

Contract Number: _____ Contract Owner: _____

Joint Owner (if applicable): _____ Owners Phone: _____

A. BENEFIT DESCRIPTION

You may elect to receive a stream of scheduled withdrawals of a defined amount, the Lifetime Yearly Income (LYI), from your annuity. Your initial LYI is equal to your Accumulation Value on the date payments begin, multiplied by the applicable LYI Withdrawal Rate. The withdrawal rates vary by the option selected and your age(s) on the date payments begin. This form does not replace the terms of the Guaranteed Living Benefit Rider attached to your contract. Please review your contract for additional details and restrictions. Making withdrawals and receiving payments under this rider may result in tax consequences. Please consult your tax advisor before electing to receive any such withdrawals or payments.

Single Lifetime Withdrawal Option: Withdrawals under this option will be determined based on your age on the date payments begin. You may not begin payments before age 50. Withdrawals are allowed each year during your lifetime. Amounts not withdrawn during any payment period do not carry forward.

Joint Lifetime Withdrawal Option: This option is only available for you and your legal spouse beginning when both of you are at least 50 years old. Withdrawals under this option will be determined based on the lesser of your age and your spouse's age on the date payments begin. Withdrawals are allowed each year for the life of the Covered Person and Joint Covered Person and will continue until the death of the second Covered Person. Amounts not withdrawn during any payment period do not carry forward.

Level Payout: The LYI Amount is determined on the Benefit Payout Start Date and does not change unless it is reduced if excess withdrawals are taken.

Increasing Payout: The initial LYI is determined on the Benefit Payout Start Date and increases each year by the Payout Increase Percentage. The LYI may reduce if excess withdrawals are taken.

B. LIFETIME YEARLY INCOME BENEFIT RIDER ELECTION

I would like my Lifetime Yearly Income (LYI) Benefit Payments for the contract listed above to begin:

Benefit Payout Start Date (date of first payment as mm/dd/yyyy): _____

(Note): request form must be received at least 30 days prior to start date.)

And to be paid at the following **Payment frequency**: Annual Semi-Annual Quarterly Monthly

The LYI will be divided into equal periodic payments based on the frequency indicated above.

Withdrawal Option: Single Lifetime Joint Lifetime (select one)*

Level Payout Increasing Payout (select one)

* If your spouse is not a Joint Owner, please provide their name and date of birth.

Name of Spouse: _____ Spouse's Date of Birth: _____

For qualified accounts only: Please check the box if you have reached your Required Beginning Date and would like us to adjust your current calendar year's LYI payment(s) to meet your Required Minimum Distribution for the current tax year (any increase to your payments will not be treated as an excess withdrawal.) Any withdrawals in excess of the greater of the LYI amount and the RMD attributed to this contract will be treated as an excess withdrawal.



C. PAYMENT METHOD

Mail check to me (owner) at the following address: _____

Please note: if this address is different than the address we have on record, there may be a delay while we validate your address.

Deposit my distribution requested directly into the following bank account (include a void check):

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE	
PAY TO THE ORDER OF	\$ []
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR	
⑆0123456789⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

For existing contracts, if the bank information below does not match what we already have on file, there may be a delay while we verify the new bank information.

Routing Number

Name of Financial Institution

Checking Account Number: _____

Savings Account Number: _____

I hereby authorize Guaranty Income Life Insurance Company to initiate electronic payment entries and to initiate, if necessary, adjustments for any electronic entry in error to my (our) account and at the financial institution indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same such account. This authority is to remain in force and effect until Guaranty Income Life Insurance Company has received written notification from me (or either of us) of its termination in such time as to afford Guaranty Income Life Insurance Company and the DEPOSITORY a reasonable opportunity to act on it.

D. ADDITIONAL RIDER INFORMATION

The Payout Year for the GLBR Rider is each successive 12-month period beginning on the Benefit Payout Start Date.

Rider LYI Withdrawals not taken in the current Payout Year cannot be added to future Rider LYI Withdrawals. If 100% of the Rider LYI Amount due for a Payout Year is not taken in that Payout Year, any unpaid amounts will be forfeited and lost forever. Withdrawing more than the specified Rider LYI Amount in one Payout Year (except as may be adjusted for RMD's) will reduce rider amounts available in future Payout Years.

Withdrawals under the Single Lifetime Withdrawal Option will end upon the death of the Covered Person. Withdrawals under the Joint Lifetime Withdrawal Option will end upon the death of the second to die of the Covered Person or Joint Covered Person.

Making withdrawals and receiving payments under this rider before age 59 ½ may result in tax penalties. Consult a tax advisor for more information.

No Index Credits are provided for any amounts withdrawn or deducted from an Indexed Option prior to the end of an Index Term.

LYI Withdrawals are not subject to Surrender Charges or Market Value Adjustments.

LYI Withdrawals may reduce the Accumulation Value, and the Death Benefit of your Annuity.

GUARANTY INCOME LIFE INSURANCE COMPANY (GILICO)

PO Box 758583 Topeka, KS 66675-8583

Phone: 833-444-5426 • Fax: 785-228-4505 • www.gilico.com



E. REQUEST TO STOP WITHDRAWALS

- Stop Income Withdrawals effective immediately
- Stop Income Withdrawals effective (mm/dd/yyyy) _____

I understand I will need to submit my request in writing to restart withdrawals in the future. I further understand that if I stop withdrawals under the Lifetime Yearly Income Benefit Rider, the amount of the benefit at the time I stop the withdrawals will continue as the maximum penalty free withdrawal limit for the policy. Any amounts taken in excess of that amount (except as may be provided for RMD's) may reduce the amount of future Penalty Free Withdrawal/LYI Payments should I decide to take/restart them.

F. TERMINATION OF RIDER

Once the rider has been terminated, you may not re-elect it and it cannot be reinstated by the Company. There will be no further payments made, under the rider once it terminates.

- I wish to terminate the rider effective (mm/dd/yyyy) _____ Owner Initials _____

G. TAX WITHHOLDING COMPLETED IRS FORM W-4P IS REQUIRED

For Federal withholding, an IRS Form W-4P (for periodic payments) or a W-4R (for one time payments) may be required. For State withholding, some states require a state specific W4 Form to be submitted. All distribution requests require the submission of the Withholding Instructions page (last page of this document). The Withholding form requirements are outlined within the Withholding Instructions form.

H. SIGNATURE AND AUTHORIZATION

Substitute IRS Form W-9

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a US citizen or other US person; and
4. I am exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I hereby accept the elections made above and agree with the terms of this form and its instructions. I understand that I am responsible for this request, including all tax liability and other possible consequences which may be involved. I acknowledge that Guaranty Income Life Insurance Company is not responsible and I agree to indemnify and to hold Guaranty Income Life Insurance Company harmless from any resulting liabilities.

*Consent of Spouse of Owner - If the Owner's spouse has not signed as Joint Owner, and the Owner is married and lives in one of the following "community property states" (AZ, CA, ID, LA, NM, NV, TX, WA, & WI), the Owner's Spouse must also sign. Unless the Company has been notified of a community or marital property interest in this policy, we will assume that there is no such interest. The effective date of this request will be the date this Request Form is received in the Administrative Office of Guaranty Income Life Insurance Company. Signatures as Required:

X	Owner's Signature	Owner's SSN
	Date:	
X	Joint Owner's Signature *	Joint Owner's SSN*
	Date:	
X	Spouse's Signature*	
	Date:	

* If applicable

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WITHHOLDING INSTRUCTIONS

Periodic Withdrawals-must review/complete Sections 2, 4 & 5
 One-Time Withdrawal or Surrender-must review/complete Sections 3, 4 & 5

Contract Number	Owner Name	Resident State

1. Notice of Withholding

Even if you elect not to have Federal income Tax withheld, you are liable for the payment of Federal Income Tax on the taxable portion of the withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may contact us at any time prior to the distribution to change or revoke your election. If the withholding section is left blank, you do not provide a completed IRS Form W4-P or IRS Form W4-R, or if your social security or tax identification number is not provided, tax will be withheld from your payment(s) as required by the IRS.

2. Federal Withholding Election for Periodic Withdrawals

IRS Form W4-P is required for this transaction. Please visit www.irs.gov/forms and search "W4-P" to obtain the required W4-P Form. If you do not wish to have Federal Withholding taken from your periodic withdrawals, please indicate such below:

I do not want Federal Income Tax Withheld from my periodic withdrawals

Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4P will result in tax being withheld from your payments as if your filing status is single with no adjustments (as outlined in the IRS Form W-4P instructions, page 3).

3. Federal Withholding Election for One-Time Partial Withdrawal or Full Surrender

IRS Form W4-R is required for this transaction. Please visit www.irs.gov/forms and search "W4-R" to obtain the required W4-R Form. If you do not wish to have Federal Withholding taken from your one-time partial withdrawal, please indicate such below:

I do not want Federal Income Tax Withheld from my one-time partial withdrawal or full surrender

Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4R will result in 10% of your withdrawal amount being withheld from your payment (as outlined in the IRS Form W-4R instructions, page 2). **If your distribution is an eligible rollover distribution, the default withholding amount for your withdrawal will be 20% as outlined in the IRS Form W-4R instructions, page 2). **

4. State Withholding Election for Periodic Withdrawals, One-Time Partial Withdrawal or Full Surrender

State income tax withholding may be required from your distribution. In some cases, you may elect not to have withholding apply, or you may elect a rate of withholding or a flat dollar amount. In other cases, state income tax withholding is not available. If you do not make an election, we will apply withholding (if required) at the minimum or default rate based on your state of residency as determined by your legal address of record. Please consult the Department of Revenue/Department of Treasury or similar Department in your resident state for further details on the specific requirements.

I do not want state income tax withheld from my distribution(s)

I want state income tax withheld from my distribution(s)

Please provide the following:

Single Married _____ # of allowances

I want \$ _____ state income tax withheld my distribution(s)
 (if you have checked the box above this will be in addition to that amount)

****Residents of MN and MI must complete a state specific withholding form. Failure to opt out of state withholding above or provide a completed state withholding form will result in tax being withheld from your payment as if your filing status is single claiming zero allowances (as outlined on W-4MNP and MI W-4P form instructions). Please visit the MN Department of Revenue or MI Department of Treasury website for a copy of the W-4 form for one-time partial withdrawals.**

5. Signatures (This Section Must Be Fully Completed)

Owner's Signature

Date (REQUIRED)

SSN/TIN

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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.

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