



IMPORTANT INFORMATION AND INSTRUCTION GUIDE

- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA ("Guardian")
- THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC. ("GIAC")
- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA ("Berkshire")

IMPORTANT INFORMATION ABOUT CHANGING OWNERSHIP AND DESIGNATING BENEFICIARIES

What you need to know about the owner of a policy

Owner means the person whose life is insured by the life insurance policy unless the policy names another person as owner.

Insured means annuitant when applicable.

Successor Owner means a numbered sequence may be used to name successor owners. If the owner dies, ownership passes to the next designated successor owner then living. If none is then living, ownership passes to the owner's estate.

Joint Owner means if more than one person is named with no number or the same number, they are joint owners. Any policy transaction requires the signature of all persons named jointly. Unless otherwise provided, if a joint owner dies, ownership passes to the surviving joint owner(s). When the last joint owner dies, ownership passes to that person's estate, unless otherwise provided.

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 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 owner or the estate of the policy's 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.

1. If there is more than one primary owner, the company will only send the premium notices to one of the owners, unless otherwise instructed.
2. If the new owner is a minor or is considered incompetent, it is the responsibility of the former owner to name the new beneficiaries.
3. Disability benefit payments under the policy are made to the owner unless otherwise indicated. If you want someone other than the owner to receive these benefits, you need to indicate this change in the Special Instructions portion of the form.
4. When changing owners, it is extremely important for the new owner to complete the beneficiary section of the form—even if the beneficiaries are going to remain the same. Unless the beneficiary section is completed, the owner or the estate of the owner automatically becomes the beneficiary and all previous beneficiaries will be null and void.
5. An owner has the right to change beneficiaries except when an irrevocable designation is assigned to this policy. This designation is not permitted on any policy with the Rider 54-R25-PT or on any policies with a number higher than 0848152.
6. Death of Beneficiary. If no named beneficiary is living at the Insured's death, unless otherwise provided, the beneficiary shall be the Owner or the estate of the Owner. 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 Northeastern Regional Office, and (b) the 15th day after the date of the Insured's death.

What you need to know before changing ownership if you are a resident of the state of CA, NV or WA.

If you are changing the owner to anyone other than your spouse, your spouse must also sign the form and have their signature notarized.

What you need to know before designating beneficiaries

When one of the beneficiaries is your child, you can protect their children's (your grandchildren's) inheritance. To do this, you need to check a special box on the change of beneficiary form. The box is located in three places: the bottom of the primary, contingent and tertiary beneficiary sections. By checking this box it, in effect, makes your grandchildren beneficiaries in the event that their parent is deceased prior to the distribution of the policy's proceeds.



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IF YOU WANT TO NAME CHILDREN AS A BENEFICIARY

For people who want all of their children to have an equal share in the proceeds, there is a way to designate the children as beneficiaries without actually naming each child.

When filling out the form, you may choose to name the beneficiaries in the following manner:

- **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.**

For people who want to split the proceeds unevenly among their children, it is necessary to include each child's name that you want as a beneficiary. Use this designation in completing the primary, contingent, and/or tertiary sections of the form.

When there is an assignment on the policy

This means that another person, organization or business has rights to the proceeds or a portion of life insurance benefits, ahead of any named beneficiaries. Assignments are often made in business to serve as collateral for business loans or other business ventures. Beneficiaries are subordinate to any assignment regardless of whether the assignment occurred before or after the beneficiary is named.

When a trustee 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 (see page one of this Instruction Guide under **When a named beneficiary is not living**).

Actions of trustees

The company is not responsible for the application, disposition or use of any payments made to a trustee or any actions the trustee may take.

Obtaining information regarding beneficiaries

The company may rely on an affidavit from any beneficiary, or upon other written evidence deemed satisfactory, relating to the name, marriage, death, date of birth, address and any other acts concerning any beneficiary. Based on the affidavit or other evidence, the company is released from all liability and responsibility from relying on that information.

Right of refusal

If the Change of Owner and Beneficiary Form is not completed correctly, the company has the right to reject the changes and deem them non-binding.



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PRIMARY BENEFICIARY

A primary beneficiary is anyone who you want to receive the entire proceeds or a portion of the proceeds from your life insurance policy. **You can have as many primary beneficiaries as you want.** If you name one primary beneficiary they would receive 100% of your proceeds.

CONTINGENT BENEFICIARY

A contingent beneficiary is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as your primary beneficiary is alive at the insured's death. **You can have as many contingent beneficiaries as you want.**

TERTIARY BENEFICIARY

A tertiary beneficiary only receives proceeds if they outlive all other primary and contingent beneficiaries. **You can name as many tertiary beneficiaries as you want.**

WHEN YOU HAVE MORE THAN ONE BENEFICIARY, YOU CAN:

Designate to have the proceeds 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 are listed in a beneficiary section, the beneficiaries will automatically have equal percentages of the proceeds.

Or you can choose the percentage amount you wish each beneficiary to receive. When beneficiaries receive unequal percentages, 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 ARE SELECTED IN ANY OF THE BENEFICIARY SECTIONS OF THIS FORM YOU MAY NOT LIST ANY FURTHER BENEFICIARIES. IF THIS TYPE OF ARRANGEMENT IS WANTED, YOU MUST SEND US THE INFORMATION AS TO THE COMPLETE DESIGNATION THAT IS WANTED SO A SPECIAL FORM CAN BE PREPARED.

Be sure that the percentages in each section add up to 100%. That means the percentages in primary beneficiaries must add up to 100%, the contingent beneficiaries must add up to 100% and the percentage in tertiary beneficiaries must add up to 100%.



> By completing this form the owner and beneficiary designation will be changed as indicated. Once the company receives this form, all other documents pertaining to ownership and beneficiaries will be null and void. That means if you want any of the beneficiaries previously named to continue as beneficiaries, you must include their names on the form. Otherwise, the new owner will become the primary and sole beneficiary.

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CHANGE OF OWNERSHIP AND BENEFICIARY FORM

> POLICY NUMBERS:

The owner requests a change in ownership on the following policy(ies) on the life of: _____

Policy Number: _____ Policy Number: _____

Policy Number: _____ Policy Number: _____

Policy Number: _____ Policy Number: _____

> CHANGE OF OWNER:

The owner of the policies listed above requests that the ownership of these policies be changed:

1. **NEW PRIMARY OWNER:** A primary owner is anyone you want to assume ownership of the policy that you currently own.

Owner Name (First, MI, Last) or name of trust, company or other owner: _____

Date of Birth _____ Social Security Number/ Tax ID Number _____

Relationship to Insured _____

Tax Qualified Plans? Yes No

Complete if Policy will be **Trust Owned:**

Date of Trust _____

Complete Names of Authorized Trustees _____

2. **CONTINGENT OWNER:** A contingent owner is anyone you want to assume ownership in the event that there are no living primary owners.

Owner Name (First, MI, Last) or name of trust, company or other owner: _____

Date of Birth _____ Social Security Number/ Tax ID Number _____

Relationship to Insured _____

Tax Qualified Plans? Yes No

Complete if Policy will be **Trust Owned:**

Date of Trust _____

Complete Names of Authorized Trustees _____

3. **TERTIARY OWNER:** A tertiary owner is anyone you want to assume ownership in the event that none of the primary or contingent owners are alive.

Owner Name (First, MI, Last) or name of trust, company or other owner: _____

Date of Birth _____ Social Security Number/ Tax ID Number _____

Relationship to Insured _____

Tax Qualified Plans? Yes No

Complete if Policy will be **Trust Owned:**

Date of Trust _____

Complete Names of Authorized Trustees _____

SPECIAL INSTRUCTIONS:

INDICATE IF DISABILITY PAYMENTS SHOULD GO TO SOMEONE OTHER THAN THE OWNER.



CHANGE OF OWNERSHIP AND BENEFICIARY FORM CONTINUED

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POLICY CORRESPONDENCE:

Correspondence for these policies should be sent to:

1. **NAME OF PROPOSED PRIMARY OWNER TO RECEIVE CORRESPONDENCE:** (If there is more than one primary owner, the correspondence will be addressed to all of them, but sent only to the name listed in this section.)

Name _____

Street Address _____

City _____ State _____ Zip _____

> POLICY PROVISIONS:

The owner requests that the following revisions are incorporated into policies issued prior to 1948 that have not been previously amended:

- The current beneficiary provisions are canceled
- The beneficiary provisions described in form T96 are substituted
- The new beneficiaries listed on this form will be subject to the new beneficiary provisions

**PLEASE DATE AND SIGN ON PAGE 6 AND,
IF SPECIFICALLY REQUIRED BY THE COMPANY,
HAVE SIGNATURES NOTARIALLY ACKNOWLEDGED ON PAGE 7**



CHANGE OF OWNERSHIP AND BENEFICIARY FORM CONTINUED

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> CHANGE MY BENEFICIARIES TO:

Before you complete this section, please review our instruction guide. Changing your beneficiaries is a very serious matter. To make sure your beneficiaries receive their proceeds in the manner you wish, without any delays or disputes, it's extremely important that this section is completed correctly. To help you complete this section without any errors, we recommend you use our Instruction Guide.

1. PRIMARY BENEFICIARIES – PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	

(For designation of children as a class see instruction guide for proper wording to use). After reviewing the guide, write your comments below.

See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate

_____ As Trustee(s) of the _____

_____ Trust Agreement Dated _____

(Name of Trust)

Trustee under the insured's last will and testament.

_____ Their successors or _____

assigns, as trustee under insured's last will and testament dated _____

Other _____

**PLEASE DATE AND SIGN ON PAGE 6 AND,
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2. CONTINGENT BENEFICIARIES -- PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

A **contingent beneficiary** is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as a primary beneficiary is alive at the insured's death. You may have as many contingent beneficiaries as you wish.

<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	

(For designation of children as a class see instruction guide for proper wording to use). After reviewing the guide, write your comments below.

See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate
 _____ As Trustee(s) of the
 _____ Trust Agreement Dated _____
 (Name of Trust)

Trustee under the insured's last will and testament.
 _____ Their successors or
 assigns, as trustee under insured's last will and testament dated _____

Other: _____

**PLEASE DATE AND SIGN ON PAGE 6 AND,
IF SPECIFICALLY REQUIRED BY THE COMPANY,
HAVE SIGNATURES NOTARIALY ACKNOWLEDGED ON PAGE 7**



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3. TERTIARY BENEFICIARIES -- PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

A tertiary beneficiary is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as a primary or contingent beneficiary is alive at the insured's death. You may have as many tertiary beneficiaries as you wish.

<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	

(For designation of children as a class see instruction guide for proper wording to use). After reviewing the guide, write your comments below.

See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate
_____ As Trustee(s) of the
_____ Trust Agreement Dated _____
(Name of Trust)

Trustee under the insured's last will and testament.
_____ Their successors or
assigns, as trustee under insured's last will and testament dated _____

Other: _____

**PLEASE DATE AND SIGN ON PAGE 6 AND,
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> REQUIRED SIGNATURES:

Please mail completed form to:

The Guardian Life Insurance Company of America
 Administrative Office:
 Individual Markets Service & Administration
 3900 Burgess Place
 Bethlehem PA 18017

Berkshire Life Insurance Company of America
 Administrative Office:
 700 South Street
 Pittsfield MA 01201

FORMER OWNER AND NEW OWNER MUST SIGN FORM IN APPROPRIATE CATEGORY ON THIS PAGE. IF SIGNATURES ARE REQUIRED TO BE NOTARIALY ACKNOWLEDGED BY THE COMPANY, USE THE NOTARIAL BLOCKS ON PAGE 7.

Important instructions:

When changing owners you have many options. For example: if you are an individual owner, you are not limited to naming another individual as the new owner. Rather, you can name any of the available options (trust, corporation, partnership, etc.) as the new owner.

To fill in this section of the form correctly, first select the category that describes the former owner (left hand column) and complete that information. Then go to the new owner column and complete the information in the appropriate section. **Please note:** Unless the former owner and new owner are the same category (individual to individual, trust to trust, etc.), the names will not appear next to each other on the form.

DATE _____

Former Owner (complete appropriate section below):

New Owner (complete appropriate section below):

If an Individual(s):
 The full name or names should be used. For example: Edward Richard Williams or Jane Mary Williams.

Individual _____
 Signature _____
 Signature _____

Individual _____
 Signature _____
 Signature _____

If a Sole Proprietorship:
 The full name of the company should be printed with the full signature of the owner followed by the word "owner".

Company _____
 Signature _____
 Signature _____

Company _____
 Signature _____
 Signature _____

If a Partnership:
 The full name of the firm should be printed with the signature of one partner other than the insured.

Firm Name _____
 Partner Signature _____
 Partner Signature _____

Firm Name _____
 Partner Signature _____
 Partner Signature _____

If a Corporation or LLC:
 The full name of the corporation should be printed with the signatures of two authorized officers/managers/members followed by their titles. You have the option to use one officer other than insured as long as corporate seal is used.

Corporation or LLC Name _____
 Officer (Sign) _____
 Title _____
 Officer (Sign) _____
 Title _____

Corporation or LLC Name _____
 Officer (Sign) _____
 Title _____
 Officer (Sign) _____
 Title _____

If a Trust:
 Print title of trust and names of all Trustees. Obtain signature of all Trustees, unless one Trustee has authority to sign for the entire trust. If that is the case be sure to include Proof of Authorization.

Title of Trust _____
 Trustee _____
 Trustee _____

Title of Trust _____
 Trustee _____
 Trustee _____



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Signatures need to be notarially acknowledged only if specifically required by the company.

State of _____ }
 County of _____ } SS:
 On this _____ day of _____ in the year 20 _____
 before me personally came _____
 to me known to be of age and to be the individual _____ described in and who executed the foregoing instrument
 and acknowledge that _____ he _____ executed the same.

(Seal of Office)

My term of Office Expires _____ 20 _____

 Signature of officer taking acknowledgement

State of _____ }
 County of _____ } SS:
 On this _____ day of _____ in the year 20 _____
 Before me personally came _____
 To me known to be of age and to be the individual _____ Described in and who executed the foregoing instrument
 and acknowledge that _____ he _____ executed the same.

(Seal of Office)

My term of Office Expires _____ 20 _____

 Signature of officer taking acknowledgement

> 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 trustee and will be fully discharged in making payment to the trustee. **The company is authorized to make any clarifying amendments.**

Title Examiner _____ Date _____

This is to certify that this change of ownership and beneficiary notice has been recorded.