



**GUARANTY INCOME LIFE INSURANCE COMPANY (GILICO)**

P. O. Box 2231 • Baton Rouge, LA 70821-2231  
929 Government Street • Baton Rouge, LA 70802  
225-383-0355 • 800 535-8110 • Fax: 225-343-1747 • www.GILICO.com

**FLEXPLUS ANNUITIES  
DISCLOSURE STATEMENT**

**Please take the time to read and understand the following information:**

**SUITABILITY:** The FlexPlus Annuities are Flexible Premium Deferred Annuities designed for those seeking guaranteed tax-deferred growth with a choice of monthly income options. You choose the length of annuity that is best for you: 5 years, 7 years, or 10 years. Any rider included with your annuity will have separate disclosure information.

**INTEREST:** Interest credited to your initial premium during the first contract year will be at the rate shown on Page 3 of your policy. Interest is credited at the annual effective rate as of the date funds are received in our Home Office. **Rates are periodically determined by the company and subject to change, but will never be less than the Guaranteed Effective Annual Rate shown on Page 3 of your policy.**

The lifetime minimum guaranteed effective annual rate for annuities issued in 2011 is 1.00%.

| CURRENT INTEREST RATES |                 |          |
|------------------------|-----------------|----------|
| <b>FLEXPLUS 5</b>      | Form # 1FPA-5*  | <b>%</b> |
| <b>FLEXPLUS 7</b>      | Form # 1FPA-7*  | <b>%</b> |
| <b>FLEXPLUS 10</b>     | Form # 1FPA-10* | <b>%</b> |

**Rates in effect on:** \_\_\_\_\_  
Current rates are subject to change without notice!

**MINIMUM PREMIUM:** \$5,000 for Non-Qualified and \$2,000 for Qualified accounts. Future additions must be at least \$200.

**MAXIMUM ISSUE AGE:** Through age 79 for all FLEXPLUS annuities.

**WITHDRAWAL CHARGES:** The value may be reduced by Withdrawal Charges. The maximum Withdrawal Charge is a percentage of the premium amount withdrawn as follows:

| Contract Year:     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11+ |
|--------------------|----|----|----|----|----|----|----|----|----|----|-----|
| <b>FLEXPLUS 5</b>  | 8% | 7% | 6% | 5% | 4% | 0% |    |    |    |    |     |
| <b>FLEXPLUS 7</b>  | 8% | 7% | 6% | 5% | 5% | 4% | 3% | 0% |    |    |     |
| <b>FLEXPLUS 10</b> | 9% | 8% | 7% | 6% | 5% | 5% | 4% | 3% | 2% | 1% | 0%  |

**TAXATION OF WITHDRAWALS:** Withdrawals may be subject to income tax. If withdrawals are made before age 59 1/2, they also may be subject to a 10% IRS penalty.

**EXCEPTIONS TO WITHDRAWAL CHARGES AND PERIODIC INCOME OPTIONS:**

1. Interest earnings may be withdrawn monthly at no charge, subject to a \$200 minimum.
2. Accumulated interest earnings may be withdrawn at any time without incurring a Withdrawal Charge.
3. After the fifth contract year, the Owner may elect a life annuity option without incurring a Withdrawal Charge.

**DEATH OF OWNER OR ANNUITANT:**

1. The Death Benefit will be the Accumulation Value as of the date of death of the Owner.
2. If the Annuitant is different from the Owner and the Annuitant dies before the Owner elects to annuitize, the Owner may name a new Annuitant.
3. A **beneficiary spouse** of the deceased Owner may continue the policy in force as the Owner.

**PRODUCER COMPENSATION:** You earn interest on 100% of your premium; no sales charges or fees are deducted. However, Guaranty Income Life reserves the right to deduct state premium taxes, if applicable, based on the Owner's state of residence. The insurance producer will be compensated by the insurer for the placement of this annuity.

**EXISTING POLICIES:** If you own policies that you intend to replace or change, proper replacement forms must be completed. Some states have more stringent replacement requirements, which must be observed by the insurance producer.

**SAFETY OF FUNDS:** Your annuity values are guaranteed by contract and protected by the financial strength of Guaranty Income Life, which has been in business since 1926. Guaranty Income Life is a Legal Reserve Life Insurance Company and is required to maintain reserves equal to or greater than guaranteed surrender values. *This annuity is not FDIC insured, not insured by any federal government agency, not a deposit or other obligation of any bank, and not guaranteed by any bank or savings association. Insurance products are regulated by federal and state laws.*

Tax laws are subject to varying interpretations and possible changes. Guaranty Income Life and its producers do not give legal, accounting or tax advice. Please consult your tax advisor for additional information.

I have read and understand the above information. A copy of this Disclosure will be included with my policy.

\_\_\_\_\_ X \_\_\_\_\_  
Date Print Owner Name(s) Owner Signature(s)

\_\_\_\_\_ X \_\_\_\_\_  
Date Print Insurance Producer Name Insurance Producer Signature Producer No.



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**ANNUITY APPLICATION**

**FLEXPLUS**

PLAN  5  7  10

| Please Print in Ink     | A. OWNER<br>(All Correspondence is Sent to Owner) | B. ANNUITANT<br>(Complete ONLY if different from Owner) | C. JOINT OWNER<br>(Non-Qualified Funds Only) |
|-------------------------|---|---|--|
| Name:                   |   |   |  |
| Mail Address:           |   |   |  |
| City, State Zip Code:   |   |   |  |
| SSN/Tax ID #:           |   |   |  |
| Date of Birth or Trust: |   |   |  |
| Sex:                    |   |   |  |
| Email Address:          |   |   |  |
| Home Phone #:           |   |   |  |

**D. ANNUITY PREMIUM:** Paid with Application \$ \_\_\_\_\_ Anticipated Rollover/Transfer Amount \$ \_\_\_\_\_  
**(Make check payable to GILICO.)**

**E. TYPE OF FUNDS:**  Non-Qualified  IRA  Roth IRA  Other \_\_\_\_\_ Tax Year of New Qualified Contribution \_\_\_\_\_

**F. INTEREST INCOME CHOICE:** (check one)  
 Left to Accumulate (Tax Deferred Growth)  
 Interest Paid Monthly Withhold Income Tax:  No  Yes @ \_\_\_\_\_ %

**G. OWNER'S BENEFICIARY DESIGNATIONS:**

| PRIMARY:    | Name | Date of Birth or Trust Date | SSN or Tax ID # | Relationship | % |
|-------------|------|-----------------------------|-----------------|--------------|---|
|             |      |                             |                 |              |   |
|             |      |                             |                 |              |   |
|             |      |                             |                 |              |   |
| CONTINGENT: |      |                             |                 |              |   |
|             |      |                             |                 |              |   |
|             |      |                             |                 |              |   |

**H. REPLACEMENT:** Does the owner have any existing life insurance or annuity contracts in force?  Yes  No  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No  
 If Yes, complete and forward any replacement forms as required in the state of application.

**I. REMARKS AND/OR SPECIAL INSTRUCTIONS:**

**J. HOME OFFICE ENDORSEMENTS/CORRECTIONS:**

I represent that my answers in this application are true and complete and that this application shall be part of an annuity contract issued by GILICO. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

Application Completed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
**SIGNATURE OF OWNER** **SIGNATURE OF JOINT OWNER**

**PRODUCER:** I hereby state that I have left with the applicant all sales materials used in my presentation and that such sales materials are only those approved for use by GILICO. I certify that I have truly and accurately recorded on the application the information provided by the applicant.  
 Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force?  Yes  No  
 If Yes, I presented and read the applicant a notice regarding the replacement. A signed copy was left with the applicant.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

X \_\_\_\_\_  
 SIGNATURE OF PRODUCER(S) PRODUCER NUMBER(S) STATE LICENSE NUMBER OF PRODUCER(S)

Producer Name & Mail Address: \_\_\_\_\_  
 Producer Phone, Fax, & Email: \_\_\_\_\_