

## APPLICATION FOR APPOINTMENT TO REPRESENT:

**GUARANTY**  
 INCOME LIFE INSURANCE COMPANY

FULL NAME	LAST	FIRST	MIDDLE	<input type="checkbox"/> Male <input type="checkbox"/> Female
FIRM NAME (If Applicable)				
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
BUSINESS ADDRESS	CITY	STATE	ZIP	
MAIL ADDRESS	CITY	STATE	ZIP	
BUSINESS PHONE	FAX NO.	E-MAIL ADDRESS		
BIRTHDATE	SOCIAL SECURITY NUMBER		FEDERAL I.D. NUMBER	
CURRENTLY LICENSED BY STATE(S) OF:				
ARE YOU CURRENTLY LICENSED AS AN : <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP (Attach copy of current license)				
<b>GENERAL INFORMATION: (Explain "Yes" answers below or on an attached paper.)</b>				
1. Have you ever had your insurance license refused, suspended or revoked, been placed on probation, reprimanded or fined by any state insurance department? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. Have you ever had a complaint filed against you or ever been investigated by a state insurance department or securities agency? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. Have you ever been convicted, pled guilty or no contest, or are you currently under investigation of a felony in any state? If yes, please explain and attach court records. <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. Do you currently have, or in the past five years had, any civil judgments, garnishments or tax liens filed against you? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
5. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business? If so, when? Please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
6. Errors & Omissions Insurance – List carrier's name, policy number, and amount. Attach proof of coverage. (May be required in some states.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>STATEMENTS OF UNDERSTANDING :</b>				
<p>Until such time I am properly licensed, appointed or certified as required by the state insurance department, I will not (1) solicit applications for insurance for the Company in any state, or (2) represent myself as an affiliate of the Company in any way.</p> <p>Furthermore, I do understand that if I do solicit applications without an appointment, I may be in violation, not only of Company regulations, but insurance department regulations for which severe fines can be levied, and I will be held solely and singularly liable for any claim incurred (or any other liability which may arise) on any application which may have been written in violation of any state insurance department regulations or the rules of the Company, and I understand that the Company is bound to report all violations of state insurance department regulations as they occur. In addition, I understand until I am properly appointed, no supplies of any kind may be provided to me by the Company, other than supplies marked "Sample" or "Specimen." I also understand, if fines are levied against the Company for any of my acts, I will be liable for the fines levied. I understand any omission or misrepresentation of fact called for in this application is cause for immediate dismissal. I have read the "Producer's Guide to Anti-Money Laundering" and will promptly report suspicious activity as directed.</p> <p>I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment to represent Guaranty Income Life Insurance Company. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written application for appointment which I sign. I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for appointment to represent Guaranty Income Life Insurance Company.</p>				
PRINT APPLICANT'S NAME		APPLICANT'S SIGNATURE		DATE
<b>FOR MARKETING ORGANIZATION USE ONLY</b>				
CHECKLIST:	<input type="checkbox"/> Completed Application For Appointment	<input type="checkbox"/> Signed Contract	<input type="checkbox"/> Copy of Licenses	<input type="checkbox"/> Applicable Fees
LEVEL	SPONSORING AGENT NAME & NUMBER		ADVANCE (Life Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRINT MARKETING ORGANIZATION'S NAME		MARKETING ORGANIZATION'S SIGNATURE		DATE

 P. O. Box 758583, Topeka, KS 66675-8583 / 5801 SW 6<sup>th</sup> Ave., Mail Zone 8583, Topeka, KS 66636-1001  
 Phone 833.444.5426 / FAX 785.228.4505


## APPOINTMENT HIERACHY

## INSTRUCTIONS

Please complete the hierarchy information for each Agent contracting with Guaranty Income Life Insurance Company (GILICO). This sheet must accompany all new contracting agreements. List all hierarchy levels including the agent/agency.

## 1. MARKETING ORGANIZATION INFORMATION

Name of Agent: \_\_\_\_\_  
(as it appears on license)                      First                      MI                      Last

- ☐ New Agent-Individual      ☐ New Agent-Corporation      ☐ Dual Contract-BD ONLY
- ☐ Hierarchy Change      Please explain: \_\_\_\_\_ CRD#:

PRODUCER NAME	SSN or TAX ID NUMBER	GILICO HIERACHY LEVEL
Distributor (IMO) (Required)		
Upline (if applicable)		
Upline (if applicable)		
Upline (if applicable)		
Upline (if applicable)		
Upline (if applicable)		
Upline (if applicable)		
Upline (if applicable)		
Name of Agent (Required)		

## 2. NEW BUSINESS SUBMITTED

- ☐ No    ☐ Yes    Owner's Name: \_\_\_\_\_
- First*                      *MI*                      *Last*
- Date submitted: \_\_\_\_\_
- Date (mm/dd/yyyy)*

### 3. SIGNATURE AND ACKNOWLEDGEMENT

ACCEPTED AND AGREED TO:

X \_\_\_\_\_  
Authorized Signature-Distributor (IMO) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Hierarchy Levels 7 & 8 are reserved solely for financial institutions and broker-dealers. Additionally, Level 9 has additional production requirements and requires completion of the Role 9 Request form.

**GUARANTY INCOME LIFE INSURANCE COMPANY (GILICO)**

5801 SW 6th Ave. Mail Zone 8583 Topeka, KS 66636-1001

PO Box 758583 Topeka, KS 66675-8583

Phone: 833-444-5426 • Fax: 785-228-4505 • Website: [www.gilico.com](http://www.gilico.com)



# GUARANTY

## INCOME LIFE INSURANCE COMPANY

5801 SW 6<sup>th</sup> Ave., Mail Zone 8583  
Topeka, KS 66636-1001  
Tel. #833.444.5426 / Fax # 785.228.4505 / E-mail sales@gilico.com  
[www.gilico.com](http://www.gilico.com)

### Authorization

By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide Guaranty Income Life Insurance Company one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act." You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

**Personal Information:** Please print the information requested below to identify yourself for GIS.

Printed name:

First Middle Last Maiden

Other names  
used:

Current and former addresses:

current  
from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

**Report Copy:** If you are applying for a job or live ☐ California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐

Signature

Date



I, \_\_\_\_\_, hereby authorize and instruct Guaranty Income Life Insurance Company (GILICO) to deposit the amount of each of my commission payments directly into my checking or savings account indicated below in the Deposit instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposits by GILICO under this Authorization.

I further hereby authorize and instruct the financial institution named below (the "Institution") to accept such automatic deposits to or withdrawals from my account by GILICO and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by GILICO without any responsibility for the correctness of any such deposit or withdrawal.

Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

**ACCOUNT INFORMATION**

☐ Checking

☐ Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**MINIMUM ACH TRANSACTION IS \$15**

**PLEASE ATTACH A "VOID" CHECK FOR THE ACCOUNT TO WHICH SUCH AUTOMATIC DEPOSITS ARE TO BE MADE**

I understand that I can cancel this authorization at any time. ***To cancel, I must give written notice to both GILICO and the Institution.*** My cancellation will become effective as to GILICO when GILICO receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by GILICO up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the institution when the institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debts from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of GILICO and the institution governing accounts and preauthorized transfers to and from accounts.

Name: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**GUARANTY INCOME LIFE INSURANCE COMPANY (GILICO)**

5801 SW 6th Ave. Mail Zone 8583 Topeka, KS 66636-1001

PO Box 758583 Topeka, KS 66675-8583

GI-508 (07-24)

Phone: 833-444-5426 • Fax: 785-228-4505 • Website: [www.gilico.com](http://www.gilico.com)



# **GUARANTY**

**INCOME LIFE INSURANCE COMPANY**

## **Request for Additional Agent ID for Individual Business**

Please process the following contracting paperwork as a request for a new, additional agent ID. This agent ID is to be used for the agent's business written in states in which the original upline is not licensed in. The original agent ID should remain active for business in states that the original upline is licensed in.

**Agent Name:** \_\_\_\_\_

**Current Agent ID (Unlicensed Upline in Hierarchy):** \_\_\_\_\_

**State(s) Individual Agent ID should be Used for:** \_\_\_\_\_

**IMO:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**\*\*\*IMO Use Only. Please include this as a cover letter with contracting paperwork and submit to GILICO\_Lic\_Com\_WF@zinnia.com\*\*\***

Guaranty Income Life Insurance Company  
PO Box 758583 Topeka, KS 66675-8583  
Phone 833.444.5426 Fax 785.228.4505 [www.gilico.com](http://www.gilico.com)



# GUARANTY

INCOME LIFE INSURANCE COMPANY

# AGENT'S CONTRACT

P.O. BOX 758583, TOPEKA, KS 66675-8583  
5801 SW 6<sup>TH</sup> AVE., MAIL ZONE 8583, TOPEKA, KS 66636-1001  
PHONE (833) 444-5426 / FAX (785) 228-4505

THIS AGREEMENT, effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Effective Date), made by and between GUARANTY INCOME LIFE INSURANCE COMPANY ("Company" or "GILICO") and \_\_\_\_\_ SALES AGENT ("You," "Your" or "Agent"), provides as follows:

## SECTION 1-Appointment

1.1 APPOINTMENT. Subject to the provisions of this Agreement, GILICO hereby appoints Agent as a sales agent of GILICO. This appointment shall also include the sub-agents, if any, which are or may be appointed and assigned by GILICO to Agent as approved hereunder.

1.2 TERRITORY. It is understood and agreed that this Agreement does not grant any exclusive territory to Agent and does not impose upon Agent any territorial limit of operation. This contract authorizes You to solicit applications in all states in which You are properly licensed and appointed with GILICO, and in which GILICO is admitted to do business.

1.3 RELATIONSHIP. This Agreement is not a contract of employment and does not create the relationship of employer and employee between GILICO and Agent. Agent is not expected or obliged to devote full time and effort to the business of GILICO or to represent GILICO exclusively. It is understood and agreed that this Agreement calls for results and does not purport to control the time or manner of performance of Agent. Rather, Agent is an independent contractor and shall exercise his or her own judgement and discretion in the conduct of the business contemplated under this Agreement, subject to the provisions hereof. Agent specifically recognizes and accepts responsibility for payment of any applicable taxes levied by Federal, State or Local authorities as a result of compensation arising hereunder.

## SECTION 2-Authority

2.1 GENERAL PROVISION. The powers and authority of Agent are limited to only those expressly provided under this Agreement. Any and all such powers and authority shall continue only during the duration of this Agreement and shall terminate on the date of termination of this Agreement.

2.2 SOLICITATION. Agent is hereby empowered and authorized to solicit applications for policies on forms then being issued or offered by Company both personally and through properly licensed sub-agents and brokers appointed and assigned by Company to Agent.

2.3 RECRUITING. Agent may recruit and recommend the appointment by Company of sub-agents and brokers. Agent shall have no authority to make any such appointment on behalf of Company, and no purported appointment shall be valid unless and until such sub-agent or broker has been appointed by Company and has executed an Agent's Contract or other form provided by Company and signed by the Company.

The Company shall not be obligated to appoint any sub-agent or broker or to assign any sub-agent or broker to Agent, and Company expressly reserves the exclusive right and sole discretion to assign and to terminate the appointment or assignment of any sub-agent or broker at any time. The assignment of any sub-agent or broker to Agent shall be terminated immediately upon the earlier of the termination of this Agreement or of the contract between Company and such sub-agent or broker.

2.4 LIMITATION OF AUTHORITY. Agent shall have no power or authority to, and hereby agrees and warrants that he or she will not do anything not expressly authorized herein including, but not limited to, any of the following:

- (a) waive, alter, amend, modify or discharge any policy or contract of the Company;
- (b) waive forfeiture under any policy;
- (c) quote rates other than as provided by the Company;
- (d) receive any funds for the benefit of the Company, except initial gross premiums;
- (e) incur any liability, obligation or indebtedness on behalf of the Company;
- (f) endorse or negotiate any checks or other instruments payable to the order of the Company; or
- (g) voluntarily accept service of process on behalf of the Company.



## SECTION 3-Duties and Responsibilities

3.1 GENERAL PROVISIONS. Agent and all sub-agents and brokers assigned to the Agent shall fairly, truthfully and properly represent the Company and its products and services and shall faithfully perform all the duties within the scope of the appointment under this Agreement. In particular, but without limitation, Agent agrees to perform the duties set forth below.

3.2 PREMIUMS. Agent shall collect and receive or cause to be collected and received the initial gross premium on policies secured by Agent or by sub-agents and brokers assigned by Company to Agent. Premiums shall be received only by check or money order payable to GILICO and shall be received by You as a fiduciary, and shall not be used by You for any personal use, but You shall immediately remit all such premiums to the Company. All such premiums and other funds shall at all times remain the property of the Company.

3.3 HANDLING OF APPLICATIONS. Upon receipt, You shall submit to GILICO all properly completed applications, whether or not the applicant has been examined by a Medical Examiner. All medical examinations are to be completed by an authorized Medical Examiner and mailed directly to our Home Office by the Medical Examiner. GILICO may reject, or require the amendment of, any applications for insurance. You shall be liable for any charges incurred by GILICO for medical examinations and inspection charges on insurance policies or annuity contracts issued as applied for and not taken by the applicant.

3.4 RULES. Agent agrees to become familiar with and to comply with all of the Company's Rules and Procedures and with all applicable statutes and regulations of any state or jurisdiction where Agent and any sub-agent or broker assigned to him or her is licensed. These rules, procedures and statutes may be amended from time to time.

3.5 EXPENSES. It is expressly understood and agreed that Agent shall be responsible for all costs, expenses, obligations, debts, damages, taxes, fees and penalties incurred by Agent under this Agreement or otherwise.

3.6 ACTS OF OTHERS. Agent shall be responsible and liable for the acts and omissions of the sub-agents and brokers recruited or assigned by the Company to Agent and for any damages and obligations arising therefrom, which acts and omissions shall, for purposes of the Agreement, be deemed to be those of Agent and not the Company.

## SECTION 4-Compensation

4.1 DETERMINATION. The full compensation of Agent under this Agreement shall be determined solely in accordance with the provisions of the Commission Addendum or Addenda, attached hereto and made a part hereof, which are in effect on the issue date of the policies solicited by Agent or his/her sub-agents and brokers. GILICO shall have the exclusive right and sole discretion at any time to unilaterally terminate any such Addendum or to modify all or any portion of any such Addendum, or the rate, amount or method for determining the commission or compensation, provided such action is uniformly taken with respect to all persons to whom such Addendum apply. Such modifications or terminations shall become effective no less than thirty (30) days from the date GILICO gives written notice to Agent, and unless otherwise agreed to by Agent and GILICO in writing, shall have no effect on compensation resulting from policies with an issue date prior to the effective date of such modification or termination.

4.2 PAYMENT. Compensation shall become due the Agent only upon actual receipt by GILICO of the premiums or other payment due GILICO and upon application of such premiums or payment to the policy or contract to which it applies. Compensation shall be paid in accordance with the standard rules and procedures of GILICO, which rules and procedures may be changed by GILICO at any time. In any case in which commissions are to be shared, the application relating to such business must be signed by all participating agents and the production credits and commissions shall be divided as agreed by agents and GILICO.

4.3 ADJUSTMENTS. GILICO shall have the exclusive right and sole discretion to withdraw, rescind, cancel, terminate or reduce all or any portion of coverage on any policy or contract issued by GILICO without liability to Agent. If GILICO exercises such right and tenders a return of all or any portion of the premium or payment thereof, waiver of surrender charges, or if GILICO is required by law to tender a return of all or any portion of premium or payment, any compensation received by the Agent with respect to the amount of premium or payment so tendered shall be rescinded and shall constitute an indebtedness of Agent to GILICO. Agent shall remit the amount of such compensation to GILICO in full within ten (10) days after receipt of notice of demand therefor. If any policy issued pursuant to this agreement is deemed by GILICO in its sole discretion to replace any other policy on the same person, then the compensation, if any, payable with respect to the replacement policy shall be determined by GILICO and its determination shall be conclusive. The termination of a policy previously issued on the same person, within six (6) months prior or subsequent to the date of application for a new policy shall be conclusive that it is a replacement policy.

4.4 INDEBTEDNESS. Any money or thing of value due Company from Agent, whether arising under this Agreement, any prior or subsequent agreement, or otherwise, or arising under any agreement between the Company and any sub-agent or broker assigned to the Agent, shall constitute an indebtedness of Agent to Company. Company shall at any time have the right to set off all or part of any such indebtedness against any amount payable to Agent under this Agreement, any prior or subsequent Agreement, or otherwise. As security for any and all such indebtedness, Agent hereby transfers, assigns and grants to Company a security interest



in and a first lien upon all amounts payable to Agent under this Agreement, any prior or subsequent Agreement, or otherwise. The said security interest and lien and the said right of set off and recoupment shall not be extinguished by the termination of this Agreement.

4.5 VESTING. In the event of a termination of this Agreement, ALL first year and renewal commissions for the first through the tenth policy years are vested unless Agent is terminated for cause. Commissions will continue to be paid until total commissions earned annually amount to less than \$500, at which time the Company has the option of paying, in a lump sum, the present value (as determined by the Company) of future commissions. Commissions are not vested after the tenth policy year. However, during the continuance of this Agreement, You will be paid an Active Agent's Service Fee on premiums paid to GILICO in accordance with the provisions of the applicable Commission Addenda.

4.6 LICENSING. Agent will pay the fee for Agent's initial resident license and appointment fees. Agent will bear the cost of any nonresident license and appointment fees for Agent, sub-agents and brokers. Company will pay the resident renewal appointment fee, if Agent, sub-agent or broker has produced sufficient business in the previous twelve months.

4.7 COMPANY FORMS. The Company will provide Agent, at Company's cost, with application forms, brochures and the various papers necessary to write and service policies. Agent will be responsible for all other business expenses.

4.8 ADVERTISING AND SALES PROMOTION. Company will furnish Agent, at Company's cost, all advertising materials, circulars and other Company printed sales matter. Company will consider Agent's suggestions or requests for specialized solicitation material and advertising, but none may be used without prior written approval of Company.

## SECTION 5-Termination

5.1 BY NOTICE. This Agreement may be terminated without cause by either party by giving to the other party thirty (30) days written notice to the other party's last known address as shown by the records of the party giving such notice.

5.2 AUTOMATIC. This Agreement shall automatically terminate as of the date of death or incompetency of Agent. In the event of such death or incompetency, any compensation due Agent hereunder shall be paid when due to the lawful successors of Agent's estate.

5.3 FOR CAUSE. The Company may terminate this Agreement "For Cause" by sending to the last known address of Agent a written notice of such termination which shall be effective immediately upon mailing of such notice, if Agent does any of the following acts:

- (a) violates any state insurance law, regulation or policy;
- (b) fails to strictly observe any of the Company's Rules and Procedures;
- (c) withholds any money, policy receipt or property of the Company;
- (d) rebates or offers to rebate all or part of a premium on a policy of insurance issued or to be issued by Company, in violation of the laws of any state;
- (e) in the sole judgement of the Company, establishes a pattern of inducing or attempting to induce policyholders of the Company to discontinue payment of premiums or replace or relinquish any policy;
- (f) induces or attempts to induce any Agent or sub-agents to leave the Company's services;
- (g) violates any criminal law or statute;
- (h) makes any material misrepresentation or performs any fraud or dishonesty affecting the Company or its policyholders;
- (i) ) breaches or violates any provision of this Agreement.

Company shall have, for each and every such act or omission, the right to terminate this Agreement for cause, and Agent shall, as of the date of termination, unconditionally forfeit all rights, claims and demands whatsoever of Agent against the Company for both first year and renewal commissions or other compensation, but nothing herein shall be construed to affect any rights or claims of Company against Agent under this Agreement or otherwise.

## SECTION 6-Effect of Termination

6.1 GENERALLY. Upon any termination of this Agreement, Your authority to act as Agent for the Company shall terminate. Any and all indebtedness of Agent to Company shall mature, accelerate and become immediately due and payable in full notwithstanding any agreement to the contrary. Agent shall immediately and without further notice return to the Company all then undelivered policies and all property furnished or provided to Agent by Company.

6.2 SUBSEQUENT TO TERMINATION. If, subsequent to termination of this Agreement, Agent shall induce policyholders to discontinue premiums or replace or relinquish any policy, misappropriate or impair any funds or property of the Company or fails to remit any funds or property of Company within ten (10) days after receipt of demand therefor, all vested commissions shall be forfeited by Agent and the Company shall retain all other claims it may have against Agent.





## SECTION 7-General Provisions

7.1 **ENTIRE CONTRACT.** This Agreement, the Commission Addenda attached hereto, and the Company's Rules and Procedures, as amended, contain the entire understanding between the parties and incorporates all prior and concurrent contracts and Agreements there between, whether written or oral on all matters. No modification of any provision of this Agreement, except modifications of the Commission Addenda and the Company's Rules and Procedures, shall be effective unless endorsed in writing by Agent and the Company.

7.2 **PRIOR CONTRACTS.** Notwithstanding the provisions of Paragraph 7.1, above, no provision of this Agreement shall be deemed to abrogate or render void any provision of any written agreement executed by the parties hereto prior to the Effective Date of this Agreement relating to the form and amount of commissions with respect to policies issued by the Company prior to such Effective Date.

7.3 **WAIVER.** The forbearance, neglect or delay of either party to strictly enforce any provision of this Agreement shall not at any time operate as a waiver or estoppel of any right of the parties under this Agreement, regardless of the similarity of the circumstances.

7.4 **ASSIGNMENT.** Agent shall not assign, transfer, encumber or otherwise relinquish or dispose of this Agreement or any right or interest hereunder, except upon written approval of the President or a Vice President of the Company. Any purported assignment, transfer, encumbrance or other relinquishment or disposition of such right or interest not so approved shall be void and unenforceable against the Company regardless of notice thereof. Company makes no representations as to the validity of any assignment.

7.5 **RECIPROCAL INDEMNITY PROVISIONS.** You agree to indemnify and hold the Company harmless from and against any and all expenses, losses and damages, including attorneys' fees and expenses of litigation (collectively, "Losses"), arising from Your unauthorized acts, acts done in violation of the terms of this Agreement, and acts of proven malpractice, negligence or criminal activity, whether such Losses are incurred directly by the Company or through third party claims, including settlements thereof by the Company based on what the Company considers to be material hazards to litigation.

The Company agrees to indemnify and hold Agent harmless from and against any and all Losses incident to, arising out of, in connection with, or resulting from the activities of Company, its employees, its affiliated companies and their employees except to the extent such Losses arise from or as a result of Agent's unauthorized acts, acts done in violation of this Agreement, or acts of proven malpractice, negligence or criminal activity, whether such Losses are incurred directly by Agent or through third party claims.

7.6 **NOTICE.** Any notices as required hereunder, including but not limited to notice of termination, may be served personally or by ordinary mail addressed to the last known address of the party for whom intended, and in the latter event shall be deemed served upon such party on the date deposited in the United States mail, postage prepaid.

7.7 **SITUS.** This Agreement is made and performable in East Baton Rouge Parish, Louisiana. The parties agree that any action at law or in equity hereunder shall be brought exclusively in East Baton Rouge Parish, Louisiana and that the laws of the state of Louisiana, except for the conflict of laws provision, shall govern any dispute arising hereunder. In any litigation between the parties, the prevailing party shall be entitled to recover its reasonable attorney fees from the losing party.

7.8 **REMEDIES.** All rights and remedies under this Agreement which are afforded at law or in equity shall be cumulative and not alternative.

*In witness whereof, the Company and Agent, intending to be legally bound hereby, have executed this Agreement on the date(s) indicated below.*

**AGENT:** \_\_\_\_\_  
Print Name

**Guaranty Income Life Insurance Company:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Print Name

If Agent is a Corporation \_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature

Title: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Attested By (Name, Title)



*Incomplete or missing documents will cause a delay in processing.*

**1. REQUIRED TO BE COMPLETED AND RETURNED TO GILICO**

- ☐ Appointment Hierarchy – Form GIA 415 (7/2024)
- ☐ Application for Appointment to Represent – Form GIA 136(Rev10/17)
- ☐ Consumer Credit Reporting Disclosure – Form GCCR-D(9/19)
- ☐ Consumer Credit Reporting Authorization – Form GCCR-A(9/19)
- ☐ Authorization for Automatic Commission Deposits – Form GI 508 (7/2024)  
*Please attach a "VOID" check for the account to which automatic deposits are to be made*
- ☐ Agent's Contract – GIA 129 (Rev 4/99)
- ☐ Request for Taxpayer Identification Number and Certification – Form W-9
- ☐ Copy of Producer License

**2. TRAINING AND EDUCATION TO SEND TO GILICO**

- ☐ Copies of Annuity Suitability education certificates of completion (if applicable, original and most recent follow-up training certificates)
- ☐ GILICO Product Specific Training must be completed prior to solicitation if required by the state. GILICO tracks completion of product specific training, so certificate copies do not need to be submitted.
- State Training Requirements and link to product training can be found on the GILICO Pre-Sales website: <https://www.gilico.com/pre-sales-documents/?password=core19>

**You must have the correct license and training prior to solicitation**

**3. DOCUMENTS KEPT BY THE PRODUCER**

- ☐ Review and save a copy of the Advisor Compliance Manual (available on Pre-Sales website)
- ☐ Anti-Money Laundering Producer Guide – (9/2019)
- ☐ Producers' Introduction to HIPAA – (9/2019)

**4. OPTIONAL FORMS**

- ☐ GCIC Consent Form
- ☐ Producer Release Agreement – Form GIA410(05.2018)
- ☐ Request for Additional Agent ID for Individual Business

*Incomplete or missing documents will cause a delay in processing.*

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- ☐ Application for Appointment to Represent – Form GIA 136(Rev10/17)
- ☐ Consumer Credit Reporting Disclosure – Form GCCR-D(9/19)
- ☐ Consumer Credit Reporting Authorization – Form GCCR-A(9/19)
- ☐ Agent's Contract – GIA 129 (Rev 4/99)
- ☐ Comm Addendum Contracted with GILICO Commissions – Form GIA 130 (9.2019)
- ☐ Copy of Producer License

**2. TRAINING AND EDUCATION TO SEND TO GILICO**

- ☐ Copies of **Annuity Suitability** education certificates of completion (if applicable, original and most recent follow-up training certificates)
- ☐ **GILICO Product Specific Training** must be completed prior to solicitation if required by the state. GILICO tracks completion of product specific training, so certificate copies do not need to be submitted.
- State Training Requirements and link to product training can be found on the GILICO Pre-Sales website: <https://www.gilico.com/pre-sales-documents/?password=core19>

You must have the correct license and training prior to solicitation

**3. DOCUMENTS KEPT BY THE PRODUCER**

- ☐ Review and save a copy of the Advisor Compliance Manual (available on Pre-Sales website)
- ☐ Anti-Money Laundering Producer Guide – (9/2019)
- ☐ Producers' Introduction to HIPAA – (9/2019)

**4. OPTIONAL FORMS**

- ☐ GCIC Consent Form
- ☐ Producer Release Agreement – Form GIA410(05.2018)
- ☐ Request for Additional Agent ID for Individual Business



## Commission Addendum Contracted with GILICO Commissions

**Paid by the Sponsoring Agent/Agency or Marketing Organization**

Name \_\_\_\_\_ Effective Date \_\_\_\_\_  
*Print Agent Name*

Subject to the terms and conditions of this Addendum, your Agent's Contract, and any applicable Annualization Agreement, Agent shall receive compensation directly from \_\_\_\_\_, the Commission Payor. The Commission Payor shall be fully and totally responsible for all compensation for which Agent is due any payment in conjunction with Guaranty Income Life Insurance Company ("GILICO").

GILICO has no obligation to the Agent for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by Agent in the solicitation of applications for insurance issued by GILICO. It is expressly understood that Agent is under a direct contract with the Commission Payor who has agreed to compensate Agent for such services.

Date \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_  
*Agent*

Date \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_  
*Commission Payor*

Date \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_  
*Guaranty Income Life Insurance Company*

**THIS ADDENDUM IS EFFECTIVE ONLY AFTER BEING EXECUTED BY  
GUARANTY INCOME LIFE INSURANCE COMPANY.**

Guaranty Income Life Insurance Company  
PO Box 758583 Topeka, KS 66675-8583  
Phone 833.444.5426 Fax 785.228.4505  
[www.gilico.com](http://www.gilico.com)





Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA; Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency; Compliance Management, Mail Stop 6-6; Washington, DC 20219; 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH); P O Box 1200; Minneapolis, MN 55480; Telephone: 888-851-1920; <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> ; <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision; Consumer Complaints; Washington, DC 20552; 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration; 1775 Duke Street; Alexandria, VA 22314; 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation; Consumer Response Center, 2345 Grand Avenue, Suite 100; Kansas City, Missouri 64108-2638; 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation; Office of Financial Management; Washington, DC 20590; 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture; Office of Deputy Administrator – GIPSA; Washington, DC 20250; 202-720-7051



# **GUARANTY**

**INCOME LIFE INSURANCE COMPANY**

5801 SW 6<sup>th</sup> Ave., Mail Zone 8583,  
Topeka, KS 66636-1001  
Tel. #833.444.5426 / Fax # 785.228.4505 / E-mail sales@gilico.com  
[www.gilico.com](http://www.gilico.com)

## **Disclosure**

Guaranty Income Life Insurance Company ("GILICO") will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes as in independently contracting Producers. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. ("GIS"). GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is 866.265.4917. GIS's website is at [www.geninfo.com](http://www.geninfo.com).

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Please sign below to acknowledge your receipt of this disclosure.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Regards,

Guaranty Income Life Insurance Co.

Attachments





## GCIC CONSENT FORM

**Purpose Code: E**

I hereby authorize HireRight, LLC to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
Full Name (PRINT) (First/Middle/Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth  
(mm/dd/yyyy)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## **Introduction to HIPAA**

The insurance industry's ability to use and disclose protected health information (PHI) and/or electronic protected health information (ePHI), collectively named within this document as PHI, is regulated and restricted. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the amendments under the Health Information Technology for Economic and Clinical Health Act of 2013 (HITECH or the Act) require appropriate safeguards to protect the privacy of personal health information. They also set limits and conditions on the uses and disclosures that may be made of such information without client/insured authorization.

*Protected Health Information.* Protected health information means information that is created or received and relates to the past, present, or future physical or mental health condition of a client/insured; the provision of health care to a client/insured; or the past, present, or future payment for the provision of health care to a client/insured; and that identifies the client/insured or for which there is a reasonable basis to believe the information can be used to identify the client/insured. Protected health information includes information of persons living or deceased.

*Personally Identifiable Information (PII).* Any information that can identify, contact, or locate an individual, either alone or combined with other easily accessible sources, is PII. PII includes information that is linked or linkable to an individual, such as medical, educational, financial, and employment data. PII is much like PHI, but it does not contain medical information. GILICO's goal is to protect PII the same as PHI, although PII is not covered by the HIPAA and HITECH Acts. The Gramm-Leach-Bliley Act of 1999 required the creation of GILICO's Privacy Promise, which outlines how we use, store and interact with PII. GILICO is committed to protecting our clients'/insureds' personal information and maintaining the highest level of trust, honesty and integrity. You may view GILICO's Privacy Promise on the GILICO website, [www.gilico.com](http://www.gilico.com).

Some examples of PHI are any medical information, **plus at least one** of (PII) items:

- Client's/insured's policy number
- Client's/insured's name, full name, maiden name, mother's maiden name or alias
- Social Security Numbers, Passport number, Driver's license number, Government issued ID
- All elements of dates (except year) directly related to an individual, including birth date, admission date, date of death
- Client's/insured's demographic information (e.g., address, telephone number, e-mail address, fax number, URL, IP address)
- Vehicle identifiers and serial numbers, license plate numbers
- Credit card / Debit card account numbers, in combination with a PIN or security code
- Images of the client/insured; biometric identifiers, including fingerprints and voiceprints, photos
- Information about an individual that is linkable to one of the above and includes: place of birth, marital status, gender, race, religion, weight, activities, geographical indicators, and employment, medical, education, and financial information
- Information doctors, nurses and other health care providers put in a client's/insured's medical record or claim documentation
- Conversations a provider has about a client's/insured's care or treatment with others
- Information about a client/insured in a provider's computer system or an insurer's computer system
- Billing information about a client/insured for an insured's claim
- Any health information that can lead to the identity of an individual or the contents of the information can be used to make a reasonable assumption as to the identity of the individual (medical device identifiers and serial numbers)



## Summary Guidelines for Safeguarding the Privacy of Health Information

These are general guidelines centered on how to safeguard health information and safeguard confidentiality when using normal business communications, such as conversations, telephone, faxes, mail, and electronic mail. Wherever practical, the material containing Protected Health Information (PHI) should be labeled as confidential on the document, diskette, CD, or other medium. PHI maintained electronically should be password-protected in all media.

Also, when using and disclosing PHI, you must take reasonable measures to confirm the information is protected. Below are simple safeguarding tasks that should be used when communicating in a work environment that necessitates access to and use and disclosure of PHI. Remember to limit your communications of PHI to the minimum-necessary for the intended purpose. Restrict your communications to those who have a valid "need to know" the information.

### **Oral Conversations – in person**

- ☐ Discuss client's/insured's PHI in private.
- ☐ Be aware of those around you and lower your voice when discussing client's/insured's health information.
- ☐ If possible, point out health information on paper or on-screen non-verbally when discussing client's/insured's health information in the work area.

### **Oral Conversations - telephone**

- ☐ Follow the above guidelines for "Oral Conversations-in person"
- ☐ Don't use names instead say: "I have a question about a client".
- ☐ Use appropriate protocols to identify callers when giving out PHI over the phone.
- ☐ Never leave PHI on voice messages; instead leave a message requesting a return call to discuss a client/insured, giving only your name and phone number.

### **Fax**

- ☐ Put fax machines in a safe location, not out in the open or in a public area with high-traffic or easy access and visibility.
- ☐ Use a cover sheet clearly identifying the intended recipient and include your name and contact information on the cover sheet.
- ☐ Include a confidentiality statement on the cover sheet of faxes that contain PHI.
- ☐ Do not include or reference PHI on cover sheet.
- ☐ Confirm fax number is correct before sending.
- ☐ Send fax containing client/insured health information only when the authorized recipient is there to receive it whenever possible.
- ☐ Verify that fax was received by authorized recipient; check the transmission report to ensure correct number was reached and when necessary contact the authorized recipient to confirm receipt.
- ☐ Deliver received faxes to recipient as soon as possible. Do not leave faxes unattended at fax machine.

### **Email**

- ☐ Do not include PHI in Subject-line or in Body of email.
- ☐ Transmit PHI only via encrypted methods.
- ☐ Include a confidentiality statement on emails that contain any PHI in email attachments.
- ☐ Do not send attachment passwords in the same email as the attachment.
- ☐ Include your contact information (name and phone number minimum) as part of the email.
- ☐ When possible, set email sending options to request an automatic return receipt from your recipient(s).
- ☐ Request that email recipients call to discuss specific client/insured data.
- ☐ Do not store emails or email attachments with PHI on your hard drive but copy and store to a secure server. Delete the email and the attachments when they are no longer needed.

### **Courier and Regular Mail**

- ☐ Use sealed secured envelopes to send PHI.
- ☐ Verify that the authorized person has received the package.
- ☐ Deliver all mail promptly to the recipient.
- ☐ Mailboxes must be in safe areas and not located in public or high-traffic areas.

### **Inter-Office Mail**

- ☐ Put PHI in closed inter-office envelopes. As an added precaution, put PHI in a sealed envelope inside the inter-office envelope.
- ☐ Identify recipient by name
- ☐ Distribute inter-office mail promptly to recipients. Do not leave unattended in mailboxes.

### **Computer Workstations**

- ☐ Use password-protected screen savers, turn off the computer, or log out of the network when not at your desk.
- ☐ Position screens so they are not visible to others.
- ☐ Secure workstations and laptops with password.
- ☐ Change passwords on a regular basis.
- ☐ Do not leave laptop or work-related client/insured PHI visible or unsecured in a car, home office, or in any public areas.
- ☐ Make sure that all PHI used outside work premises is protected using appropriate measures such as locked desks, file cabinets.
- ☐ Never remove original copies of PHI from work premises without management approval, for specific purposes.
- ☐ Store files that contain PHI on a secure server, not on your workstation hard drive.

### **Disposal of PHI**

- ☐ Shred all hard copies containing PHI when the copies are no longer needed.
- ☐ Place hardcopies to be recycled in recycle bins, if available.
- ☐ Delete all soft copy files containing PHI from your computer and from the server when the information is no longer needed within the record retention requirements.
- ☐ Destroy all disks, CDs, etc., that contain PHI before disposing them.
- ☐ Do not reuse media (disks, CDs, DVDs, etc.) that contained PHI without sanitizing them first.
- ☐ Before transporting or transferring equipment you should sanitize hard drives and other media.

### **Work Areas**

- ☐ Do not leave PHI (files, records, Rolodex, reports) exposed, open, or unattended in public areas, conference rooms, mailboxes, wall trays, etc.

## GUARANTY INCOME LIFE INSURANCE COMPANY

### PRODUCER PRIVACY POLICY

#### (AN ADDENDUM TO THE AGENT CONTRACT)

This Addendum ("Addendum") is attached to and becomes a part of the insurance agent, agency, producer or other insurance distributor agreement (the "Agent Contract") between the licensed insurance agent or agency hereinafter referred to as ("Agent") and Guaranty Income Life Insurance Company ("GILICO"). This Addendum is effective as of **December 15, 2015**.

This Addendum is intended to further define *Section 3: Duties and Responsibilities Subsection 3.4 Rules*. Agent agrees to become familiar with and to comply with all of GILICO's Rules and Procedures and with all applicable statutes and regulations of any state or jurisdiction where Agent and any sub-agent or broker assigned to him or her is licensed. These rules, procedures, and statutes may be amended from time to time.

Nonpublic Personal Information (NPI) and Protected Health Information (PHI) shall be collectively called "Information" in this Addendum. NPI is defined as personally identifiable financial information that is not publicly available. PHI is defined as any information about health status, provision of health care, or payment for health care that can be linked to a specific individual, as set forth in 45 C.F.R Sec. 1643501.

All information which any party obtains as a result of this Agent Contract shall not be collected or used, disclosed, reused or re-disclosed to any third party, except to carry out the purposes for which the Information was disclosed. The Agent shall maintain the confidentiality of Information consistent with GILICO's Privacy Promise, which is available for review on our public website [www.gilico.com](http://www.gilico.com) or GILICO's HIPAA Notice of Privacy Practices for Personal Health Information included with each Annuicare<sup>®</sup> application kit.

The Agent should use all commercially reasonable efforts and appropriate safeguards to maintain the integrity, confidentiality, and security of Information and to prevent the unauthorized use or disclosure of Information as required by law, and to comply with the security standards of HIPAA.

It is the sole responsibility of the Agent to require all of its employees, representatives, or agents and third party service providers that receive or have access to client Information to agree to adhere to these same restrictions and conditions.

In the event of an unauthorized disclosure, you are required to notify the GILICO Privacy Officer at the following email address [privacyofficer@gilico.com](mailto:privacyofficer@gilico.com) within seven (7) business days of any unauthorized use or disclosure of Information, define who made the unauthorized use or disclosure and what you have done or are doing to mitigate any deleterious effect of the unauthorized use or disclosure and define what corrective action you have taken to prevent future unauthorized use or disclosure of any Information.

Producer to be Released \_\_\_\_\_ Requesting IMO \_\_\_\_\_

Producer's GILICO # \_\_\_\_\_ Requesting IMO Producer# \_\_\_\_\_

NAME OF IMO \_\_\_\_\_

The above named IMO agrees to this request by granting a release of the above producer wishing to transfer to a new marketing organization. This agreement becomes effective immediately upon the signature of all three of the accepting parties named below.

### SIGNATURES AND AUTHORIZATION

By signing below, I (we) authorize Guaranty Income Life Insurance Company to act on the instructions indicated above.

#### Written Producer Release Requested by:

_____ PRODUCER SIGNATURE	_____ PRODUCER NAME/AGENCY NAME	_____ DATE
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#### Requested Release Approved by Previous Marketing Company:

_____ MARKETING COMPANY PRINCIPAL SIGNATURE	_____ PREVIOUS/EXISTING MARKETING COMPANY	_____ DATE
--	--	---------------

#### Requested Release Approved by New Marketing Company:

_____ MARKETING COMPANY PRINCIPAL SIGNATURE	_____ NEW MARKETING COMPANY	_____ DATE
--	--------------------------------	---------------

Please return to Guaranty Income Life Insurance Company by Fax 785.228.4505.

Guaranty Income Life Insurance Company  
PO Box 758583 Topeka, KS 66675-8583  
Phone 833.444.5426 Fax 785.228.4505 [www.gilico.com](http://www.gilico.com)

## **PRODUCER'S GUIDE TO ANTI-MONEY LAUNDERING**

The USA Patriot Act includes provisions intended to prevent the financial services industry, including the insurance sector, from being used for money laundering and terrorist financing by criminals and terrorists. The Act requires insurance companies to establish anti-money laundering (AML) programs that comply with minimum standards developed by the Department of the Treasury. Regulations issued by the Treasury Department and its Financial Crimes Enforcement Network (FinCEN) establish minimum requirements for insurance company anti-money laundering programs and require insurers to report suspicious transactions.

### **WHAT RESPONSIBILITIES WILL PRODUCERS HAVE UNDER THE NEW RULES?**

FinCEN has made clear that producers will have an important role to play in insurance companies' anti-money laundering programs because they have direct contact with customers and are thus often in the best position to gather information and detect suspicious activity. To assure that insurance companies and their distribution partners collaborate in preventing money laundering, the new rules require life insurance companies to integrate producers into their anti-money laundering programs and to monitor the producers' compliance with the programs.

### **WHAT IS MONEY LAUNDERING AND TERRORIST FINANCING?**

**MONEY LAUNDERING.** Money laundering is a varied and often complicated process that can, but does not always, involve cash transactions. Illegally-obtained money is filtered through a series of transactions that eventually make the money appear to be obtained from "clean," or legal, activities. The money laundering process has been described as having three phases that often overlap:

Placement—Injecting ill-gotten proceeds, including cash, into the financial system through transactions such as bank deposits or the purchase of certain insurance products.

Layering—Separating illicit proceeds from their criminal source through complex financial transactions.

Integration—Putting the proceeds back into circulation in the economy, with the appearance of legality.

**TERRORIST FINANCING.** Terrorist financing involves the use of money, which may be lawfully obtained, to fund illegal activities. Because the transactions often have a legitimate origin and can often involve small amounts of money, terrorist financing can be more difficult to identify than money-laundering activities, although an effective anti-money laundering program can help prevent the use of funds for terrorism activities.

**"COVERED PRODUCTS."** The rules are not applicable to all insurance products. Rather, the Treasury Department identified categories of "covered products" that in its judgment presented sufficient AML risk to justify regulation. "Covered products" are defined to include:

- A permanent life insurance policy, other than a group life insurance policy;
- An annuity contract, other than a group annuity contract; or
- Any other insurance product with features of cash value or investment.



Accordingly, property casualty coverage, health insurance, and term life insurance, among other kinds of products, need not be included in an insurance company's AML program. Insurance companies may offer guidance on which of their products are covered under their programs. All current GILICO life and annuity products, excluding dental policies, are included in the definition of covered products.

**CUSTOMER INFORMATION.** The new rules require insurance companies to collect customer information from producers, among other sources, to support their anti-money laundering programs and to detect and report suspicious transactions. FinCEN has made clear that insurance producers have a crucial role to play in this area:

Insurance producers are an integral part of the insurance industry due to their contact with customers. Insurance producers typically are involved in sales operations and are therefore in direct contact with customers. As a result, the producer will often be in a critical position of knowledge as to the source of investment assets, the needs of the client and the objectives for which the insurance products are being purchased.

**METHODS OF PAYMENT.** Certain forms of payment – including cash, money orders, traveler's checks, and bank checks – can be used in the placement phase of a money laundering scheme. To manage this risk, GILICO has set limits on the forms of payments that will be accepted and the amounts acceptable for some of them. The goal is to reduce the chances that the insurance business will be involved in money laundering, without excluding forms of payment with a legitimate business purpose. Because producers often collect at least the first premium due under a policy, they may be called upon to inform customers of these standards and enforce them.

**SUSPICIOUS TRANSACTIONS.** Producers are often in the best position to detect suspicious activity – for instance, customers who are resistant to requests for information, who are indifferent to the features of a product, except for withdrawal rights, or who seek products inconsistent with their apparent needs. Producers should be aware of “red flags” and should notify GILICO's AML Compliance Officer.

**RED FLAGS.** Some examples of “red flags” associated with existing or potential customers include, but are not limited to, the following:

- The purchase of an insurance product that appears to be inconsistent with a customer's needs;
- Any unusual method of payment, particularly by cash or cash equivalents (when such method is, in fact, unusual);
- The purchase of an insurance product with monetary instruments in structured amounts;
- The early termination of an insurance product, especially at a cost to the customer, or where cash was tendered and/or the refund check is directed to an apparently unrelated third party;
- The transfer of the benefit of an insurance product to an apparently unrelated third party;

- Little or no concern by a customer for the investment performance of an insurance product, but much concern about the early termination features of the product;
- The reluctance by a customer to provide identifying information when purchasing an insurance product, or the providing of minimal or seemingly fictitious information; and
- The borrowing of the maximum amount available soon after purchasing the product.

Under federal law, insurance producers, as well as insurance companies, are protected from liability to customers for disclosing possible criminal activity to their insurance companies, law enforcement, and certain government supervisory agencies.

**SUSPICIOUS ACTIVITY REPORTS AND THE FACT THAT THEY HAVE BEEN FILED MUST BE KEPT CONFIDENTIAL.** In particular, customers cannot be notified that a suspicious activity has been reported.

To insure the prompt and accurate reporting of suspicious activity, "Red flag" activity may be reported by:

- telephone, 1-800-535-8110
- facsimile, 1-225-343-1747
- e-mail, [redflag@gilico.com](mailto:redflag@gilico.com), or
- regular mail:

Attention: AML Compliance  
 Guaranty Income Life Insurance Company  
 2638 S. Sherwood Forest Blvd., Suite 200  
 Baton Rouge, LA 70816

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
or										
<b>Employer identification number</b>										
				-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they