

GUARANTY

INCOME LIFE INSURANCE COMPANY

APPLICATION FOR REINSTATEMENT

INSTRUCTIONS: Section 1 may be used if policy has been lapsed less than 90 days and applicant is in good health, without any serious illnesses or bodily injury within the last five (5) years. If lapsed more than 90 days, Section 2 must be completed. Section 2 may also be used for adding a waiver benefit or a rider.

POLICY NO. _____ INSURED _____ OWNER _____

AMOUNT OF PREMIUM \$ _____ AMOUNT ENCLOSED \$ _____ PREMIUM DUE DATE _____

SECTION 1

I hereby request reinstatement of the above policy in accordance with the policy provisions. I represent that, to the best of my knowledge and belief, all persons covered under this policy are now in good health; have not suffered any serious illness or bodily injury nor received treatment from any physician within the past five (5) years.

Witness
Insured

SECTION 2

1. Applicant _____ Date of Birth _____
 Relationship to Insured _____ Male Female Ht. _____ Wt. _____
2. Occupation _____ Date Employed _____ Has any application for life insurance been declined, postponed, or modified? Yes No If yes, give reason _____

NON-MEDICAL DECLARATIONS

(Following questions apply to all persons covered under this contract)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 3. Has any insured ever had or been told they had: | | |
| (a) Disorder of eyes, ears, nose or throat?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Diabetes, Thyroid Disease or Enlarged Glands?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Tumor, Polyp, Cyst, Cancer or Skin Disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Pain, Pressure or discomfort in the chest, undue shortness of breath or Angina? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) High Blood Pressure, palpitation, swelling of the feet or ankles? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Rheumatic Fever or heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Heart attack, stroke, myocardial infarction, heart or coronary disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Recurrent indigestion, ulcer, colitis or gall bladder disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Hepatitis, jaundice, liver or pancreas disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Pneumonia, pleurisy, asthma, tuberculosis, chronic cough, emphysema? | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Fainting spells, concussion, skull fracture, severe headaches, dizziness or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Epilepsy, paralysis or mental disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Kidney disease, kidney stone, nephritis, bladder or prostate disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Albumin, sugar, pus or blood in the urine? | <input type="checkbox"/> | <input type="checkbox"/> |
| (o) Gout, Arthritis or any other disorder of bone or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| (p) Anemia or any other blood disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (q) An immune deficiency disorder, AIDS, the AIDS related complex (ARC) or test results indicating exposure to the AIDS virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any insured now taking medication prescribed by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Except as prescribed by a physician, has any insured ever used: | | |
| (a) Heroin, Morphine, Cocaine, Opiates or Barbiturates?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Marijuana, Quaalude, Amphetamines, Depressants, Sedatives, Tranquilizers or Hallucinogens? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any insured ever been treated for drug or alcohol usage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any insured been advised to have or had any surgical operation, x-ray treatment, blood test, thyroid test, electrocardiogram or x-ray? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If Applicable: | | |
| (a) Has any insured ever miscarried or had any disease or tumor of the uterus, ovaries, tubes or breast or any other reproductive disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is any insured now pregnant?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any insured consulted or been treated for any condition not listed above by any physician or practitioner within the past five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> |

Describe history of any "Yes" answers above. Give illness, duration, results and name and address of attending physician, hospital or clinic. Use additional sheet, if necessary.

I hereby represent that the above information, to the best of my knowledge and belief, is complete and true and I agree the Company shall consider it the basis of any action. It is understood, however, that the Company has the right to require a medical examination and agree that no reinstatement of said policy shall be effective unless the evidence of my insurability based on the above answers are satisfactory to the Company and the application has been approved by the Company and all sums required for reinstatement shall have been paid. It is also agreed that the reinstatement of this policy shall be subject to the Incontestable Provisions contained in the original policy. Any licensed physician, medical practitioner, hospital, clinic or other medical facility, insurance company, the the MIB, LLC (formerly known as the Medical Information Bureau, Inc.), or other organization, institution or person that has any records or knowledge of my health is authorized and directed to give any and all information to Guaranty Income Life Insurance Company. A photocopy of this authorization is as valid as the original.

DATED AT _____ THIS _____ DAY OF _____
City and State

Witness
Signature of Insured (Parent, if juvenile)

Signature of Owner, if other than insured

2638 S. Sherwood Forest Blvd. Suite 200 Baton Rouge, LA 70816

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FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.