

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

Insured

Owner (If Other Than Insured)

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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	%
BENEFICIARY (Contingent)						
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 <input type="checkbox"/> the named contingent owner <input type="checkbox"/> the Insured <input type="checkbox"/> 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

Signature of Irrevocable Beneficiary