

GUARANTY

INCOME LIFE INSURANCE COMPANY

ANNUITANT / OWNER BENEFICIARY ENDORSEMENT

Policy Number

Owner/Annuitant

Joint Owner

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PLEASE MAKE THE FOLLOWING CHANGES

BENEFICIARY FOR OWNER/ANNUITANT	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 Annuitant/Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Annuitant/Owner.						
NAME	ADDRESS	TELEPHONE	DOB	SSN	RELATIONSHIP	%	
PRIMARY							
CONTINGENT							
BENEFICIARY FOR JOINT OWNER	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 Owner, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Owner.						
NAME	ADDRESS	TELEPHONE	DOB	SSN	RELATIONSHIP	%	
PRIMARY							
CONTINGENT							

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

Signature of Owner/Annuitant

Witness

Signature of Joint Owner

