

Thank you for applying for an annuity policy from Guaranty Income Life Insurance Company (GILICO). We are required to ask for information that will help determine if there is a reasonable basis to believe that the purchase of the annuity you are applying for suits your current insurance needs and financial objectives. We must also confirm that you have been reasonably informed of the terms and features of the annuity.

Carefully review the information provided below before signing this form. Do not sign this form if any items have been left blank or if any information provided below is not completely accurate to the best of your knowledge. The information you provide will remain confidential and will not be used for any purpose other than to determine the suitability of your purchase. Please note this form must be completed in full, signed, dated and submitted with the Application. We may need to contact you for additional information if necessary. Your privacy is a high priority to us and this information will be treated with the highest degree of confidentiality.

Personal Information				
Owner/applicant full name (First, Middle Initial, Last or Trust Name)		SSN/Tax ID	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F Marital status <input type="checkbox"/> M <input type="checkbox"/> S
Joint owner/applicant full name (if applicable)		SSN/Tax ID	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F Marital status <input type="checkbox"/> M <input type="checkbox"/> S
Owner employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Joint owner employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Annuity product	Initial premium \$	Annuity type <input type="checkbox"/> Non-qualified <input type="checkbox"/> Qualified

1. Is the owner/applicant or joint owner/applicant currently confined to a nursing home?  Yes  No  
If yes, who? \_\_\_\_\_ For how long? \_\_\_\_\_

2. Name of trustee(s) (if trust is the owner):

**3. Current Financial Status:** Please complete the Financial Status below on behalf of the owner of this annuity (for joint owners, information may be combined).

Annual Income	Net Worth	Liquid Net Worth (after the purchase of this product)	Tax Bracket	Annual Expenses
<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$10,000-24,999	<input type="checkbox"/> Exempt	<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> \$25,000-49,999	<input type="checkbox"/> \$50,000-99,999	<input type="checkbox"/> \$25,000-49,999	<input type="checkbox"/> Under 10%	<input type="checkbox"/> \$25,000-49,999
<input type="checkbox"/> \$50,000-99,999	<input type="checkbox"/> \$100,000-199,999	<input type="checkbox"/> \$50,000-99,999	<input type="checkbox"/> 25%	<input type="checkbox"/> \$50,000-74,999
<input type="checkbox"/> \$100,000-199,999	<input type="checkbox"/> \$200,000-499,999	<input type="checkbox"/> \$100,000-199,999	<input type="checkbox"/> 35%	<input type="checkbox"/> \$75,000-100,000
<input type="checkbox"/> \$200,000-499,999	<input type="checkbox"/> \$500,000-999,999	<input type="checkbox"/> \$200,000-499,999		<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$1,000,000	<input type="checkbox"/> Over \$500,000		



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4. Source of income: (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Job/employment | <input type="checkbox"/> Self-employment/business | <input type="checkbox"/> Investments     |
| <input type="checkbox"/> Pension plan   | <input type="checkbox"/> Current reverse mortgage | <input type="checkbox"/> Social Security |
- 

5. Have you had experience with any of the following products? If Yes, how long? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mutual funds_____   | <input type="checkbox"/> Stocks_____          | <input type="checkbox"/> Bonds_____              |
| <input type="checkbox"/> Life insurance_____ | <input type="checkbox"/> Other annuities_____ | <input type="checkbox"/> Savings account(s)_____ |
| <input type="checkbox"/> CDs_____            | <input type="checkbox"/> Real estate_____     | <input type="checkbox"/> Other_____              |
- 

6. How long do you intend to keep this annuity?

- 0-3 years     4-7 years     8-10 years     Over 10 years
- 

7. Please list any specific life insurance needs you have (ex: providing for a spouse, dependents or charities):

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8. After purchase of this annuity, will your income and liquid net worth be enough for living expenses and emergencies?  Yes  No

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9. Do you anticipate a significant increase in living expenses or decrease in annual income or assets during the surrender charge period of the annuity?  Yes  No

If Yes, please provide explanation of timing and amount.    When? \_\_\_\_\_    Amount \$ \_\_\_\_\_

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10. Source of funds used to purchase this annuity: (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Other annuity                    | <input type="checkbox"/> Life insurance surrender          | <input type="checkbox"/> Inheritance      |
| <input type="checkbox"/> Employer retirement plan         | <input type="checkbox"/> Current reverse mortgage          | <input type="checkbox"/> CD               |
| <input type="checkbox"/> Sale of stock/bonds/mutual funds | <input type="checkbox"/> Variable life or variable annuity | <input type="checkbox"/> Savings/checking |
- 

11. Select your risk tolerance for this annuity:    Conservative     Moderate     Aggressive

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12. Does this annuity fit your risk tolerance?  Yes  No

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13. What are your financial objectives in purchasing this annuity? (check all that apply)

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Long-term growth         | <input type="checkbox"/> Liquidity    | <input type="checkbox"/> Guaranteed interest rate            | <input type="checkbox"/> Safety of principal |
| <input type="checkbox"/> Lifetime income benefits | <input type="checkbox"/> Tax deferral | <input type="checkbox"/> Transfer of assets to beneficiaries |  |
- 

14. How do you anticipate taking distributions from this Annuity? (check all that apply)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Immediate access to funds                | <input type="checkbox"/> Penalty free withdrawals       | <input type="checkbox"/> No plans to take distributions                                   | <input type="checkbox"/> Leave to beneficiary |
| <input type="checkbox"/> Guaranteed income or withdrawal benefits | <input type="checkbox"/> Required minimum distributions | <input type="checkbox"/> Additional withdrawals in excess of the penalty free withdrawals |   |
- 



15. Do you understand that withdrawals taken in excess of the penalty-free withdrawal amount during the surrender charge period will incur a surrender charge and Market Value Adjustment?  Yes  No

16. If the annuity you are applying for is an Indexed Annuity, do you understand how the Indexed options work, and the fact that any funds you apply to an Indexed Option may earn more or less than the Fixed Option or have no earnings depending on Index performance?  Yes  No

17. Do you plan to hold the annuity until at least the end of the surrender charge period?  Yes  No

18. ***For California Applicants Only:*** Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?  Yes  No

19. After considering your net worth, source of funds, liquidity needs, and time horizon, do you believe this deferred annuity contract is suitable for your financial situation and objectives?  Yes  No

### Request to Exchange or Replace other Insurance Products

20. Have you had another exchange or replacement of an annuity within the past 60 months?  Yes  No  
*If Yes, provide company name:*

21. Please complete the grid below to include all product information that applies for any life insurance product or annuity being replaced or exchanged for the new annuity being applied for. Missing product information may prompt follow-up by the Suitability Team.

	Existing Contract	Proposed Contract
Company Name:		
Issue date:	Issue Date: _____ Is issue date less than 14 months from today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Product type(s):	<input type="checkbox"/> Fixed annuity <input type="checkbox"/> Indexed annuity <input type="checkbox"/> Income annuity <input type="checkbox"/> Fixed life insurance <input type="checkbox"/> Variable annuity <input type="checkbox"/> Variable life insurance	<input type="checkbox"/> Fixed annuity <input type="checkbox"/> Indexed annuity <input type="checkbox"/> Income annuity <input type="checkbox"/> Fixed life insurance <input type="checkbox"/> Variable annuity <input type="checkbox"/> Variable life insurance
Surrender charge percent and dollar Amount:	_____ % \$ _____ Is % less than 5% <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % \$ _____
Minimum and Current Rate	_____ % and _____ %	_____ % and _____ %
Any applicable caps, rates, and triggers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity or life insurance death benefits type and amount.	Type: Amount: \$ _____	Type: Amount: \$ _____
Is there a Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is an MVA, what is the amount, and is it positive or negative?	Positive: \$ _____ Negative: \$ _____	N/A



Is there an annual penalty free withdrawal amount?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ %
Is there a terminal illness benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your current contract require you to annuitize your existing contract in order for you to receive the full accumulation value without surrender charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What fees are you currently paying on the contract you are replacing?		
Is your agent/producer on this new annuity the original writing agent on the existing policy, contract, or investment product that is being exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

22. Has your agent/advisor explained how the existing and new contracts compare concerning surrender charges, interest rates, company ratings, death benefits, and other benefits and features?  Yes  No

23. Please explain why the existing policy, contract, or investment product does not meet the applicant's objective(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner /Applicant Acknowledgements**

I (we) have reviewed, understand, and executed the Contract Disclosure Form accompanying the contract application, which informs me (us) of various features of the annuity, such as a surrender period and potential surrender charges, potential tax penalty if I (we) sell, exchange, surrender, or annuitize the annuity, and how purchase payments, interest, and renewals are handled.

The product I (we) am (are) purchasing was recommended by my agent/producer. I (we) have discussed with my (our) agent/producer my (our) anticipated financial needs and my (our) risk tolerance, and I (we) have determined that buying this annuity product will help me (us) in meeting my (our) insurance needs and/or financial objectives. At this time, I (we) believe it meets my (our) financial objectives and is suitable for me (us).

I (we) have provided the information on this form, or I (we) have reviewed the information contained on it and confirm that it is complete and accurate. I (we) understand that GILICO will be using this information to review the recommendation made by my (our) agent/producer as to the suitability of the annuity being applied for. I (we) recognize that the insurer may review my transaction, but I (we) have made my own determination that the annuity contract and any riders are suitable for me (us).

Signature of Annuitant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (if Applicable) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_



## Producer Acknowledgement of Responsibility for Suitability Recommendations

I have made a reasonable effort to obtain information from the applicant(s)/owner(s) to this annuity concerning their financial status, investment objectives, and other information considered pertinent.

It is my belief that based on the information the applicant(s) provided and all the circumstances known to me at this time, the annuity being applied for is suitable for the applicant(s) insurance needs and/or financial objectives. I base this belief on the information the client provided and on the information that I know at this time.

It is my belief that the applicant(s) does not have any diminished capacity with regards to making financial decisions on his/her/their own behalf.

I maintain a client file of the interview(s) and data collected that support my product recommendation. I understand Guaranty Income Life Insurance Company (and, if applicable, state regulation) requires me to maintain my client file for five (5) years (or longer if required by state law). My client file supports the data presented on this form and is evidence that a thorough discussion and suitability review occurred with the client prior to making a product recommendation.

I have verified the identity of the owner(s) using the following unexpired US government-issued ID below and believe it is true and accurate.

Driver's License                       Passport                       Other(*specify*) \_\_\_\_\_

*Expiration date required for Owner/Joint Owner except in the case of non-expiring IDs*

Owner ID expiration (*mm/dd/yyyy*) \_\_\_\_\_

Joint owner ID expiration (*mm/dd/yyyy*) \_\_\_\_\_

Producer signature		Date signed
Print name	Producer email address	Producer ID#
Name of Agency/Bank/Firm		Producer phone number

*You (agent/producer) are required to give a copy of this Annuity Suitability Profile to your client and to keep a copy in your client file. Please submit the original to Guaranty Income Life Insurance Company's Administrative Office along with the corresponding Annuity Application.*

**Producer Comments**

