



GUARANTY
Income Life Insurance Company

AUTHORIZATION FOR AUTOMATIC COMMISSION DEPOSITS

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 _____

(Street)

(City)

(Zip)

DEPOSIT INSTRUCTIONS *(PLEASE INITIAL ON APPROPRIATE LINE.)*

_____ Please deposit the full amount of each of my commission payments to my **checking** account number

_____.

(Please attach a "VOID" check for the account to which such automatic deposits are to be made.)

OR

_____ Please deposit the full amount of each of my commission payments to my **savings** account number

_____ EFT Routing number _____.

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:** _____

Date: _____

P. O. Box 2231

Baton Rouge, LA 70821-2231

Tel. # 1.800.535.8110 / Fax # 1.225.343.0047