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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Call 1-888-GUARDIAN (1-888-482-7342)
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TRUST CERTIFICATION

Please print.

SECTION 1: Policy information

Policy number(s) _____ _____ _____ _____

LIFE ONE

1. Name _____
First Middle Last

LIFE TWO

2. Name _____
First Middle Last

SECTION 2: Trust Information

1. Name of trust _____
2. Tax Identification number of trust _____

☐ **Applied for** (Check this box if you have applied for a number and are waiting for one to be issued. You have 60 days to submit a certified TIN in order to avoid backup withholding.)

3. The trust is: ☐ Irrevocable and is in full force and in effect;
☐ Revocable and is in full force and in effect;

4. Is this a grantor trust? ☐ Yes ☐ No

Consult with a tax advisor to determine whether your trust is a grantor trust (as described in Sections 671–679 of the Internal Revenue Code).

If yes, provide the following information.

Grantor's name _____

Grantor's SSN/TIN _____ Grantor's date of birth _____

Relationship between the grantor(s) and the trustee(s) _____

5. Trustee information*
   - Provide name(s) of trustee(s) below.
   - For online access, complete the additional information.
   - Product availability and functionality on our website may vary for trust-owned policies.

Name of trustee _____ ☐ Online access

SSN _____ Phone number _____

Email _____

Name of trustee _____ ☐ Online access

SSN _____ Phone number _____

Email _____

***Should you have more than 2 trustee(s), include information on an additional blank page also signed and dated.**

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SECTION 2: Trust Information (continued)

6. Transaction requests must be authorized by (Select one.):

   ☐ Any one trustee ☐ All trustees ☐ A majority of trustees

7. Who are the current beneficiaries of the trust? _____

8a. Effective date of trust _____

8b. Situs of trust (Required for new applications only): The trust is subject to the laws of the state of _____

9. Address of trust _____

10. Did you retain an attorney to prepare the trust document? ☐ Yes ☐ No

    If yes, provide the name and address of attorney. If no, provide name and address of person who provided trust document.

    Name of attorney/provider _____

    Address of attorney/provider _____

SECTION 3: Certification

The trustee(s) declare and represent to the Company that the answers provided in this Trust Certification are accurate and complete and also certify, acknowledge, and agree that:

1. The trustee(s) is/are allowed by the terms of the trust to purchase life insurance and securities (if applicable);
2. The trust permits the trustee(s) to exercise all ownership rights provided by the policy issued by the Company to the trust, including but not limited to, the right to surrender, pledge or encumber the policy, or make withdrawals, and the trustee(s) is/are permitted to distribute the Policy to any beneficiary of the trust or to sell and transfer ownership of the policy pursuant to the sale;
3. Neither the Company nor anyone acting as an agent of the Company is responsible to determine the authority of the trustee(s) or inquire into, or review the provisions of the trust, and shall not be charged with knowledge of the terms of the trust;
4. The Company may rely on the evidence submitted with respect to any change of the trustee(s) and/or the appointment of a successor trustee, and is not responsible to determine that the change or the appointment of any additional or successor trustee(s) conforms with the trust provisions;
5. Beneficial interests under the trust can and will only be established for persons who (1) are related to the Proposed Insured(s) by blood or by law, (2) have a substantial interest in the Proposed Life Insured(s) engendered by love and affection, or (3) hold a lawful and substantial economic interest in the continued life of the Proposed Insured(s); and
6. Neither the Company nor its affiliates, employees, representatives, or agents have provided tax or legal advice and the trustee(s) have had the opportunity to consult with their own tax and/or legal advisors regarding the preparation of the Trust Certification.

SECTION 4: Tax Certification and Signatures

I agree the following certification applies unless I indicate in the box below that I am not a U.S. Entity. 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 business entity, and
4. I am exempt from FATCA reporting*

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

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

* Guardian 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.

If the trust is any of the below, please indicate:

☐ **A non-grantor trust created or organized under foreign law**

☐ **A grantor trust that is created or organized under foreign law**

☐ **A U.S. grantor trust and the grantor is a Non-Resident Alien individual**

I 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, please see IRS Publication 515).

Signature of trustee _____ Date _____

☐ 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)

By signing below, you jointly and severally indemnify and hold the Company harmless from any liability for acting according to your instructions under the referenced Trust. Guardian will rely on this certification and will not be liable for action taken including any tax reporting performed pursuant to and in reliance on the representations made on this form.
The Internal Revenue Service does not require your consent to any provision of this document other than the tax certifications made in the W-9 Certification section above.

Signed at _____
City and state

Signature of trustee _____ Date _____

Signature of trustee _____ Date _____