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)

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 ☐ Beneficiary
From:_____ To:_____
Reason for change: _____ {If reason other than marriage, divorce or correction, attach copy of legal document}

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 If Other Than Insured

_____ Signature of Irrevocable Beneficiary

_____ Signature of Assignee (If Any)

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 Baton Rouge, Louisiana, this _____ day of _____, _____.

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