Guardian Instructions and Guidelines for Beneficiary Designation

Please read and follow the instructions carefully when submitting this form to prevent delays. **All pages of the form must be returned to expedite processing.** Note: The instruction page does not need to be returned**.**

Signatures
Please review the instructions located to the right of this page to ensure your request is not delayed.

General Information
The relationship of the beneficiary to the Insured must be included.

All proceeds must add up to 100% in each beneficiary designation. Do not list over or under 100% of the proceeds in any given beneficiary designation section. If no percentages are listed in a beneficiary section, the beneficiaries will automatically have an equal share of the proceeds. When proceeds are split equally, the living beneficiaries in the same class would receive the proceeds of any named beneficiaries who are not living at the time
of the insured's death, unless per stirpes designation is selected or unless otherwise provided.

When beneficiaries receive unequal shares, the owner
or the estate of the owner will receive that portion of the proceeds in the event the named beneficiary is not living at the time of the insured's death, unless per stirpes designation is selected. When unequal percentages are selected in any of the beneficiary sections, you may not list any further beneficiaries on the form.
For this type of request, please contact us so that a special form can be prepared.

Any corrections or changes to the form must be initialed and dated. Please print clearly!

If additional space is needed for primary or contingent beneficiaries, please attach a blank sheet of paper listing the beneficiaries, including all the details, as indicated in the Beneficiary Designation section. The blank page must be signed and dated.

Class Designation
In lieu of providing specific beneficiary names, the following class designations can be used*:

- Children of the Insured
- Grandchildren of the Insured
- Insured's Estate
- Trustee Under the Insured's Last Will & Testament

*If the insured dies without a valid will, or if no trust is created within 90 days of the insured death, the proceeds of this policy will be paid to the owner or the owner's estate.

Corporation or Limited Liability Company (LLC)

Signature of officer, manager or member, including title, other than the insured is required.*

- Corporate Resolution listing names, titles and signatures of employees authorized to sign and transact business on behalf of the company. Corporate Resolution must be on corporate letterhead and be signed by President and/or Corporate Secretary. Or;
- Completion of Guardian's Certification of Corporate/ Entity Resolution template.

**If the insured is the sole officer, manager or member, supporting documentation such as filed documents with the Secretary of State's office (listing the corporate officers and their titles) or a copy of the operating agreement, including any amendments, will be required.*

Partnership

Signature of partner, including title, other than the Insured is required.

Trust or Pension Plan

Signatures of all trustees, unless one trustee has the authority to sign for the entire trust/plan. If one trustee can sign, be sure to include proof of authorization. Trustee changes require Trust Certification form and the Resignation and Appointment letters.

Community Property State

If you are married, reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI), and designate someone other than your spouse as your sole primary beneficiary, your spouse must sign. If not married and reside in a community property state, please check the box provided above the signature requirements.

If you are unsure if these laws apply to you, consult your own legal or tax advisor to determine whether a spousal signature is required on this form.

Irrevocable Beneficiary

The owner has the right to change beneficiaries except when an irrevocable designation is assigned to the policy.

Massachusetts Witness Signature Section

A disinterested party (anyone over 18 years of age and other than the owner, insured, beneficiary, or agent) must witness the signature of the owner when the owner or insured reside in Massachusetts.

UTMA/UGMA

UTMA/UGMA refers to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated, the person designated will be custodian for the child(ren) named. We require the Custodian's full legal name (First, MI, Last, Suffix), Relationship to Insured, Minor's name, Date of Birth and Custodial State.

Power of Attorney

The attorney-in-fact or agent must sign in capacity as attorney-in-fact or agent. Provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit an affidavit form if power of attorney document is more than 3 years old.

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.")

Customer Service Office
P.O. Box 981590
El Paso TX, 79998-1590

Visit guardianlife.com
Email CustomerCare@guardianlife.com
Call 1-888-GUARDIAN (1-888-482-7342)
Fax 610-807-2720

REQUEST FOR BENEFICIARY CHANGE FOR INDIVIDUAL LIFE POLICIES

Please print.

SECTION 1: Policy Information

Policy number(s) _____

Owner name(s) _____

Owner(s) birth/trust date _____ Owner(s) SSN _____ Cell phone _____

Owner mailing address _____

Owner(s) email _____

Insured name(s) *(Only if different from Owner)* _____

Insured(s) birth date _____ Insured(s) SSN _____ Cell phone _____

SECTION 2: Primary Beneficiary Designation

All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. All pages of the form must be returned to expedite processing.

Primary beneficiary name _____ Percent _____
Birth/trust date _____ SSN/TIN _____ Cell phone _____
Mailing address _____
Email _____ Relationship to insured _____

Primary beneficiary name _____ Percent _____
Birth/trust date _____ SSN/TIN _____ Cell phone _____
Mailing address _____
Email _____ Relationship to insured _____

Primary beneficiary name _____ Percent _____
Birth/trust date _____ SSN/TIN _____ Cell phone _____
Mailing address _____
Email _____ Relationship to insured _____

Primary beneficiary name _____ Percent _____
Birth/trust date _____ SSN/TIN _____ Cell phone _____
Mailing address _____
Email _____ Relationship to insured _____

The percentage of the total primary beneficiary designation MUST equal 100%. Percent = _____

☐ **Check this box for Per Stirpes** (If a beneficiary dies before the insured, any amount that would have been paid to that beneficiary, if living, will be paid in equal shares to the surviving children of that beneficiary. If per stirpes is designated, payment of that amount will be made to the surviving children, if any, before any other beneficiary.) This designation applies to all primary beneficiaries listed above.

SECTION 3: Contingent Beneficiary Designation

Contingent beneficiary name _____ Percent _____

Birth/trust date _____ SSN/TIN _____ Cell phone _____

Mailing address _____

Email _____ Relationship to insured _____

Contingent beneficiary name _____ Percent _____

Birth/trust date _____ SSN/TIN _____ Cell phone _____

Mailing address _____

Email _____ Relationship to insured _____

The percentage of the total contingent beneficiary designation MUST equal 100%. Percent = _____

☐ **Check this box for Per Stirpes** (If a beneficiary dies before the insured, any amount that would have been paid to that beneficiary, if living, will be paid in equal shares to the surviving children of that beneficiary. If per stirpes is designated, payment of that amount will be made to the surviving children, if any, before any other beneficiary.) This designation applies to all primary beneficiaries listed above.

SECTION 4: Community Property Spousal Consent (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

☐ **Check this this box if you do not have a spouse, or if your spouse is deceased.**

I am the spouse of the above-named policy owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important financial and tax consequences of giving up some or all of my interest in this life insurance policy, I understand that I should consult my own tax or legal professional regarding my individual situation. I hereby give the policy owner any interest I have in the premiums paid into this life insurance policy and consent to the policy transaction herein requested. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Guardian, its subsidiaries, affiliates, employees, agents or representatives. **Guardian and its subsidiaries and affiliates are not responsible for failure to provide signatures in required Community Property or Marital Property states and disclaim any responsibility for determining the applicability of community property laws or the validity of the requested policy transaction.**

Spouse printed name _____

Spouse signature _____ Date _____

SECTION 5: Signature of Owners

By signing below, I certify under the penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of my knowledge and belief. I declare that no bankruptcy proceedings are now pending against me. I understand that the designations and changes on this form will not be effective unless all requirements are completed. I certify that I have the authority as the owner, or in the capacity indicated, to exercise the rights, privileges, options and benefits under the policy listed. I/We jointly and severally indemnify and hold The Company harmless from any liability for acting according to my instructions. **Signatures need to be notarized only if specifically requested by the Company. The Company is authorized to make any clarifying amendments.**

☐ 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)

Owner signature	Date	Capacity *(if applicable)* ☐ Trustee ☐ Guardian ☐ Power of Attorney ☐ Title/officer _____
Joint Owner signature	Date	Capacity *(if applicable)* ☐ Trustee ☐ Guardian ☐ Power of Attorney ☐ Title/officer _____
Other	Date	Capacity *(if applicable)* ☐ Trustee ☐ Guardian ☐ Power of Attorney ☐ Title/officer _____
Other	Date	Capacity *(if applicable)* ☐ Trustee ☐ Guardian ☐ Power of Attorney ☐ Title/officer _____
Massachusetts witness signature	Date	