THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
(Any insurer above, individually or collectively, is herein referred to as the "Company.")

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LIFE INSURANCE POLICY ADMINISTRATION FORM

Please print.

SECTION 1: Policy Owner/Life Insured Information

Policy number(s): _____ _____ _____ _____

Policy owner(s): _____ _____

Policy insured(s) (*Does not need to be filled out if policy owner(s) is/are the same.):*

_____ _____

Policy owner(s) SSN/Tax ID: _____ _____

Policy owner address: _____

Street City State Zip

☐ **Check if this is an address change** *(If this box is checked, any mailed correspondence for the policy number(s) listed in this section will be mailed to this address.)*

Policy owner cell phone: _____ Policy owner email: _____

Submitted by:

_____ _____ _____

Name Agency # Phone

SECTION 2: Dividend Option Change

Use this section to change the dividend option under your policy. **Select one dividend option only. If electing Premium Offset in Section 3, no selection can be made here.**

☐ Paid in Cash **(A)***

Reduced Premiums *(Not available with all methods of payment)*

☐ Excess Paid in Cash **(B)***

☐ Excess to Paid Up Additions **(V)**

☐ Accumulate & Earn Interest **(C)**

☐ Purchase Paid-Up Life Addition **(D)**

☐ Reduce Loan **(U)**

*For the two options above, check here ☐ to elect electronic funds transfer (EFT) in lieu of a paper check and complete section 9.

Note:

- Dividend option changes, including those which would result in a loss of One Year Term coverage, go into effect on the next policy anniversary date.
- Election of Dividend Options A, B, C, D, U, or V will terminate any existing One Year Term insurance and may reduce total death benefit.
- There may be additional dividend options available for your policy. Consult with your financial professional for eligibility and form/illustration requirements.

SECTION 3: Premium Offset

☐ Elect Premium Offset (S) – Use future dividends, dividends at interest, and rider cash values to pay all future premiums, if possible. The balance of dividends earned, in excess of premium due, will be used to purchase paid up additions. *(Premium Offset is not available with Dividend Options F, G, K, L, P, or U.)*

If the Policy currently has either scheduled PUA or a premium paying PUI Rider, select one of the options below. If none are selected, the policy will automatically be set to the default option.

☐ Reduce Scheduled PUA to contractual minimum payment (see rider pages)/stop PUI payments. (Default)

☐ Reduce Scheduled PUA to $0.

☐ Continue current schedule PUI/PUA payments.

☐ Remove from Premium Offset *(Select a new dividend option in section 2. If you currently have Dividend Option Q, your One Year Term insurance coverage will be maintained unless you elect a new dividend option in section 2.)*

Note:

- Any dividend option changes, including those which would result in a loss of One Year Term coverage, go into effect on the next policy anniversary date.

SECTION 4: Remove or Reduce Benefit or Rider

Benefit or rider	Remove	Reduce	New amount
Policy face amount[1]	N/A	☐	$
Rider Term Coverage[2]	☐	☐	$
Waiver of Premium and Waiver of Specified Amount	☐	N/A	N/A
Guaranteed Insurability Option (GIO) or Whole Life Purchase Option (WLPO)	☐	☐	$
Other benefit or rider* *(not including any of the above)*	☐	☐	$

*Other benefit or rider details _____

[1]For reductions in face amount, include instructions in section 12 on how any release of cash value or refund of unused premium, if any, is to be handled. If electing to receive as cash, please complete section 9. If not specified, release of cash value will be used to purchase paid-up additions.

[2]You have the option to remove or reduce term coverage under option Q/R or the term rider on your policy. This will take effect on the next anniversary unless otherwise requested in section 12.

SECTION 5: Scheduled Amounts for Enhanced PUA Rider

The Paid-Up Additions (PUA) rider creates additional death benefits through optional payments. A policyowner can request to include this optional amount as part of their billed premium. This is known as Scheduled Paid-Up Additions (SPUA). To elect, change, or discontinue your existing Annual SPUA, choose an option below.

☐ Elect Annual Scheduled PUA

☐ Minimum* ☐ Other amount $ _____

☐ Change Annual Scheduled PUA amount

☐ Minimum* ☐ Other amount $ _____

☐ Discontinue Annual Scheduled PUA amount

*The minimum annual SPUA is either $100 or $250, depending on the rider version. See your policy for more details.

Note:

- Any increase in a SPUA amount will be limited by annual rider payment maximums.
- Increasing a SPUA will not increase current coverage amounts under waiver of specified amount rider.

SECTION 6: Index Participation Rider (IPR) allocation percentage

Indicate your Allocation Percentage for the amount of Paid-Up Additions that will be used in the calculation of an Index Adjustment. An Index Period will begin on an Index Start Date when (1) Accessible Paid-up Additions are in effect and (2) the Allocation Percentage is greater than zero. *

Allocation Percentage _____ %

*The change in the IPF allocation percentage will take effect on the business day following the date we receive this form in good order. **Note:** In order for this change to impact an upcoming Index Period, the change needs to be effective by the Allocation Determination Date described in your rider.

SECTION 7: Update Charitable Benefit Rider Beneficiary Designation

Note: A qualified charitable organization is one that is exempt from federal taxation under 501(c)(3) of the Internal Revenue Code. A list of all eligible organizations can be found online at **http://www.irs.gov/app/pub-78/**.

Name of charitable organization _____

Mailing address _____

City _____ State _____ Zip _____

Tax ID number (TIN/EIN) _____

SECTION 8: Nonforfeiture Options

By checking the box below, you are electing to continue the policy under a nonforfeiture option as described in the policy.

☐ Continue policy under Extended Term Insurance (ETI)

☐ Continue policy as Reduced Paid-Up Insurance (RPU) and select a loan option below and complete section 12 as necessary:

☐ Keep loan ☐ Repay loan in full ☐ Repay loan in amount of $ _____

SECTION 9: Method of Distribution for Disbursements

If bank account owner is different than policy owner, bank account owner's signature must be provided on the last page.

Select a box below to indicate how you would like to receive your funds. *(If no box is checked, funds will be sent via check to address of record.):*

☐ **Direct deposit funds using electronic funds transfer (EFT)** – This is the fastest distribution option.

Direct Deposit Instructions

Select a box below to indicate the bank account in which you would like your funds deposited:

☐ Use bank account currently used for recurring bank draft payments for the policy.

☐ Use bank account information provided below.

Type of account ☐ Checking ☐ Savings ☐ Business _____

Financial institution _____

Transit/ABA/routing number _____ Account number _____

Account holder name _____

☐ Use same bank account for loan repayment. *(If different account, complete Loan Repayment Bank Instructions on next page)*

Note:

- For direct deposit request, the Company takes steps to verify that the ownership of the policy and the bank account match.
- If the account provided isn't eligible for direct deposit, or if the proper account cannot be determined, a check will be sent to the policy owner's address of record.
- If we're unable to verify the account or owner, additional information will be required before funds are distributed and/or a check will be sent to the policy owner's address on record.

SECTION 9: Method of Distribution for Disbursements (continued)

Other Methods of Distribution

☐ Mail check to policy owner at the address on record. **(Default)**

☐ Mail check to policy owner at the address below. *(Provide an explanation in section 12.)*

Address _____

Street City State Zip

☐ **Check if this is an address change.** *(If this box is checked, any mailed correspondence for the policy number(s) listed in section 1 will be mailed to this address.)*

SECTION 10: Tax Certification *(Indicate your tax status by signing and dating the appropriate section below.)*

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct Social Security number or Taxpayer Identification Number, and

(2) I am not subject to backup withholding because:

(a) I am exempt from backup withholding, or

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or

(c) The IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. citizen (including a U.S. resident alien) or domestic entity, and

(4) I am exempt from FATCA reporting*

Check the box below if you're unable to certify to #2 above and have been notified by the IRS that you're currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

☐ I'm subject to backup withholding as a result of a failure to report all interest and dividends on my tax return.

_____ _____

Signature of U.S. citizen/resident or individual authorized to sign on behalf of the domestic corporation or entity — Date

*The Company requires FATCA (Foreign Account Tax Compliance Act) reporting only for certain non-U.S. payees that receive FATCA withholdable payments. You are not required to provide a FATCA exemption code.

By signing in this box, I am not making the certifications above because I am not a U.S. citizen, U.S. resident alien, or U.S. entity and have attached a completed IRS Form W-8BEN, W-8BEN-E or other W-8 appropriate for my status. Please obtain a current version of the form from www.irs.gov. A foreign person is subject to U.S. tax on U.S. sourced income and a mandatory 30% withholding may apply (for tax treaty information and eligibility for a reduced rate, see IRS Publication 515).

_____ _____

Signature of foreign person or individual authorized to sign on behalf of the foreign corporation or entity — Date

SECTION 11: Income Tax Withholding

Currently **Park Avenue Life** and **Park Avenue Variable Universal Life** (policies which begin with 'S') and **Select Guard** (policies which begin with '7') policyholders have limited options for withholding of federal and state income tax. For these products, the default will be "Do Not Withhold" unless you contact us or there are mandatory requirements.

Federal Income Tax Withholding

Federal law requires that the Company provide you with the opportunity to withhold federal income tax from the taxable portion of any distributions, unless you are eligible to, and elect, not to have taxes withheld.

- **If you are a U.S. Person (U.S. citizen or U.S. resident) and do not make a withholding election, the Company will apply a default federal income tax withholding rate of 10% to the taxable portion of any distribution. You may have the option to elect out of federal income tax withholding.** To do so you must provide your correct Taxpayer Identification Number and U.S. residence address. You can't choose less than 10% for payments to be delivered outside the United States and its possessions. Once a payment has been made, the withholding election applicable to that payment cannot be changed.
- If you are a non-resident alien or foreign person, we will withhold at a rate of 30% unless you provide a valid and certified IRS Form W-8 appropriate for your status. If your payment is not subject to FATCA, then we will apply a reduced rate of withholding properly claimed on your W-8 form based upon any applicable provisions within the income tax treaty with your country of residence. If you are a non-resident alien or foreign person, please sign in the appropriate Signature section in section 3 (Tax Certification).
- If you elect not to have withholding apply to your distribution, you may be responsible for payments of estimated taxes and may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Consult a tax advisor with any questions regarding your personal tax situation.
- If you would like a rate of withholding that is different from the default withholding rate, you can choose a withholding rate between 10% and 100% on the line below. Enter the rate as a whole number (no decimals). **If you would like a rate lower than 10% you must provide a valid IRS Form W-4R located on IRS.gov.**

☐ Do not withhold federal income taxes ☐ Withhold federal income taxes at _____ %

State Income Tax Withholding

State income tax withholding requirements may vary and depend on the law of your state of primary residence. **See "Additional Information Regarding State Income Tax Withholding" at the end of this form.**

☐ Do not withhold state income taxes ☐ Withhold state income taxes at _____ % or $ _____

SECTION 12: Remarks or Special Instructions

SECTION 13: Signatures *(All owners must sign and date this form.)*

By signing below, I certify that I have read and understand all sections of this form and that the statements and answers given are true, complete, and correct to the best of my knowledge and belief. I declare that no person, firm, or corporation other than the undersigned has any interest in this policy, and there are no proceedings in bankruptcy or insolvency now pending against me or that have been instituted. If a direct deposit is being requested, I authorize the Company to make any inquiries necessary to validate the account identified above which may include verifying the information I provide against third-party databases.

If an individual(s)	The full name or name(s) should be used. For example: Edward Richard Williams or Jane Mary Williams. **Irrevocable beneficiary, if any, must also sign.**
If a corporation or LLC	The full name of the corporation should be printed with the signature of one authorized officer/manager/member other than the insured, followed by their title. **If owned by a corporation, include a copy of the corporate resolution, secretary's certificate, or certificate of incumbency.**
If policy has an assignment	The full name of the Assignee should be printed with the signature of one authorized officer/ manager other than the insured, followed by his/her title.
If a partnership	The full name of the firm should be printed with the signature of one partner other than the insured.
If a trust	Print title of trust and names of all Trustees. Obtain signature of all Trustees, unless one Trustee has the authority to sign for the entire trust. If that is the case, be sure to include the Trust Certificate unless Proof of Authorization or a current Trust Certificate has already been submitted.
If a pension plan or 401k plan	Print title of plan. Obtain signature of one Trustee of the Plan.
If a sole proprietorship	The full name of the company should be printed with the full signature of the owner followed by the word "owner."
If bank account owner is different than policy owner	Bank account holder's signature must be obtained.

☐ 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, update your email address via the customer portal at guardianlife.com.

Owner signature	Date	Printed name of signee and title

Name of assignee, corporation, partnership, trust, pension plan, or company (if applicable)

Other required signature (if applicable)	Date	Printed name of signee and title
Other required signature (if applicable)	Date	Printed name of signee and title

Additional Information Regarding State Income Tax Withholding

Guardian, its subsidiaries, agents, or employees do not give tax or legal advice. You should consult your tax or legal advisor regarding your individual situation.

Additional information about state income tax withholding:

Withholding State	Options for State Tax Withholding
AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax cannot be withheld.
AL, CO, DC, GA, ID, IL, IN, KY, LA, MD, MO, MS, MT, NJ, ND, NM, NY, OH, PA, RI, SC, UT, WI, WV	State income tax will not be withheld unless you elect voluntary state income tax withholding. If you wish to elect voluntary withholding, provide a percentage or dollar amount above. Note that any voluntarily elected rate or amount of withholding must meet state minimum withholding requirements.
AR, CA, CT, DE, IA, KS, MA, ME, MI, MN, NE, NC, OK, OR, VA, VT	**State income tax withholding is mandatory. Many mandatory states follow federal requirements. In such states, state income taxes will be withheld by default if federal income tax is withheld.** In other states, an individual may be able to independently elect out of state income tax withholding. You may provide a percentage or dollar amount above the state minimum to be applied for the state tax withholding. Certain states may allow you to modify or elect out of withholding by submitting a state-specific withholding form. You should consult your tax or legal advisor regarding the rules for your state of primary residence.