

GUARANTY

INCOME LIFE INSURANCE COMPANY

PO Box 758583
Topeka, KS 66675-8583
833-444-5426

PRODUCER RELATIONSHIP DISCLOSURE FORM

Date: _____

INSURANCE AGENT/PRODUCER INFORMATION ("Me", "I", "My")

First Name: _____ Last Name: _____

Firm Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

Insurance License # _____

CLIENT INFORMATION ("You", "Your")

First Name: _____ Last Name: _____

INSURANCE AUTHORIZATION

I am licensed and authorized to sell insurance products, including annuities in _____ in accordance with state laws. I offer the following products:

- | | |
|--|---|
| <input type="radio"/> Fixed or Indexed Annuities | <input type="radio"/> Stocks/Bonds |
| <input type="radio"/> Variable Annuities | <input type="radio"/> Securities Options |
| <input type="radio"/> Life Insurance | <input type="radio"/> Certificates of Deposit |
| <input type="radio"/> Variable Life Insurance | <input type="radio"/> Other Relevant Securities, Insurance or Investments |
| <input type="radio"/> Mutual Funds | (Describe): _____ |

I am authorized and contracted or appointed or have access to offer:

- Products from ONLY ONE INSURER or insurance holding company group
 Products from multiple insurers although I am primarily contracted with one insurer
 Products from multiple insurers

My relationship with you:

- One Time Transaction
 Ongoing Relationship

My Compensation Structure:

- Commissioned Transaction
 An asset under management fee
 Other, please describe _____

I am likely to be compensated by the following sources for this relationship:

- Insurance Company
 The Consumer
 Third Parties such as an Independent Marketing Organization (IMO) related to the Insurer
 Other sources _____

ADDITIONAL INFORMATION

You may obtain further information regarding the cash compensation paid to me.

Client signature

Date

