



**The Guardian Life Insurance Company of America**  
 Administrative Office:  
 Individual Markets Service & Administration  
 3900 Burgess Place  
 Bethlehem, PA 18017

- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA ("Guardian")
- THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC. ("GIAC")
- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA ("Berkshire")  
 (Check one) Call 1-800-441-6455 from 8:00 a.m. to 6:00 p.m. Eastern Time

H.O. USE ONLY	
Eff. _____	Policy Received _____
Agency # _____	
Notified On _____	

Policy No (s). \_\_\_\_\_

**Life Policy Transaction Request**

Requests on more than one policy must be identical/or if signatures are required and the owners are different, use separate forms. On pension cases attach a list of the policy numbers/names. **Do not send the policy except for cash surrender.**

Form Submitted by: Name \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_

Insured (Print): Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

Mail Check to Policyowner at Following Address:

Check Here if New Address

**Cash Loan** (Check One Only) (Sign on page 2)

Maximum  Check for \$

Include Dividend Lien  Deduct Payment Due

**Dividends Withdrawn** (Sign on page 2)

All  Deduct Payment Due

Premium Due on Policy  Check for \$

Conditional Receipt No.  Send with Life Application

**Withdrawal of PUA and/or PUI** (Sign on page 2)

All  Check for \$

Premium Due on policy  Repay Loan

**Cash Surrender** (Sign page 2) **TAXPAYER IDENTIFICATION NUMBER REQUIRED**

To Policyholder: Return By \_\_\_\_\_ in order for values quoted on attached to apply **The Policy(ies) must be returned**

Policy Attached  Policy Lost

**Nonforfeiture** (Sign on page 2) **TAXPAYER IDENTIFICATION NUMBER REQUIRED**

Paid-up Extended Term Insurance  Reduced Paid-up Insurance

For RUP:  Keep Dividends Outstanding  Keep Loan Outstanding

**Payment By: Minimum Deposit/Premium Loan** (Sign on page 2)

Minimum Deposit Premium Loan (Automatically Includes Dividend Lien if Needed)

Check Attached for \$

Minimum Deposit Premium Loan, and Dividend Withdrawal

Payment Due \_\_\_\_\_ On Policy No. \_\_\_\_\_

**Change Mode of Payment To:** (Change will be effective on next due date)

Annual  Semi-Annual  Quarterly  GOM

Send request to Individual Markets Service & Administration, if requesting change to GOM.  
 Submit R-223/void check and enough monies to the current month plus one additional month

**Change Future Dividend Option To:** (Sign on page 2)

A-Cash Payment  B-Reduce Premiums (not available on GOM or Allotment)

C-Left to Accumulate at Interest  Exchange of Option F to G or G to F (Sign on page 2)

D-Purchase Paid-up Life Additions (not available on Term Policies)  U - Loan Repayment

Also transfer all existing Dividend Accumulations to Paid-up Additions. (If Accumulations exceed \$5,000 use form V-77 Page 1 & 2 and sign on Page 3 and send to Individual Markets Service & Administration.

To cancel Options E, F, G, J, P, L, Q: Sign on page 2 and return Rider, Change Div. Opt To:

OPT S - Use future dividends, any dividends at interest, and any dividend or PUA rider to pay all future premiums, if possible.

**Repayment of Policy Loan**

Check(s) Attached for \$

Use Dividends  All or \$ Apply to above Policy(ies)

Use Dividends  All or \$ Apply to Policy No. (sign on page 2)

**Automatic Premium Loan Provision**  Add  Cancel (sign on page 2)

**Remarks or Special Instructions**

# Transaction Agreement

## **For a Policy Loan:**

It is agreed that the loan(s) requested on the reverse side are subject to all the conditions and provisions in the policy(ies).

## **For Surrender:**

It is agreed that upon payment of cash value of the policy(ies) the Company is released from any further liability. Each of the undersigned, for himself, his executors, administrators or assigns, hereby binds himself fully to protect the Company and serve it harmless from any and all claims or demands under the policy(ies) except for the cash value.

## **For Nonforfeiture Option:**

It is agreed that the nonforfeiture action for the policy(ies) will be according to the policy provisions and that any provision for Automatic Premium Loan under this policy(ies) is now cancelled.

## **NOTE**

**The Policy(ies) cannot be Surrendered or put on Nonforfeiture Option without the Taxpayer Identification Number.**

The undersigned authorizes the transaction(s) requested and also agrees to the Transaction Agreement. It is also warranted that no proceedings in bankruptcy/insolvency are pending against any of the undersigned and that there is no assignee/receiver of their property for the benefit of creditors under any voluntary or involuntary assignment, transfer, or otherwise.

_____ TAXPAYER ID NUMBER/SOCIAL SECURITY NUMBER	_____ DATE	_____ PRINT NAME OF OWNER OR CORPORATE OWNER OR ASSIGNEE OR PENSION PLAN
_____ OWNER SIGNATURE (INSURED IF NO OTHER OWNER)	_____ DATE	_____ OFFICER & TITLE (OF ABOVE CORP. OR ASSIGNEE)    DATE
_____ IRREVOCABLE BENEFICIARY (IF ANY) OR TRUSTEE	_____ DATE	_____ OFFICER & TITLE (OF ABOVE CORP. OR ASSIGNEE)    DATE

## **Note:**

If the policy is owned by a corporation, we require the following:

- 1 The full/corporate name should be shown above
2. The signature of two officers, one of whom may be the insured, or
3. The signature of one officer, other than the insured, with the corporate seal.

If a policy has a Split Dollar ownership, the above corporate signatures are required plus the signature of the designated Split-Dollar owner.

4. If owned by a Pension Plan, the Trustee's signature is required.