

GUARANTY

INCOME LIFE INSURANCE COMPANY

929 Government St. - Baton Rouge, LA 70802

P.O. Box 2231 - Baton Rouge, LA 70821

800-535-8110 · 225-383-0355 · FAX: 225-343-0047

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 the 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: <input type="checkbox"/> the named contingent owner, <input type="checkbox"/> the Insured, <input type="checkbox"/> the executors, administrators and assigns, or successors and assigns.				
	NAME/ADDRESS	TELEPHONE	DOB/SSN	RELATIONSHIP	
NEW OWNER					
CONTINGENT					
III. NAME	Change Name of: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> 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

X

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: _____ VICE PRESIDENT, POLICYOWNERS' SERVICE
Mary Frances Bertucci