

GUARANTY

INCOME LIFE INSURANCE COMPANY

LARGE CASE QUESTIONNAIRE

AMOUNT \$ _____

ANNUITY PLAN _____

To be sent to Home Office for consideration prior to submission of application or request to transfer additional funds exceeding: **\$1,000,000 for one Owner for ages 40–79**

Guaranty 4 –Issue age 80-100 any amount over \$200,000

Guaranty 6 –Issue age 80-90 any amount over \$600,000

Fax to Sales Department at 225.343.1747.

Applicant/Owner _____ Age _____

1. Are these funds more than 50% of the Owner's available assets, exclusive of home and vehicles?
☐ Yes ☐ No These funds are: ☐ Qualified ☐ Non-Qualified
2. Is there a spouse? ☐ Yes ☐ No
If yes, is he/she likely to want a spousal continuation if the Owner dies? ☐ Yes ☐ No
3. What is the general health condition of the Applicant/Owner? _____
4. What are the living arrangements of the Applicant/Owner (lives at home alone, lives with spouse or family member, goes to an Adult Day Care facility, etc.)? _____
5. Does the Applicant/Owner receive assistance with everyday activities (personal care, shopping, driving, etc.)?
☐ Yes ☐ No If yes, please explain _____
6. Does the Owner need monthly interest withdrawals for living expenses? ☐ Yes ☐ No
7. Where will the premium come from – Bank, Insurance Company, Mutual Fund, etc.? _____
8. Will any penalties or surrender charges be incurred on the money before it is sent to GILICO?
☐ Yes ☐ No If yes, how much? \$ _____ Percent of premium _____
If a penalty is incurred, reason for transfer _____
What rate of interest are the funds currently earning? _____
9. Will a first year interest rate bonus be given to the Owner? ☐ Yes ☐ No If yes, what percent? _____
10. When will the funds and application be submitted to GILICO? _____

Additional information for consideration _____

If a Power of Attorney (POA) or Trust is used as a component of this application, please complete and submit the POA / Health Status and Trust Questionnaire.

Producer's Signature

Date

Home Office Approval

Date

