



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

Please check the appropriate company(ies). Any insurer selected above is herein referred to as the “Company”

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

See next page for VUL instructions.

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

**IMPORTANT: A voided blank check or photocopy is required for checking accounts or a deposit slip for a savings account. (starter checks are not acceptable)**

The Company is requested and authorized to debit your financial institution or to initiate electronic funds transfer on or about the 1<sup>st</sup> (Only available for Disability policies and Traditional Life policies) or 15<sup>th</sup> of each month to pay premiums due and/or on the 1<sup>st</sup> business day of each month to pay the policy loan on the policy(ies) identified below (on or about the 15<sup>th</sup> of each month to pay the policy loan on Guardian policy(ies) administered by Berkshire). If neither, or both the 1<sup>st</sup> or 15<sup>th</sup> is selected, the 15<sup>th</sup> will be the default date for drafting.

**I understand that:**

1. 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 or you have requested initial premiums be paid under this Arrangement. Multiple months' premiums may be required to bring the policy to a current due date. If dividends are currently being used to purchase paid-up additional insurance, and dividends for term insurance policies and annuities will be left with us to accumulate at interest.
2. 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
3. If the Loan Payment Arrangement is cancelled, any outstanding loans will remain unpaid.
4. 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.

**PLEASE PRINT**

Type of account:  Checking  Savings  Business Account

Begin deductions effective (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA Number:  (must be nine digits)

Account Number:

Name of Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Guard-O-Matic Premium Arrangement.**

Policy Number	Draft Date Election (1 <sup>st</sup> for DI & Traditional Life only)	Insured Name	Last 4 digits of SSN	For Home Office Use Only - Control No:
_____	<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	_____	_____	_____

**Guard-O-Matic Loan Payment Arrangement.**

Life Policy Number	Amount to be Deducted	Life Policy Number	Amount to be Deducted
_____	_____	_____	_____

*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 the Company 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 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.*

\_\_\_\_\_ Date Signature of Bank Account Owner

\_\_\_\_\_  
Signature of Policy Owner, if other than Bank Account Owner

**Complete if applying for Universal or Variable Universal Life Insurance:**

Your policy is designed to have flexible premiums. When using the Guard-O-Matic check drafting feature, we require that a minimum premium be drawn from your account to keep the policy in force. You will be notified by a lapse notice if it is necessary to increase this amount to keep the policy from lapsing.

**Please check the box below if you wish to request this option:**

Please deduct \$ \_\_\_\_\_ monthly from my account. I understand that this amount may need to be increased to keep the policy from lapsing.

If you have any questions about your policy or about the amounts to be drafted to pay premiums, please contact your agent.

"Please be advised that you will not automatically receive a confirmation statement for premium payments paid through the pre-authorized checking plan. Confirmation statements will be mailed only upon request. For details on the automatic monthly payments, please refer to your annual benefits statement, policy contract, or product prospectus. You will receive a confirmation if you have purchased a Park Avenue Variable Whole Life Insurance policy or a Park Avenue Variable Universal Life (97) Policy. Please contact our customer service department at 1-800-441-6455 for more information."

**GUARD-O-MATIC General Information**

*You have elected to pay your insurance premiums and/or your policy loan by monthly deductions payable through your financial institution. To enjoy the benefits of this convenient method of payment, we suggest you review the following:*

- Each month, deduct the amount(s) from your account balance. You may wish to attach a reminder to your account until this practice becomes automatic. The monthly deduction to your account for any policy premiums will be made on or about the 1<sup>st</sup> day of each month (Guardian life or Berkshire administered life or disability policies only) or 15<sup>th</sup> day of each month. The monthly deduction to your account for any policy loan payments will be made on the 1<sup>st</sup> business day of each month (on or about the 15<sup>th</sup> of each month to pay the policy loan on Guardian policy(ies) administered by Berkshire).
- A canceled check or other notification of a charge to the account will be provided by your financial institution with its periodic statement. Compare your records when the statement is received.
- Please provide us with 30 days' advance notification of any change in your banking arrangements. If advance notification cannot be provided, sufficient funds should be left in the old account to honor charges until our records are changed.
- Please inform us of any change in name or address.
- When this service is no longer in effect, premiums will be due according to the most frequent payment mode we offer.

**INDEMNIFICATION AGREEMENT**

**TO: The Bank named on the previous page.**

In consideration of your compliance with the request and authorization of the depositor named above, THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA AND THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC. AND BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA (COLLECTIVELY, "GUARDIAN") AGREE THAT:

1. They will indemnify and hold you harmless from any liability, including costs, legal expenses and attorney fees, to any person having an account with you or to any beneficiary or other claimant under a policy covered by the Guard-O-Matic Arrangement arising out of the payment by you of any check or debit drawn by Guardian, its own order on the account of such depositor, or arising out of the dishonor by you, whether with or without cause, of any such check or debit drawn by Guardian, provided there are sufficient funds in such account to pay the same upon presentation, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy the premium on which is sought to be collected by Guardian by any such check or debit.
2. They will refund to you any amount erroneously paid by you to Guardian on any such check or debit if claim for the amount of such erroneous payment is made by you within fifteen months from the date of the check or debit on which such erroneous payment was made.

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA  
THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.  
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

*Authorized in a resolution approved by the Board of Directors of The Guardian Life Insurance Company of America on April 27, 1960, and by the Board of Directors of The Guardian Insurance & Annuity Company, Inc. on November 17, 1988 and by the Board of Directors of the Berkshire Life Insurance Company of America on July 19, 2002.*