



- The Guardian Life Insurance Company of America ("Guardian")
- The Guardian Insurance & Annuity Company, Inc. ("GIAC")
- Berkshire Life Insurance Company of America ("Berkshire")

AGENCY USE ONLY	
New Application	<input type="checkbox"/>
Bank Change	<input type="checkbox"/>
Agency Code:	_____

REQUEST FOR GUARD-O-MATIC ARRANGEMENT (page 1 of 2)

In this Request for G-O-M Arrangement form, the "Company" is the insurer checked above

See next page for VUL instructions.

IMPORTANT: A voided blank check or photocopy (starter checks are not acceptable) is required for checking accounts or a deposit slip for a savings account. See next page for general Guard-O-Matic information.

Guardian and/or GIAC and/or Berkshire is requested and authorized to debit your financial institution or to initiate electronic funds transfer on or about the 15th of each month to pay premiums due and/or on the 1st business day of each month to pay the policy loan on the policy(ies) identified below (on or about the 15th of each month to pay the policy loan on Guardian policy(ies) administered by Berkshire).

I understand that:

- Completion of this form shall not constitute a premium payment and/or loan payment. Authorization for premium payments is not effective until the initial premium(s) has been received and paid at the home office. If dividends are currently being used to reduce premiums, then once this authorization is approved, dividends for life insurance policies will be used to purchase paid-up additional insurance, and dividends for term insurance policies and annuities will be left with us to accumulate at interest.
- The Guard-O-Matic Premium Arrangement or Loan Payment Arrangement may be terminated by the Policyowner or by the Company upon written notice. If the Bank Depositor is other than the policyowner, the Company will terminate the arrangement upon written request of such Bank Depositor. The policyowner or depositor may cancel this authorization by giving our home office 30 days' written notice.
- If the Loan Payment Arrangement is cancelled, any outstanding loans will remain unpaid.
- Any withdrawal returned due to insufficient funds may be deposited for collection a second time. We may terminate the Guard-O-Matic plan immediately by written notice in the event any withdrawal or electronic fund transfer is dishonored.

_____ and (1) _____ Signature of Policyowner Type of account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Financial Institution: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Guard-O-Matic Premium Arrangement (Deductions to occur on or about the 15 th of each month.) List Policy Number(s) _____ _____ _____	_____ (2) _____ Signature of Bank Depositor (if other than policyowner) Begin deductions effective _____ (Month) _____ (Year) Street Address: _____ Transit/ABA Number: _____ Name of Bank Depositor: _____ Guard-O-Matic Loan Payment Arrangement (Deductions to occur on the 1 st business day or 15 th of each month as described above.) (available for Individual Life Products only) <table border="1" style="width: 100%;"> <thead> <tr> <th>List Policy Number(s)</th> <th>Amount to be Deducted</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	List Policy Number(s)	Amount to be Deducted	_____	_____	_____	_____	_____	_____
List Policy Number(s)	Amount to be Deducted								
_____	_____								
_____	_____								
_____	_____								

For Home Office Use Only, Control No.:

Authorization to Honor Checks or Account Debits Drawn by:	
<i>The Guardian Life Insurance Company of America (Guardian) and/or The Guardian Insurance & Annuity Company, Inc. (GIAC) and/or Berkshire Life Insurance Company of America (Berkshire)</i>	
Name of Bank Depositor _____	Account Number _____
Financial Institution _____	Bank Address _____
<p><i>As a convenience to me, I authorize you to pay and charge to my account checks, electronic funds transfer debits or other account debits made upon my account by and payable to the order of Guardian/GIAC/Berkshire indicated above. I agree that your treatment of each check or debit, and your rights with respect to it, will be the same as if it were signed or initialed personally by me. I further agree that if any check or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance.</i></p> <p>I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.</p>	
Date _____	Signature of Depositor _____
	Additional Signature (if Joint Account) _____

