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GUARANTY INCOME LIFE INSURANCE COMPANY
P.O. Box 2231, Baton Rouge, LA 70821-2231
929 Government Street, Baton Rouge, LA 70802
800.535.8110 / 225.383.0355

ANNUITY SUITABILITY STATEMENT

Thank you for applying for an annuity policy from Guaranty Income Life Insurance Company (GILICO). The insurance producer is required by law to make reasonable efforts to obtain information concerning your financial status, tax status, investment objectives and other pertinent information. Please read and respond to the questions and statements below.

FINANCIAL STATUS

Annual Income: ☐ $24,999 & Under ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000+

Net Worth[1]: ☐ $99,999 and Under ☐ $100,000 - $499,999 ☐ $500,000 - $999,999 ☐ $1,000,000+

[1]Net Worth = Total Assets (not including home and automobile) – Total Debts

FEDERAL AND STATE INCOME TAX STATUS – My combined tax rate is:

☐ Less than 15% ☐ 15% to 28% ☐ Greater than 28%

FINANCIAL OBJECTIVES

1. Your financial objective in purchasing this product (check all that apply):
   ☐ Income now ☐ Flexibility ☐ Tax deferral ☐ Growth followed by income
   ☐ Pass on to beneficiaries ☐ Provides guarantees ☐ Other _____

2. Do you have cash, liquid assets, or other sources of income available for living expenses and emergencies in addition to the money you plan to use to purchase this annuity contract? ☐ Yes ☐ No

3. Do you understand there are surrender charges for early termination, except for required minimum distributions and free withdrawals provided in your policy? ☐ Yes ☐ No

   How do you plan to withdraw money from this product?
   ☐ Regular income ☐ Lump sum ☐ No plans to withdraw

4. Indicate which of the following financial products you now own or have owned? (check all that apply)
   ☐ Certificate of Deposit ☐ Traditional Fixed Annuity ☐ Equity-Indexed Annuity ☐ Variable Annuity
   ☐ None of the above

5. How are you funding the purchase of this annuity? (check all that apply)
   ☐ Annuity ☐ Bank Checking/Savings Account ☐ Certificates of Deposit ☐ Mutual Funds/Stocks ☐ Other

6. Other than your insurance producer, which, if any, of the following persons assisted in your decision to purchase the annuity policy? (check all boxes that apply)
   ☐ Accountant ☐ Financial planner ☐ Family Member ☐ None
   ☐ Attorney ☐ Other (please specify) _____

NOTE: If this form is not completed and signed, we cannot consider your application.

I acknowledge that I have read the Disclosure Statement for this annuity and believe it meets my needs at this time.
To the best of my knowledge and belief, the information above is true and complete.

_____	X _____	_____
Owner's Printed Name	*Owner's Signature*	*Date*

I reasonably believe the purchase of this annuity is suitable based on the information provided by the Owner regarding his or her insurance needs and financial objectives.

_____	X _____	_____
Insurance Producer's Printed Name	*Insurance Producer's Signature*	*Date*