

GUARANTY

INCOME LIFE INSURANCE COMPANY

929 Government Street • Baton Rouge, LA 70802
P.O. Box 2231 • Baton Rouge, LA 70821
Toll free 800.535.8110 • www.gilico.com

POLICYOWNER'S REQUEST FOR BENEFICIARY, OWNER, OR NAME CHANGE

Policy Number

Annuitant

Owner (If Other Than Annuitant)

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PLEASE MAKE THE FOLLOWING CHANGES

I. BENEFICIARY (Primary)

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, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Annuitant.

| NAME | ADDRESS | TELEPHONE | DOB | SSN | RELATIONSHIP | % |
|------|---------|-----------|-----|-----|--------------|---|
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BENEFICIARY (Contingent)

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II. OWNER

I hereby request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner the named contingent owner the Insured the executors, administrators and assigns, or successors and assigns.

| NAME | ADDRESS | TELEPHONE | DOB | SSN | RELATIONSHIP | |
|------------|---------|-----------|-----|-----|--------------|--|
| NEW OWNER | | | | | | |
| | | | | | | |
| CONTINGENT | | | | | | |

III. NAME

Change Name of Annuitant or Owner

From: _____ To: _____

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

Witness

Signature of Annuitant or Owner

Signature of New Owner