **QUALIFIED**
Fund Transfer / Rollover

Please print or type

A. SURRENDERING COMPANY INFORMATION			
Current Trustee, Custodian, or Insurance Company ("Surrendering Entity")		Insured/Annuitant/Depositor	
Street		Owner(s)	
City	State	Zip	
Current Account Number(s)		Owner's Social Security Number	
		Owner's Date of Birth (Month/Day/Year)	

B. DISTRIBUTION INSTRUCTIONS			
<input type="checkbox"/> All	Effective:	<input type="checkbox"/> Immediately	To: <input type="checkbox"/> New Policy
<input type="checkbox"/> Partial \$ _____		<input type="checkbox"/> Upon the Maturity Date of _____	<input type="checkbox"/> Existing Policy # _____

C. TYPE OF TRANSFER/ROLLOVER (Current plan type)		D. TYPE OF EXISTING ACCOUNT	
<input type="checkbox"/> IRA	<input type="checkbox"/> SEP (will be issued as an IRA)	<input type="checkbox"/> Annuity	<input type="checkbox"/> Bank CD
<input type="checkbox"/> Roth	<input type="checkbox"/> TSA 403(b) Direct Transfer from my current TSA 403(b) pursuant to the requirements of Rev. Rule 90-24. (will be issued as an IRA)	<input type="checkbox"/> Mutual Fund (name) _____	
	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Other (please specify) _____	

E. RETIREMENT PLAN TO AN IRA (to be completed only if rolling a retirement plan to an IRA)			
Reason for Eligibility (check one)	<input type="checkbox"/> Plan termination	<input type="checkbox"/> Disability	<input type="checkbox"/> Over age 59½
	<input type="checkbox"/> Death	<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Service

Due to the possible tax consequences of making a direct rollover of funds or property to an IRA, I have been advised to see a professional tax advisor. All information provided by me is true and correct and may be relied on by the Surrendering Entity and Guaranty Income Life Insurance Company ("GILICO"). I hereby certify that I am making an irrevocable election to treat the transaction as a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Surrendering Entity or GILICO liable for any adverse tax consequences that may result.

F. REQUIRED MINIMUM DISTRIBUTION FOR IRA, TSA, AND QUALIFIED PLANS			
A. Have you reached age 72 or older in this calendar year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B. Have you satisfied your required minimum distribution from the distributing plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF THE ANSWER TO A IS NO, DISREGARD B - F / IF THE ANSWER TO A IS YES AND B IS NO, COMPLETE C - F			
C. I direct the present custodian/trustee/insurer to: (select one of the following)			
<input type="checkbox"/> Distribute my Required Minimum Distribution to me before transferring my IRA funds;			
<input type="checkbox"/> Retain my Required Minimum Distribution amount until such time that such amount is required to be distributed;			
<input type="checkbox"/> Transfer the entire amount as the current Required Minimum Distribution is scheduled to be made/has been made from another IRA account.			
D. What is the date of birth of your oldest primary beneficiary under the distributing plan? _____			
E. Is your designated primary beneficiary your spouse?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
F. I elect to have my life expectancy <input type="checkbox"/> recalculated <input type="checkbox"/> not recalculated annually. (Current law does not allow you to change your life expectancy election after your Required Beginning Date)			

G. THE CONTRACT (Applicable for the Total Transfer of Annuity and Life Insurance Policies Only)	
<input type="checkbox"/> ENCLOSED	
<input type="checkbox"/> 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.	
H. 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 (Assignor)

X

Signature of Witness _____ Signature of Policyowner's Spouse (if Community Property State)

I. ACCEPTANCE (To be completed by the Home Office)

This is to certify that the above individual has established a(n): IRA Annuity Roth IRA Annuity

Guaranty Income Life Insurance Company ("GILICO") will accept the transfer and will assume full responsibility as trustee/custodian 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.

Signed this _____ day of _____, 20____ by _____

Authorized Signature / Title

J. COST BASIS REQUESTED (After-tax contributions)
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In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please provide cost basis information if applicable.

