



Bank Draft Authorization

Any insurer below, individually or collectively, is herein referred to as the "Company."

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Please print.

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SECTION 1: Type of Request

- ☐ Establish a new bank draft authorization for periodic payments.
☐ Update financial institution information for 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): _____

SECTION 2: Financial Institution Information

Financial institution name _____

Type of account (Check one.) ☐ Checking ☐ Savings ☐ Business*

*Type of business _____

Transit/ABA Number (always 9 digits)

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Account Number

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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 Account Holder _____

Address _____

Address City State Zip

Cell phone _____ Email _____

SECTION 3: Premium Arrangement Information

Please note the "Amount to Be Deducted" is only required for universal life/variable life policies. For traditional life and disability policies, the premium amount to be deducted is the 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 ¹	Insured Name	Amount to be Deducted ²	Premium Mode ³
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual
			\$	☐ Monthly ☐ Annual ☐ Semi-Annual

¹ Policies beginning with S, V, and U are limited to the 15th. For other products, if no date is selected, due date will be used.

² 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.

³ If a change in premium mode results from your election, depending on the timing of this change additional funds may be required to be withdrawn to pay your policy to the next due date. S, V, and U policies are limited to monthly mode only.



SECTION 4: Optional Payment Information**Loan Repayment(s)**

Policy number	Amount	Draft date ¹	Mode
	\$		☐ Monthly ☐ Annual
	\$		☐ Monthly ☐ Annual
	\$		☐ Monthly ☐ Annual

¹ Loan repayments for certain policies (policy numbers beginning with "L") can only be made on or about the 15th of each month.

Loan Interest²

Policy number	Draft day	Policy number	Draft day	Policy number	Draft day

² Loan interest amount is determined by the amount due each anniversary and can only be paid annually on or around the anniversary. There is no need to specify a month, as that is determined by the anniversary and the day elected.

Purchase of Unscheduled Paid-Up Additions (PUA) Rider (for scheduled PUA changes please see the Policy Admin form)

Policy number	Amount ³	Draft date	Mode
	\$		☐ Monthly ☐ Annual
	\$		☐ Monthly ☐ Annual
	\$		☐ Monthly ☐ Annual

³ Payments under the Purchase of Paid-Up Additions (PUA) rider are subject to the minimum and maximum amounts defined in your rider form. If the maximum PUA payment has been reached in a given policy year, drafts for PUA will cease for that year, and will resume beginning in the following policy year.

Remarks _____

SECTION 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 specified account or to initiate electronic funds transfer from your chosen bank or financial institution on or about the date you selected and at the frequency selected to make a payment on the designated policy. Due to timing of the authorization, the initial electronic funds transfer processed may result in more than one payment being withdrawn.
2. The Company's treatment of each debit, and its' rights with respect to it, will be the same as if it were signed or initialed personally by the Authorized Account Holder. If any debit is dishonored by the bank or financial institution for any reason, the payment will be reversed and will not be considered paid. This may cause the policy to lapse or terminate in accordance with the provisions of the policy and result in the forfeiture of insurance.
3. Completion of this Bank Draft Authorization shall not constitute a payment. Multiple payments may be required to bring the policy to a current due date.
4. This Bank Draft Authorization may be terminated by the Policy Owner, the Company, or the Authorized Account Holder (if different from the Policy Owner). The Policy Owner or Authorized Account Holder 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. The Company may try a second time for any withdrawal returned due to insufficient funds. The Company may terminate this Authorization immediately in the event any withdrawal or electronic fund transfer is dishonored for any reason.
6. A confirmation statement for 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.

SECTION 5: Terms and Conditions (continued)

7. If the premium mode selected is different than your current premium mode, you are authorizing the Company to change the premium mode for your policy for payment of future premiums. For details on the cost of paying premiums more frequently than annually, please refer to the Policy Owner's policy or product prospectus, as applicable.
8. 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.
9. The Company should be provided with 30 days' advance notification of any change to the banking information provided. If advance notification cannot be provided, sufficient funds should be left in the authorized account to honor charges until the Company's records are changed.
10. Any change in name or address of the Authorized Account Holder or Policy Owner must be communicated immediately to the Company.
11. If this service is no longer in effect, premiums will be due and billed according to the mode selected but no more frequently than quarterly. Any draft payments scheduled, regardless of type, will no longer be automatically deducted and future payments will be the Policy Owner's responsibility.
12. If this form is being used to set up recurring payments under the Purchase of Paid-Up Additions (PUA) rider, these payments will be considered unscheduled payments under the terms of such rider. They will not be paid by the Company under any Waiver of Specified Amount benefit in the event of disability.
13. Any bank fees are the responsibility of the Authorized Account Holder.
14. The Company and its officers, directors, agents, employees and representatives are authorized to make any inquiries that the Company considers necessary to validate the account identified and/or investigate any dispute involving your payment, which may include verifying the information I/we provide and/or that the Company acquired against third party databases.
15. The Company (or its agent or representative) are authorized to initiate one or more debits by electronic fund transfers (withdrawals), and the bank or financial institution that holds my/our account is authorized to deduct such payments, in the amounts and frequency designated.

Policy Owner email _____

- ☐ By checking this box, the person(s) signing below authorizes the Company to communicate electronically regarding this transaction.

Note: If the email entered is different from the email we have on file, you will need to update your email address via the customer portal at guardianlife.com.

Signature of Policy Owner_____
Date_____
Signature of Authorized Account Holder (required if different from Policy Owner)_____
Date**Life Insurance**

The Guardian Life Insurance Company of America
Individual Life Service and Administration
P.O. Box 981590
El Paso TX, 79998-1590

Email: ILSolutions@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 610-807-2720

The Guardian Insurance & Annuity Company
Park Avenue Variable Life
P.O. Box 981588
El Paso TX 79998-1588

Email: VULSolutions@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 610-807-2940

Disability Income Insurance

Berkshire Life Insurance Company of America
Policy Services
P.O. Box 981594
El Paso TX 79998-1594

Email: Diprocessing@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 413-395-5992