



**GUARANTY INCOME LIFE INSURANCE COMPANY**  
 929 Government Street, Baton Rouge, LA 70802  
 P.O. Box 2231, Baton Rouge, LA 70821-2231  
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**POA / HEALTH STATUS and TRUST QUESTIONNAIRE**

Owner's Name \_\_\_\_\_

Annuitant's Name (If different from Owner) \_\_\_\_\_

**POWER OF ATTORNEY**

If a POA (Power of Attorney) is used as a component of this application (owner or annuitant), please provide the following information:

1. Is this a POA for the  Owner or  Annuitant?
2. When was the POA set up? \_\_\_\_\_
3. Why was the POA set up? \_\_\_\_\_
4. What is the relationship of the POA to the owner or annuitant?  
\_\_\_\_\_
5. Please provide a copy of the POA and complete Owner/Annuitant Health Status Questions below.

**OWNER/ANNUITANT HEALTH STATUS QUESTIONS**

If your client (owner or annuitant) has a Power of Attorney, please provide the following information:

1. What is the general health condition of your client? \_\_\_\_\_
2. Has your client been diagnosed with a terminal illness?  Yes  No  
 If yes, please explain. \_\_\_\_\_

If your client is currently confined to a nursing home facility or has been confined to a nursing home facility within the past 30 days, Guaranty Income Life will NOT accept an application.

**TRUST – If the Trust is the Owner, product availability will be based on the oldest party to this application.**

Please complete the following for each Trust component of this application:

Trust Name \_\_\_\_\_

1. Will the Trust be  Owner or  Beneficiary?
2. What is the date of the Trust? \_\_\_\_\_
3. What is the purpose of the Trust? \_\_\_\_\_
4. Who is the Grantor or person whose death triggers payments from the Trust? \_\_\_\_\_
5. What is their DOB? \_\_\_\_\_ What is their SS# \_\_\_\_\_
6. Who are the Trustees? \_\_\_\_\_
7. Who are the Trust beneficiaries? \_\_\_\_\_
8. a. If the Owner is a Trust, please provide a copy of the complete Trust document.  
 b. If a Trust is a Beneficiary, please provide a copy of the key pages of the Trust, normally the 1<sup>st</sup> two pages and the signature page(s). If a Death Claim is filed, Guaranty Income Life will require a copy of the complete Trust document.

Producer Signature  X  \_\_\_\_\_ Date \_\_\_\_\_