

GUARANTY

INCOME LIFE INSURANCE COMPANY

POLICYOWNER'S SERVICE REQUEST FORM

Annuity Number	Annuitant	Owner (If Other Than Annuitant)	Annuitant's SSN
<input type="checkbox"/> 1. Surrender <u>Attach Policy</u>	<p>Surrender the policy for its net cash value in accordance with the policy provisions and conditions.</p> <p>a. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows: _____</p> <p>b. Remarks or special instructions for payment: _____</p>		
<input type="checkbox"/> 2. Election For Withholding	<p>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.</p>		
<input type="checkbox"/> 3. Duplicate Policy	<p>I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated, or pledged except as follows: _____</p> <p>I hereby request the issuance of a duplicate of said policy or certificate of insurance should duplicate policy forms not be available, and hereby agree that any certificate of duplicate policy issued shall create no liability on the part of the Company other than that set out in the original policy. If at any time the original policy is found such certificate or duplicate policy will be null and void and immediately returned to the Company.</p>		
4. Electronic Funds Transfer (EFT)	<div><div><p>NAME ADDRESS CITY, STATE ZIP</p><p>DATE</p><p>PAY TO THE ORDER OF</p><p>BANK NAME ADDRESS CITY, STATE ZIP</p><p>FOR</p><p>0123 01-23456789</p><p>0123456789 01234567890123 0123</p><p>Routing Number Account Number</p></div><div><p>For Direct Deposits Attach a voided Check with tape.</p></div></div> <p><input type="checkbox"/> Checking Account No. _____</p> <p><input type="checkbox"/> Savings Account No. _____</p> <p>With _____ Name of Financial Institution Routing Number</p>		



**5. EFT
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.

Owner Signature

Joint Owner Signature

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.

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

Signature of Insured or Owner if Other Than Insured

Signature of Joint Owner

Signature of Assignee (If any)

Witness

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.

Spousal Signature (if applicable)



GUARANTY

INCOME LIFE INSURANCE COMPANY

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

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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

