GUARDIAN®

☐ The Guardian Life Insurance Company of America ("Guardian")
☐ The Guardian Insurance & Annuity Company, Inc. ("GIAC")
☐ Berkshire Life Insurance Company of America ("Berkshire")

Request for Name or Ownership or Beneficiary Change

Regular Mail – Send to:
The Guardian Life Insurance Co. of America
Individual Life Service & Administration
P.O. Box 26100
Lehigh Valley, PA 18002-6100

Express Mail – Send to:
The Guardian Life Insurance Co. of America
Individual Life Service & Administration
3900 Burgess Place, 3 East
Bethlehem, PA 18017

Questions/Customer Service
Call (800) 441-6455
M – F, 8:00 a.m. – 6:00 p.m. ET or
Visit www.guardianlife.com

Use this form to notify the company checked above (herein called "the Company") of a change to an owner, beneficiary or insured's name, to change the ownership or to change the beneficiary or to update the address of the owner of an individual life insurance policy. **Please print clearly using blue or black ink, and cross through, initial and date any corrections or we may not be able to accept your request.**

In order to process this request, it MUST include:

- Your **street** address (if your mailing address is a P.O. Box you are still required to supply your street address);
- The required **identification information** (see New Owner Identification Information Section);

In addition:

- **If the owner of the policy is a qualified retirement plan,** the beneficiary must also be the plan. A copy of page 1 and the signature pages of the plan document must be submitted with a fully completed No Administrative Service Agreement Form.
- **If the owner of the policy is a trust,** a Trust Certification form must be included with this request.

If you require additional space:

- Attach additional pages with all required information and signatures.

See the "General Provisions" section at the end of this form for Important Information

1. POLICY INFORMATION (Please print)

Policy Number(s)

Insured's Name

2. TYPE OF REQUEST Check all appropriate boxes. Review and complete sections indicated.

☐ Name Change – Sections 6, 8
☐ Change of Owner – Sections 3, 4, 5, 8
☐ Beneficiary Change - Sections 7, 8
☐ Address Change - Sections 5, 8

NOTE: IF NO BOXES ARE CHECKED AND THE OWNERSHIP SECTION OF THE FORM IS FILLED OUT BUT THE BENEFICIARY SECTION IS NOT, THEN THE BENEFICIARY WILL BE AUTOMATICALLY CHANGED TO BE THE SAME AS THE NEW OWNER.

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See the "General Provisions" section at the end of this form for Important Information

3. CHANGE OF OWNER

- If you want any of the owners previously named to continue as the owner, you must include their names on this form.

The owner requests that ownership of the policy (ies) referenced in the Policy Information section above, be changed as follows:

1. New Primary Owner:

Name of new owner or title of trust or retirement plan name

Social Security/Tax ID# | Birth/trust date

Address (complete address required)

Email Address

Phone Number

New owner's relationship to the Insured

Name of new joint owner (if applicable)

Social Security/Tax ID# | Birth/trust date

Address (complete address required)

Email Address

Phone Number

Joint owner's relationship to the Insured

2. Contingent Owner: In the event there are no living Primary Owners

Name of new owner or title of trust or retirement plan name

Social Security/Tax ID# | Birth/Trust date

Address (complete address required)

Email Address

Phone Number

New owner's relationship to the Insured

Name of new joint owner (if applicable)

Social Security/Tax ID# | Birth/Trust date

Address (complete address required)

Email Address

Phone Number

Joint owner's relationship to the Insured

3. Tertiary Owner: In the event there are no living Primary or Contingent Owners

Name of new owner or title of trust or retirement plan name

Social Security/Tax ID# | Birth/Trust date

Address (complete address required)

Email Address

Phone Number

New owner's relationship to the Insured

Name of new joint owner (if applicable)

Social Security/Tax ID# | Birth/Trust date

Address (complete address required)

Email Address

Phone Number

Joint owner's relationship to the Insured

See the "General Provisions" section at the end of this form for Important Information

4. NEW OWNER IDENTIFICATION INFORMATION (Complete this section when requesting change of ownership for GIAC policies only.)

- Requests will not be processed without information about the new owner's identification.
- Identification information must be provided for all owners.
- If the new owner is a trust or qualified retirement plan, please provide identification information for the trustee. Also, requests will not be processed without the additional documentation noted on page 1.
- If the new owner is a Partnership, Corporation or LLC, please provide identification information for the person(s) signing for the new owner.

A CLEAR COPY OF THE ID MUST BE SUBMITTED WITH A REQUEST FOR OWNERSHIP CHANGE.

Indicate type of identification being provided and supply required information.

Driver's License #, Government Issued Photo ID # or Passport #	State of Issue	Date of Issue	Expiration Date

Indicate type of identification being provided and supply required information.

Driver's License #, Government Issued Photo ID # or Passport #	State of Issue	Date of Issue	Expiration Date

5. ADDRESS FOR POLICY CORRESPONDENCE

Primary Street Address	City	State	Zip Code

Mailing Address (required if different from above)	City	State	Zip Code

6. NAME CHANGE

- A legal document (court order, marriage certificate, divorce decree) evidencing a change in the owner's, insured's and/or beneficiary's legal name must be attached to the request for a name change.

Name of: ☐ Insured ☐ Owner ☐ Beneficiary

The policy owner requests a name change as follows:

Change name from:

Change name to:

Reason:

See the "General Provisions" section at the end of this form for Important Information

7. BENEFICIARY CHANGE

- 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.

The owner requests that the beneficiaries of the policy (ies) referenced in the Policy Information section of the form, be changed as follows:

1. Primary Beneficiary – Please complete whichever designation applies:

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth
Complete Address	**Email Address**	**Phone Number**	**Fraction or Percentage**
Name of beneficiary	**Relationship to the Insured**	**SS# or Tax ID #**	**Date of Birth**
Complete Address	**Email Address**	**Phone Number**	**Fraction or Percentage**
Name of beneficiary	**Relationship to the Insured**	**SS# or Tax ID #**	**Date of Birth**
Complete Address	**Email Address**	**Phone Number**	**Fraction or Percentage**
Name of beneficiary	**Relationship to the Insured**	**SS# or Tax ID #**	**Date of Birth**
Complete Address	**Email Address**	**Phone Number**	**Fraction or Percentage**

☐ Children of the Insured

This designation includes all children born or adopted from any marriage of the insured.

☐ Children of the Insured's Marriage with _____ (name of spouse)

This designation would include any adopted children.

☐ Children born of the Insured's Marriage with _____ (name of spouse)

This designation excludes any adopted children.

☐ Grandchildren of the Insured

☐ Insured's Estate

☐ Trustee Under the Insured's Last Will & Testament

This designation means the then acting Trustee of the Trust under the Insured's Will that is probated. If no Will of the Insured is probated or if there is no trust in effect under the Will that is probated, proceeds will be paid to the Contingent Beneficiary, if living, otherwise to the owner or the estate of the owner.

If beneficiary is a trust or qualified retirement plan:

Title of trust or qualified retirement plan name _____

Names of Authorized Trustees	Date of Trust

☐ **Per Stirpes**—means 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 contingent beneficiary.

7. BENEFICIARY CHANGE (Continued)

2. Contingent Beneficiary – Please complete whichever designation applies:

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

☐ Children of the Insured

This designation includes all children born or adopted from any marriage of the insured.

☐ Children of the Insured's Marriage with _____ (name of spouse)

This designation would include any adopted children.

☐ Children born of the Insured's Marriage with _____ (name of spouse)

This designation excludes any adopted children.

☐ Grandchildren of the Insured

☐ Insured's Estate

☐ Trustee Under the Insured's Last Will & Testament

This designation means the then acting Trustee of the Trust under the Insured's Will that is probated. If no Will of the Insured is probated or if there is no trust in effect under the Will that is probated, proceeds will be paid to the Contingent Beneficiary, if living, otherwise to the owner or the estate of the owner.

If beneficiary is a trust or qualified retirement plan:

Title of trust or qualified retirement plan name

Names of Authorized Trustees

Date of Trust

☐ **Per Stirpes**—means 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 contingent beneficiary.

7. BENEFICIARY CHANGE (Continued)

3. Tertiary Beneficiary – Please complete whichever designation applies:

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

Name of beneficiary	Relationship to the Insured	SS# or Tax ID #	Date of Birth

Complete Address	Email Address	Phone Number	Fraction or Percentage

☐ Children of the Insured

This designation includes all children born or adopted from any marriage of the insured.

☐ Children of the Insured's Marriage with _____ (name of spouse)

This designation would include any adopted children.

☐ Children born of the Insured's Marriage with _____ (name of spouse)

This designation excludes any adopted children.

☐ Grandchildren of the Insured

☐ Insured's Estate

☐ Trustee Under the Insured's Last Will & Testament

This designation means the then acting Trustee of the Trust under the Insured's Will that is probated. If no Will of the Insured is probated or if there is no trust in effect under the Will that is probated, proceeds will be paid to the Contingent Beneficiary, if living, otherwise to the owner or the estate of the owner.

If beneficiary is a trust or qualified retirement plan:

Title of trust or qualified retirement plan name

Names of Authorized Trustees

Date of Trust

☐ **Per Stirpes**—means 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 contingent beneficiary.

See the "General Provisions" section at the end of this form for Important Information

8. SIGNATURES

The General Provisions printed at the end of this form are part of this request. I have reviewed and understand the General Provisions.

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 and I am not subject to back-up withholding. I understand that the designations and changes on this form will not be effective unless all requirements are completed**. I understand that federal law requires all financial institutions to obtain and record information that identifies each person who owns a life insurance policy. To meet this requirement the Company asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the requested change being denied.**

DATE _____

_____ Current owner (required)	_____ Title (If applicable)
_____ Joint owner (If applicable)	_____ Title (If applicable)
_____ New owner (If applicable)	_____ Title (If applicable)
_____ New joint owner (If applicable)	_____ Title (If applicable)
_____ Other required signature (If applicable)	_____ Title (If applicable)

Massachusetts Witness Signature Section: A disinterested party (anyone over 18 years of age and other than the owner, insured or beneficiary) must witness the signature of the owner, by signing below, when the owner or insured reside in Massachusetts.

_____
Signature

Signatures need to be notarized only if specifically requested by the company.

State of _____)
)ss.
County of _____)

On this _____ day of _____ in the year _____ before me personally appeared _____ to me known to be of age and to be the individual _____ described in and who executed the foregoing instrument and acknowledge that he/she/they executed the same.

(Seal of Office)

My term of office expires _____ _____
Notary Public

THE ROLE OF THE COMPANY:
If this document is not completed appropriately, the company has the right to declare that it is not binding. The company may rely on an affidavit by any beneficiary, or on other written evidence that is deemed satisfactory regarding the name, marriage, death, date of birth, address or any other pertinent facts regarding beneficiaries. The company will be discharged of any liability from making payments or taking other action based on this information. The company will not be responsible for the application, disposition or use of any payments to the beneficiary and will be fully discharged in making payment to the beneficiary. **The company is authorized to make any clarifying amendments.**

Recorded _____ **Date** _____

THIS PAGE IS FOR YOUR RECORDS. DO NOT RETURN.

GENERAL PROVISIONS

- A request for change in name, ownership or beneficiary must be sent to the Company's Northeast Regional Office in a written format satisfactory to the Company. Such change will take effect when recorded in the Company's Northeast Regional Office using the date you signed the request. The change will not apply to any payments made or actions taken by the Company before the request is recorded.

SIGNATURE REQUIREMENTS FOR PARTNERSHIPS, CORPORATIONS, LLCs AND TRUSTS:

- **Partnership:** signature of one partner other than the insured
- **Limited Partnership:** signature of the general partner (if the general partner is a corporation, LLC or a trust, you must follow the appropriate signature requirements below)
- **Corporation or LLC:** signature of one authorized officer or member other than the insured followed by their title.
- **Trust:** signatures of all trustees, unless one trustee has the authority to sign for the entire trust. If one trustee can sign, be sure to include proof of authorization.

Information pertaining to name changes:

- Name change requests must be accompanied by a copy of an official certificate reflecting such change deemed satisfactory to the Company in the Company's sole discretion.

Information pertaining to ownership changes:

- **CHANGING OWNERS MAY BE A TAXABLE EVENT. The Company and its affiliates, subsidiaries, employees and agents do not provide legal, investment or tax advice. Tax laws and regulations are complex and subject to change. For information that is specific to your situation, consult your legal, investment or tax advisor to determine any tax consequences. The Company will not be responsible for any tax consequences arising from a change in ownership.**
- **For GIAC policies only:** All ownership changes require a copy of government-issued identification.
- **If you are a resident of CA, NV or WA:** If you are changing the owner to anyone other than your spouse, your spouse must also sign the form.
- When the request involves a non-natural person(s), the Company reserves the right to request any documentation it deems satisfactory to evidence certain facts, including, but not limited to whether an entity is duly organized, is empowered to execute documents for ownership of the policy and that those signing have signatory authority.
- Joint owners will have right of survivorship unless otherwise designated or stated in the Policy.
- If there is more than one owner, the company will only send the premium notices to one of the owners.
- If the policy is collaterally assigned, the signature of the collateral assignee is required, following the appropriate signature requirement listed above.

Information pertaining to beneficiary changes:

- The owner has the right to change beneficiaries except when an irrevocable designation is assigned to the policy. An irrevocable beneficiary designation is not permitted on any policy issued by the Company after 1947.
- **When you have more than one beneficiary:** The proceeds can be split equally among all beneficiaries. When the proceeds are split equally, the living beneficiaries would receive the proceeds of any named beneficiaries who are not living at the time of the insured's death. If no percentages or fractions are listed in a beneficiary section, the beneficiaries will automatically have an equal share of the proceeds.

- Or you can choose the percentage or fractional amount you wish each beneficiary to receive. 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.

  NOTE: When unequal percentages or fractions are selected in any of the beneficiary sections, you may not list any further beneficiaries on this form. For this type of request please contact us so that a special form can be prepared.

- Be sure that the percentages in each section add up to 100% or if using fractions it should total 1.
- **When there is an assignment on the policy:** Beneficiaries are subordinate to any assignment regardless of whether the assignment occurred before or after the beneficiary is named.
- **When a trust is designated as a beneficiary:** In the event that a trust is named as a beneficiary and the trust is not in force at the time of the Insured's death, the proceeds will be treated in the same manner as if a named beneficiary is not living.
- **When a named beneficiary is not living:** In the event that a beneficiary is not living at the time of the Insured's death the following situations can occur:

  If all beneficiaries are scheduled to receive equal shares of the policy proceeds:
  - That portion of the deceased beneficiary's proceeds will be paid equally to the surviving beneficiaries

  If beneficiaries have unequal shares of the policy proceeds:
  - That portion of the proceeds will be distributed to the policy owner or if deceased and there is no successor owner it will go to the estate of the policy owner or…
  - If the policy has a successor owner, the new policy owner will receive that portion of the proceeds originally intended for the deceased beneficiary

  Unless otherwise provided, any reference to a beneficiary living at the Insured's death means living on the earlier of (a) the date due proof of the Insured's death is received by the Company at its Northeast Regional Office, and (b) the 15th day after the date of the Insured's death.
- **If you are a resident of Massachusetts:** In accordance with Massachusetts law, the signature of the owner must be witnessed by a disinterested witness. A disinterested witness is anyone over 18 years of age and other than the owner, insured or beneficiary. It could also be a notary public.