

# GUARANTY

INCOME LIFE INSURANCE COMPANY

## POA / HEALTH STATUS

\_\_\_\_\_  
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.

Producer Signature \_\_\_\_\_

Date \_\_\_\_\_

