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.")

BANK DRAFT ONE-TIME USE AUTHORIZATION

I/We,_____, as of the date signed, authorize the Company to withdraw/debit from my/our designated bank account (the "bank account"), a one-time payment in the amount specified below for the purpose of making a one-time payment to the Company regarding Policy_____insuring_____(the Insured). I/We understand that this is a one-time payment authorization and certify that I/we am/are the authorized signer(s) on the bank account.

Bank name _____

Bank routing number _____**Bank account number** _____**Bank account type** ☐ Checking ☐ Savings

Full title of account _____

☐ Individual ☐ Joint ☐ Trust ☐ Custodial ☐ Business ☐ Other _____

Draft amount $_____ ☐ Full payment due* ☐ Full loan interest due* ☐ Loan repayment

☐ Unscheduled paid-up additions (PUA)

☐ Minimum payment using loan* ☐ Minimum payment using withdrawal *

☐ Other (please describe): _____

Policy Owner cell phone number_____**Policy Owner email address**_____

*** If checked and the amount entered on the Draft Amount line doesn't match the required amount due as of the date of receipt of this form in good order, the Company is authorized to draft an amount corresponding to the selected purpose of payment.**

Note: If no purpose for the draft is indicated but the amount entered on the Draft Amount line matches what is currently due under the policy or the minimum payment due using loan values to pay the remainder, the payment will be applied as such.

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.

If this withdrawal/debit is dishonored by the bank or financial institution for any reason, the payment will be reversed, and the amount will not be considered paid. This may cause the policy to lapse and may result in the forfeiture of insurance.

The Company is authorized to make a second attempt to withdraw/debit funds in the event any withdrawal is returned due to insufficient funds. The Company may terminate this Authorization immediately in the event any withdrawal/debit or electronic fund transfer is dishonored for any reason. Any bank fees are the responsibility of the authorized signer on the bank account.

I/We authorize the Company to make any inquiries necessary to validate the bank account identified above and/or investigate any dispute involving my/our payment which may include verifying the information I/we provide against third party databases.

☐ 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 bank account owner Date

_____ _____
Signature of Policy Owner (if different than bank account owner) Date

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
Fax: 610-807-2720

The Guardian Insurance & Annuity Company, Inc.
Park Avenue Variable Life
P.O. Box 981588
El Paso, TX 79998-1588
Email: VULSolutions@glic.com
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: DICustomerServices@glic.com
Fax: 413-395-5992

Life and Disability Customer Call Center

1-888-GUARDIAN (482-7342)
Visit guardianlife.com