

5. Certification

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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

6. Signature and Authorization

By providing my signature below, I understand that to ensure the security of my account and funds, Guaranty Income Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.

Dated at _____ this _____ day of _____, 20_____.
City/State Day Month Year

Owner's Signature

Owner's SSN

Joint Owner's Signature (if applicable)

Joint Owner's SSN (if applicable)

Spousal Signature* (if applicable)

***Spousal Consent for Community Property States:** If the policy owner is a resident of AZ, CA, ID, LA, NM, NV, TX, WA, or WI, spousal consent is required, unless the participant has no legal spouse. If there is no spousal signature, we will assume there is no community or marital property interest in this contract.



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 from 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 _____