

GUARANTY INCOME LIFE INSURANCE COMPANY

P.O. Box 2231 Baton Rouge, LA 70821

225.383.0355 800.535.8110

Fax 225.343.0047

ANNUITANT / OWNER BENEFICIARY ENDORSEMENT

Policy Number

Annuitant

Owner (If Other Than Annuitant)

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PLEASE MAKE THE FOLLOWING CHANGES

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| BENEFICIARY FOR ANNUITANT | I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Annuitant, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Annuitant. | | | | |
| NAME/ADDRESS | TELEPHONE | DOB/SSN | RELATIONSHIP | % | |
| PRIMARY | | | | | |
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| CONTINGENT | | | | | |
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| BENEFICIARY FOR OWNER | I hereby revoke all prior designations of beneficiary and request the following designation. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Owner. | | | | |
| NAME/ADDRESS | TELEPHONE | DOB/SSN | RELATIONSHIP | % | |
| PRIMARY | | | | | |
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| CONTINGENT | | | | | |
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SIGN HERE FOR THE ABOVE REQUEST

I direct that any endorsement of the policy requested above be effected by return of this request with the Company's acknowledgement. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Dated at _____ this _____ day of _____, _____.
City/State

 Witness

 Signature of Owner

 Witness

 Signature of 2nd Owner, if applicable

FOR GUARANTY INCOME USE ONLY-ACKNOWLEDGEMENT OF REQUEST FOR CHANGE-***PLEASE ATTACH TO POLICY***. GUARANTY INCOME LIFE INSURANCE COMPANY HAS RECORDED THE CHANGE REQUESTED & RETAINED A PHOTOCOPY OF THE REQUEST.

Dated at _____ this _____ day of _____, _____.

BY: _____, Authorized Officer of Guaranty Income Life Insurance Company