



BANK DRAFT AUTHORIZATION

(REQUEST FOR GUARD-O-MATIC ARRANGEMENT)

Please Print

(Page 1 of 3)

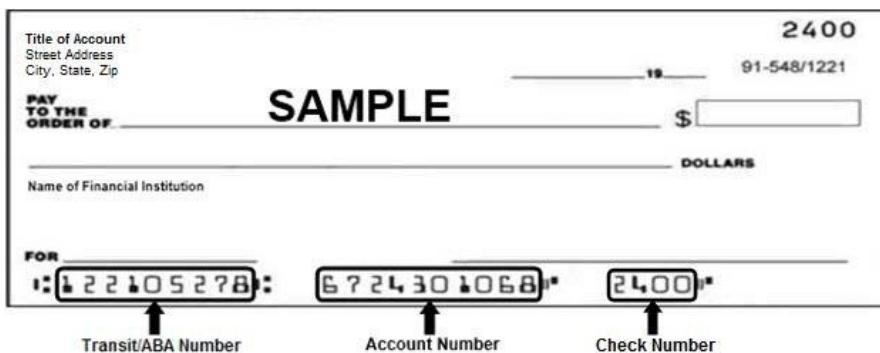
I. Type of Request (Check all the apply)

- Establish a new Bank Draft Authorization for monthly payments
- Update Financial Institution Information on an existing Bank Draft Authorization
- Change draft date option and/or draft amount on an existing Bank Draft Authorization
- Add policy(ies) to existing Bank Draft Authorization:
List one policy from existing arrangement: _____
- Revoke Bank Draft Authorization for Policy Number(s): _____

2. Bank Information

For Individual Life Policies: Please submit a voided check, bank statement or authorization of account letter for checking and business accounts. Starter checks are not acceptable. Please submit a copy of bank deposit slip for savings accounts.

Below is an example of a check highlighting the location of the routing/transit number and bank account number:



Financial Institution Information:

Financial Institution Name: _____

Type of Account (Check one): Checking Savings Business _____
Type of Business

--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transit/ABA Number (Always 9 digits.)

Account Number

Account Holder Information (All fields required. Please print.):

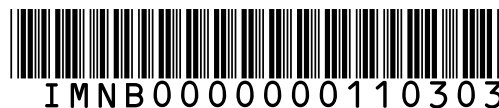
Full Title of Account (e.g. John Smith or The John Smith Irrevocable Trust dtd 01/02/2016): _____

Individual Joint Trust Custodial Business Other: _____

Authorized Signer of Account: _____

Address: _____
Address City State Zip

Phone: _____ Email: _____



3. Premium Arrangement Information

Please note the "Monthly Amount to Be Deducted" will be the monthly modal premium described in your policy. The "Effective Date of Change" will be the date your next premium payment is due.

Policy Number	Draft Date*	Insured Name	Monthly Amount to Be Deducted**	Effective Date of Change (mm/yy)	Control Number (For Home Office Use Only.)
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		
	<input type="checkbox"/> 1st <input type="checkbox"/> 15th		\$		

* Variable Life and Universal Life Policies allow for premium payments on the 15th only; Premium payments for Traditional Life and Disability Policies can be made on the 1st or the 15th of each month; If no selection is made, the draft date will default to the 15th of each month.

** For UL/VL policies only. Indicate an amount for UL/VL policies if the amount to be deducted will be different from the planned premium.

4. Loan Payment Information

Policy Number	Monthly Amount to Be Deducted*	Policy Number	Monthly Amount to Be Deducted*
	\$		\$
	\$		\$
	\$		\$

* Loan payments for policies administered by Berkshire will be made on or about the 15th of each month; For all other policies, loan payments will be made on the 1st business day of each month.

5. Terms and Conditions

By the signature(s) below, I or we agree and consent to all of the terms and conditions stated herein.

1. The Company is authorized to debit the account or to initiate electronic funds transfer from the financial institution identified above on or about the 15th or 1st of each month to pay premiums due and/or to pay the policy loan on the policy(ies) identified above. If neither, or both the 1st or 15th is selected, the 15th will be the default date for drafting. Due to timing of the authorization, the initial transfer processed may result in more than one premium payment being withdrawn.
2. The Company is authorized to make monthly withdrawals from the specified account. The Company's treatment of each check or debit, and its' rights with respect to it, will be the same as if it were signed or initialed personally by the Authorized Signer of Account. If any check or debit is dishonored by the bank or financial institution for any reason, the premium payment will be reversed and the premium will not be considered paid. This may cause the policy to lapse in accordance with the provisions of the policy and result in the forfeiture of insurance.
3. Completion of this form shall not constitute a premium payment and/or loan payment. Multiple months' premiums may be required to bring the policy to a current due date.
4. This Bank Draft Authorization (Request for Guard-O-Matic Arrangement) may be terminated by the Policy Owner, the Company, or the Authorized Signer of Account (if different from Policy Owner) upon written notice. The Policy Owner or Authorized Signer of Account may cancel this Authorization by giving the Company 30 days' written notice. This Authorization is to remain in effect until the Company receives written notice of its revocation unless the Company ends it earlier.
5. If the Loan Payment Authorization is cancelled, any outstanding loans will remain unpaid.

5. Terms and Conditions (Continued)

6. The Company may try a second time for any withdrawal returned due to insufficient funds. The Company may terminate this Authorization immediately by written notice in the event any withdrawal or electronic fund transfer is dishonored for any reason.
7. A confirmation statement for premium payments paid through this Bank Draft Authorization will not be sent. Information provided by the bank or financial institution may be helpful to reconcile the deductions.
8. For details on the bank draft monthly payments, please refer to the Policy Owner's annual benefits statement, policy, or product prospectus, as applicable. For any questions about the policy or about the amounts to be drafted to pay premiums or loan principal, please contact the servicing agent on the policy or the Customer Call Center at the number provided below.
9. For Universal or Variable Universal Life Insurance, the policy is designed to have flexible premiums. Policy Owners should consider paying the necessary amount each month to keep the policy in force. The Policy Owner will receive notification if additional payments are required to keep the policy from lapsing.
10. The Company should be provided with 30 days' advance notification of any change in the banking information provided above. If advance notification cannot be provided, sufficient funds should be left in the account identified above in this form to honor charges until the Company's records are changed.
11. Any change in name or address of the Authorized Signer of Account or Policy Owner must be communicated immediately to the Company.
12. If this service is no longer in effect, premiums will be due according to the most frequent payment mode offered for the policy. Loan repayments scheduled under the Loan Payment Arrangement will no longer be automatically deducted. Any future loan repayment will be the Policy Owner's responsibility.
13. Any bank fees are the responsibility of the Authorized Signer of Account.
14. I/we authorize Guardian and its officers, directors, agents, employees and representatives to make any inquiries that Guardian considers necessary to validate the account identified above and/or investigate any dispute involving your premium payment, which may include verifying the information I/we provide and/or that Guardian acquired against third party databases.
15. I/we authorize Guardian (or its agent or representative) to initiate one or more debits by electronic fund transfers (withdrawals), and I/we authorize the financial institution that holds my/our account to deduct such payments, in the amounts and frequency designated in your then-current premium payment mode.

Signature of Bank Account Owner _____
Date

Signature of Policy Owner, if other than Bank Account Owner _____
Date

Life Insurance	
<p>The Guardian Life Insurance Company of America Individual Life Service and Administration Northeastern Regional Office P.O. Box 26100 Lehigh Valley, PA 18002-6100</p>	<p>Email: ILSolutions@glic.com Customer Call Center: 1-800-441-6455 Fax: 610-807-2720</p>
<p>The Guardian Insurance & Annuity Company Park Avenue Variable Life P.O. Box 26125 Lehigh Valley, PA 18017</p>	<p>Email: VULSolutions@glic.com Customer Call Center: 1-800-441-6455 Fax: 610-807-2940</p>
Disability Income Insurance	
<p>Berkshire Life Insurance Company of America Policy Services 700 South Street Pittsfield, MA 01201</p>	<p>Email: Diprocessing@glic.com Customer Call Center: 1-800-819-2468 Fax: 413-395-5992</p>