



**GUARANTY INCOME LIFE INSURANCE COMPANY**

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929 Government Street · Baton Rouge, LA 70802  
P.O. Box 2231 · Baton Rouge, LA 70821  
1 (800) 535-8110 · www.gilico.com

**POLICYOWNER'S REQUEST FOR BENEFICIARY, OWNER, OR NAME CHANGE**

**Policy Number**

**Insured**

**Owner (If Other Than Insured)**

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**PLEASE MAKE THE FOLLOWING CHANGES**

**I. BENEFICIARY**

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 Insured, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Insured.

	NAME/ADDRESS	TELEPHONE	DOB/SSN	RELATIONSHIP	%
PRIMARY					
CONTINGENT					

**II. OWNER**

I hereby request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner and, upon the prior death of the owner  the named contingent owner  the Insured  the executors, administrators and assigns, or successors and assigns.

	NAME/ADDRESS	TELEPHONE	DOB/SSN	RELATIONSHIP	
NEW OWNER					
CONTINGENT					

**III. NAME**

Change Name of  Insured  Owner  Payor

From: \_\_\_\_\_ To: \_\_\_\_\_

**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 Insured or Owner

