Clear Form | Print Form

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, <u>*all*</u> 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 _____