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.

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)*

Account Number

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premium mode results from your election, depending on the timing of this change additional funds may be required to be withdrawn to pay your policy to the next due date.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.

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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 Interest[2]

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

Paying premiums by automated bank draft is a service offered by the Company. Completion of this form does not constitute a payment. The Company may, at its discretion, prohibit the use of this method of making payments for any policy listed herein for any reason, including in the event of recurring instances of drafts being returned due to insufficient funds or other similar reasons. 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. I further authorize the Company to credit the same account listed on this form in the event that adjustments are needed to any debits made.
2. Completion of this Bank Draft Authorization shall not constitute a payment. Multiple payment amounts may be required to bring the policy to a current date. The Company's treatment of each debit, and its rights with respect to it, will be the same as if documentation were signed or initialed personally by the Authorized Account Holder for each debit.
3. If any debit is dishonored by a bank or financial institution for any reason, the payment will be reversed and no portion of the amount due will be considered paid. The Company may try a second time for any withdrawal returned due to insufficient funds. A dishonored payment, or any attempt we make to redraft such payment, does not change any policy requirements nor the ramifications of nonpayment. Nonpayment of required funds may cause the policy to lapse or terminate in accordance with the provisions of the policy and result in the forfeiture of insurance.

SECTION 5: Terms and Conditions (continued)

4. If at the time of a second draft attempt, an additional payment is owed, the Company may draft the full amount owed to date. If the full amount due cannot be successfully drafted, no amount will be drafted which may result in policy lapse or termination.
5. If a debit is dishonored by a bank or financial institution a second time, the Company is entitled to payment for any administrative costs incurred in processing the dishonored payments. These administrative fees will be assessed against the Authorized Account Holder who agrees that the administrative fees may be debited against the authorized account. This fee is separate from any payment required under the policy or authorized by this form.
6. This Bank Draft Authorization may be terminated by the Policy Owner or the Authorized Account Holder (if different from the Policy Owner) by providing the Company with 30 day written notice. This Authorization is to remain in effect until the Company receives written notice of its revocation unless the Company ends it earlier. The Company may terminate this Authorization immediately in the event any withdrawal or electronic fund transfer is dishonored for any reason. The Company may terminate this Authorization when drafts are dishonored and prohibit use of this service for a time period.
7. 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.
8. 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.
9. 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.
10. 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.
11. Any change in name or address of the Authorized Account Holder or Policy Owner must be communicated immediately to the Company.
12. 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.
13. 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.
14. Any bank fees are the responsibility of the Authorized Account Holder.
15. 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.
16. 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

SECTION 5: Terms and Conditions (continued)

Life Insurance

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

Email: CustomerCare@guardianlife.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