

# GUARANTY

INCOME LIFE INSURANCE COMPANY

P.O. Box 2231 Baton Rouge, LA 70821  
 Telephone 225.383.0355 • Toll free 800.535.8110  
 Fax 225.343.0047

## ANNUITANT / OWNER BENEFICIARY ENDORSEMENT

Please check one:  Owner-Driven  Non Owner-Driven

Policy Number                      Owner/Annuitant                      Joint Owner

--	--	--

**PLEASE MAKE THE FOLLOWING CHANGES**

<b>BENEFICIARY FOR OWNER/ANNUITANT</b>	I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Annuitant/Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Annuitant/Owner.
--	---

NAME	ADDRESS	TELEPHONE	DOB	SSN	RELATIONSHIP	%
PRIMARY						
CONTINGENT						

<b>BENEFICIARY FOR JOINT OWNER</b>	I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Owner.
------------------------------------	---

NAME	ADDRESS	TELEPHONE	DOB	SSN	RELATIONSHIP	%
PRIMARY						
CONTINGENT						

**SIGN HERE FOR THE ABOVE REQUEST**

I direct that any endorsement of the policy requested above be effected by return of this request with the Company's acknowledgement. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

City/State

\_\_\_\_\_  
Signature of Owner/Annuitant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Joint Owner