



**Signature and Authorization**

I hereby authorize Guaranty Income Life 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 has received written notification from me (or either of us) of its termination in such time as to afford Guaranty Income Life and the DEPOSITORY a reasonable opportunity to act on it.

I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that Guaranty Income Life Insurance Company (GILICO) employees, agents or representatives do not give tax, legal, or accounting advice. I agree to consult with my own attorney, accountant, or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Required Minimum Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities.

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.

**PLEASE SIGN BELOW**

Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
City/State Day Month Year

\_\_\_\_\_  
Signature of Owner/Annuitant

\_\_\_\_\_  
Social Security Number

Please provide a daytime number where you can be reached should we have any questions concerning your request: (\_\_\_\_) \_\_\_\_\_



**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](http://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](http://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 \_\_\_\_\_

