

Contract Number: _____ Contract Owner: _____

Joint Owner (if applicable): _____ Owner's 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 Benefit Base 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.

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 55. Withdrawals are allowed each year during your lifetime.

Joint Lifetime Withdrawal Option: This option is only available for you and your legal spouse beginning when each of you is at least 55 years old. Withdrawals under this option will be determined based on the lesser of your age or your spouse's age on the date payments begin. Withdrawals are allowed each year during both of your lifetimes and will continue after the first death.

B. LIFETIME YEARLY INCOME BENEFIT RIDER ELECTION

☐ I would like my Lifetime Yearly Income (LYI) benefit payments for the contract listed above to begin:

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

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

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

Withdrawal Option: ☐ Single Lifetime ☐ Joint Lifetime (If elect Joint, complete the spouse information below)

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 initial if you have reached the 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.)

Owner's Initials: _____

C. ADDITIONAL RIDER INFORMATION

Rider LYI withdrawals not taken in the current year cannot be added to future Rider LYI Withdrawals. If 100% of the Rider LYI amount due for a year is not taken in that contract year, any unpaid amounts will be forfeited and lost forever. Withdrawing more than the specified Rider LYI Amount in one contract year will reduce rider amounts available in future 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 amount 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.

Withdrawals will reduce the free amount available each year, the Accumulation Value, and the Death Benefit of your Annuity.

GUARANTY INCOME LIFE INSURANCE COMPANY

Annuity Admin Office: PO Box 758583 Topeka, KS 66675-8583

5801 SW 6th Ave. MZ 8583 Topeka, KS 66636-1001

Phone: 833-444-5426 • Fax: 785-228-4505

Email: gilico_wf@zinnia.com • Website: www.gilico.com



D. 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:

NAME	0123
ADDRESS	
CITY, STATE ZIP	01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$
_____ DOLLARS	
BANK NAME	
ADDRESS	
CITY, STATE ZIP	
FOR _____	
⑆012345678⑆ 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: _____

- ☐
- Deposit proceeds into my Brokerage Account:

Brokerage/To DTCC Participant Number: _____

Company Name: _____

BIN (Brokerage Identification 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 inforce 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.

E. SPOUSAL CONSENT

If you as the contract owner(s) reside in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below.

Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Spousal Signature: _____ Date: _____

F. 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.



G. 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 once the rider terminates.

☐ I wish to terminate the rider effective immediately Owner Initials: _____

H. TAX WITHHOLDING

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.

I. 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 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.

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.

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:

Owner: _____ SSN: _____ Date: _____

Joint Owner: _____ SSN: _____ Date: _____



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



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.

