

Contract Number _____

Contract Owner(s) _____

Contract Owner SSN _____

Joint Contract Owner SSN _____

Address _____ City: _____ State _____ Zip _____

A. ACCOUNT TRANSFER DESCRIPTION

You may elect to change the account allocation percentages (reallocation) for your Fixed Account and Indexed Accounts. The reallocation may only occur on your Contract Anniversary Date. We must receive your request to reallocate within 21 days following your contract anniversary. The amounts reallocated during this period will not be subject to surrender charges or market value adjustments. Refer to your Contract for additional information and restrictions.

Please refer to page 2 of the enclosed renewal letter for the cap, participation, and fixed interest rates applicable for the next contract year for your current accounts. For information on cap, participation, and fixed interest rates for other accounts that may be available, please contact a customer service representative at 1-833-444-5426.

B. ACCOUNT TRANSFER ELECTION

☐ I elect to reallocate all the funds within my annuity as follows. The full Accumulation Value as of the contract anniversary will be reallocated based on the percentages below. Whole percentages are required and must total 100%.

Account	Allocation Percentage
Fixed Account	%
1-year Point-to-Point Cap Indexed Account – S&P 500® TR Index	%
1-year Point-to-Point Participation Indexed Account – S&P 500® TR Index	%
1-year Monthly Sum Cap Indexed Account – S&P 500® TR Index	%
1-year Point-to-Point Participation Indexed Account – S&P MARC 5%	%
1-year Point-to-Point Cap Indexed Account – S&P 500® Index	%
1-year Point-to-Point Participation Indexed Account – S&P 500® Index	%
1-year Monthly Sum Cap Indexed Account – S&P 500® Index	%
1-year Point-to-Point Participation Indexed Account – UBS MASTR Index	%
Total	100 %

C. SIGNATURE AND AUTHORIZATION

By signing below, I (we) authorize Guaranty Income Life Insurance Company to act on the instructions indicated above.

Owner: _____ Date: _____

Joint Owner: _____ Date: _____



GUARANTY

INCOME LIFE INSURANCE COMPANY

GUARANTY GROWTH PLUS™ ACCOUNT TRANSFER REQUEST FORM

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