

**Customer Service Office**3900 Burgess Place
Bethlehem, PA 18017☐ THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA☐ THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

(Please check appropriate company)

**AUTHORIZATION TO DISCLOSE LIFE INSURANCE POLICY AND/OR
ANNUITY CONTRACT INFORMATION**

This notice is being sent to you as notification that a life insurance policy(ies) or annuity contract(s) in force with your company may be replaced as defined by New York Insurance Regulation No. 60, Section 51.5 (c)(2).

INSURED/ANNUITANT NAME _____

SOCIAL SECURITY NUMBER (Optional) _____

DATE OF BIRTH _____

List of Policy(ies)/ Contract(s) to be Replaced*:

1. Policy/Contract _____
NAME NUMBER2. Policy/Contract _____
NAME NUMBER3. Policy/Contract _____
NAME NUMBER

Kindly furnish, directly to the insurance address shown below, the information necessary to complete the enclosed sample New York State Disclosure Statement.

Agent/Broker Name C/O Agency _____

Agent/Broker Code _____

Agency Address _____

Owner Authorization:

I am the owner of the above-referenced life policy(ies)/ annuity contract(s). I hereby authorize the release of policy/contract information to be sent to the company checked above.

Policy/Contract Owner's Signature_____
Policy/Contract Owner's Name (Please Print)_____
Address_____
Date

*If more than three existing life insurance policies or annuity contracts are to be affected by this transaction, or if more than one new life or annuity contract is proposed, use an additional form 722-03 NY (07/15) and attach it to this form.

AGENCY USE ONLY

Date Authorization Sent to Existing Carrier: _____

Date Information Received From Existing Carrier: _____

