

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
ENROLLMENT FOR GROUP LIFE INSURANCE
GEORGIA GUARD INSURANCE TRUST

Policy Number: _____ Effective Date: _____ Unit Code No. _____

I am now an active member of The National Guard. I hereby make application for life insurance for which I am eligible under the Group Insurance Contract issued to the Georgia Guard Insurance Trust, by the American Equity Investment Life Insurance Company of Des Moines, Iowa. The following statements and answers are true and correct to the best of my knowledge and belief.

NAME: _____ GRADE: _____ SSN: _____
Last First Middle

MAILING ADDRESS: _____
No. (RFD) City State Zip

BENEFICIARY: _____ RELATIONSHIP: _____

NATIONAL GUARD UNIT: _____ HOME TELEPHONE: _____

MEMBER'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____ DATE OF ENLISTMENT: _____
Mo/Day/Year State Mo/Day/Year

1. Height _____ ft. _____ in. Weight _____ lbs. Married Single
2. Do you or your dependents know of any impairments now existing in your health or physical condition? Yes No
3. Have you or your dependents had any illness or injuries during the past 3 years? Yes No
4. Have you or your dependents ever had any of the following: Tuberculosis, Rheumatism, Disease of Heart, Lungs, Stomach, Kidney, Liver, Brain or any other disease or illness? Yes No
5. Have you or your dependents been absent from your regular duties due to illness or injury during the past six months? Yes No
6. Have you ever been refused, postponed or rated-up by a life insurance company? Yes No
 If so, give name of company, date and cause: _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, INDICATE BELOW THE NATURE OF THE ILLNESS OR INJURY, DURATION, SEVERITY, WITH DATES AND DETAILS AND THE NAME OF PHYSICIAN.

THIS APPLICATION IS REQUESTED FOR: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> INCREASE			
GUARD MEMBER		DEPENDENT	
2. <input type="checkbox"/> \$10,000 (\$4.00)	6. <input type="checkbox"/> \$30,000 (\$12.00)	3. <input type="checkbox"/> \$5,000 (\$3.35)	1. <input type="checkbox"/> \$5,000 (\$2.00)
4. <input type="checkbox"/> \$20,000 (\$8.00)	8. <input type="checkbox"/> \$40,000 (\$16.00)	4. <input type="checkbox"/> \$10,000 (\$6.70)	2. <input type="checkbox"/> \$10,000 (\$4.00)
	A. <input type="checkbox"/> \$50,000 (\$20.00)		3. <input type="checkbox"/> \$15,000 (\$6.00)
			4. <input type="checkbox"/> \$20,000 (\$8.00)
			5. <input type="checkbox"/> \$25,000 (\$10.00)

COMPLETE FOR DEPENDENT OR SPOUSE COVERAGE	
Spouse: _____ <small>Last First Middle</small>	Spouse DOB: _____ <small>Mo/Day/Year</small>
Number of Children Under Age 21: _____	DOB of Oldest Child Under Age 21: _____ <small>Mo/Day/Year</small>

ACKNOWLEDGEMENT AND AUTHORIZATION: I hereby authorize any physician, hospital, clinic, insurance company, the MIB, Inc., or other organization, institution or person that has any records or knowledge of me or of any member of my family or my (our) health to give this requested information to the American Equity Investment Life Insurance Company (or its reinsurers). A photographic copy of this authorization shall be as valid as the original. I hereby assign any experience premium refunds to Georgia Guard Insurance Trust to be used for purposes which benefit the policies and programs of the Georgia Guard Insurance Trust. I acknowledge receipt of form 5609, "Your Insurance Application and How it is Handled."

Dated in _____ this _____ day of _____ 20 _____
City, State

Signature of Witness Signature of Member

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701 E.O. 9397

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition, it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (PICK ONE) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY	2. NAME OF ALLOTTER (<i>Last, First, MI</i>)	3. SSN	4. PAY GRADE
5. ADDRESS OF ALLOTTER (<i>Street or Box No., City, State and Zip Code</i>)	6. DAYTIME TELEPHONE <i>(Inc. Area Code)</i>	7. EFFECTIVE DATE <i>(YYYY-MM)</i>	8. MONTHLY AMOUNT OF ALLOTMENT
9. NAME OF ALLOTTEE (<i>First, MI, Last</i>) GGIT	10. ALLOTMENT ACTION (<i>Pick One</i>) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS
12. CREDIT LINE (<i>if applicable</i>)	13. ALLOTMENT CLASS AUTHORIZED (<i>Pick One</i>) <input type="checkbox"/> C - CHARITY/CFC <input checked="" type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (<i>includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. - Notes 1 & 2</i>) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (<i>Red Cross, Relief Society, etc. - Navy and Marine Corps only</i>) <input type="checkbox"/> N - NSLI or USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> OTHER (<i>Specify</i>)		
14. ALLOTTEE'S MAILING ADDRESS <i>(Street or Box No., City State, Zip Code)</i> P.O. Box 889 Mableton, GA 30126-9998 (770) 739-9651 (800) 229-1053	15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (<i>Province, Country</i>) N/A		
16. REMARKS			
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER	18. ACCOUNT NUMBER/POLICY NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
19. TOTAL CLASS L AMOUNT N/A		20. TOTAL CLASS T AMOUNT N/A	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal needs.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
----------------------------------	----------------------------

NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.