Clear Form Print Form

GUARDIAN

The Guardian Insurance & Annuity Company, Inc.
Attn: Variable Annuity Distributions, Equity 3 South
Regular Mail: P.O. Box 26210, Lehigh Valley, PA 18002-6210
Express Mail: 3900 Burgess Place, Bethlehem, PA 18017
1-800-221-3253, Options 1, 0

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

Use this form to (please check one):

☐ Authorize The Guardian Insurance & Annuity Company, Inc. (GIAC) to deposit systematic withdrawals, annuity payments, or Section 72(t)/72(q) payments from GIAC annuity contracts directly into a bank account.

☐ Change bank account information.

1. Complete and sign the form. ***Note: Your bank must be a member of the Automated Clearing House (ACH).*** Also, *all* contract and bank account owners must sign the form. After we receive your authorization, we will need approximately one month before we can initiate direct deposit.

2. ***Important: Attach a voided blank check or savings deposit ticket from the account into which payments will be deposited.***

PLEASE PRINT OR TYPE

GIAC Annuity Contract Number

Contractowner(s) Phone Number

Bank Account Owner Name (print name as shown on bank records)

Bank Routing Number ☐☐☐☐☐☐☐☐☐ Account Type ☐ (1 - Checking or 2 - Savings)

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name

Bank Address City State Zip

SIGNATURES

By signing this form in the space below, I (we) authorize The Guardian Insurance & Annuity Company, Inc. (GIAC) to deposit systematic withdrawals, annuity payments, or Section 72(t)/72(q) payments made by GIAC with respect to the GIAC annuity contract specified above to the bank account specified above. I (we) acknowledge that the deposit of this money is for payments which I (we) have requested under the contract number listed above. I (we) also authorize GIAC to initiate, if necessary, debit entries and adjustments for any credit entries. I (we) understand that the contractowner(s) may end this authorized direct deposit arrangement by sending GIAC a written request executed by all appropriate parties for receipt at least one month prior to the termination of the authorization.

Signature of Contractowner Date

Signature of Joint Contractowner (if any) Date

Signature of Bank Account Owner (if other than Contractowner) Date

Signature of Joint Bank Account Owner (if any other than Joint Contractowner) Date