

Guardian® Instructions and Guidelines for Beneficiary Designation

Please read and follow the instructions carefully when submitting this form to prevent delays. All pages of the form must be returned to expedite processing.
 Note: The instruction page does not need to be returned.

General Information

The relationship of the beneficiary to the Insured must be included.

All proceeds must add up to 100% in each beneficiary designation or if using fractions should total 1. Do not list over or under 100% of the proceeds in any given beneficiary designation section. If no percentages or fractions are listed in a beneficiary section, the beneficiaries will automatically have an equal share of the proceeds. When proceeds are split equally, the living beneficiaries in the same class would receive the proceeds of any named beneficiaries who are not living at the time of the insured's death, unless per stirpes designation is selected or unless otherwise provided.

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

Any corrections or changes to the form must be initialed and dated. Please print clearly!

If additional space is needed for primary or contingent beneficiaries, please attach a blank sheet of paper listing the beneficiaries, including all the details, as indicated in the Beneficiary Designation section. The blank page must be signed and dated.

Class Designation

In lieu of providing specific beneficiary names, the following class designations can be used:

- Children of the Insured
- Grandchildren of the Insured
- Insured's Estate
- Trustee Under the Insured's Last Will & Testament*

*If the insured dies without a valid will, or if no trust is created within 90 days of the Insured's death, the proceeds of this policy will be paid to the Owner or the Owner's Estate.

Signatures

Please review the instructions located to the right of this page to ensure your request is not delayed.

<p>Corporation or Limited Liability Company (LLC)</p> <p>Signature of officer, manager or member, including title, other than the insured is required.*</p> <ul style="list-style-type: none"> • Corporate Resolution listing names, titles and signatures of employees authorized to sign and transact business on behalf of the company. Corporate Resolution must be on corporate letterhead and be signed by President and/or Corporate Secretary. Or; • Completion of Guardian's Certification of Corporate/Entity Resolution template. <p><i>*If the insured is the sole officer, manager or member, supporting documentation such as filed documents with the Secretary of State's office (listing the corporate officers and their titles) or a copy of the operating agreement, including any amendments, will be required.</i></p>
<p>Partnership</p> <p>Signature of partner, including title, other than the Insured is required.</p>
<p>Trust or Pension Plan</p> <p>Signatures of all trustees, unless one trustee has the authority to sign for the entire trust/plan. If one trustee can sign, be sure to include proof of authorization.</p>
<p>Community Property State</p> <p>If you are married, reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI), and designate someone other than your spouse as your sole primary beneficiary, your spouse must sign. If not married and reside in a community property state, please check the box provided above the signature requirements.</p> <p>If you are unsure if these laws apply to you, consult your own legal or tax advisor to determine whether a spousal signature is required on this form.</p>
<p>Irrevocable Beneficiary</p> <p>The owner has the right to change beneficiaries except when an irrevocable designation is assigned to the policy.</p>
<p>Massachusetts Witness Signature Section</p> <p>A disinterested party (anyone over 18 years of age and other than the owner, insured or beneficiary) must witness the signature of the owner when the owner or insured reside in Massachusetts.</p>
<p>UTMA/UGMA</p> <p>UTMA/UGMA refers to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated, the person designated will be custodian for the child(ren) named. We require the Custodian's full legal name (First, MI, Last, Suffix), Relationship to Insured, Minor's name, Date of Birth and Custodial State.</p>
<p>Power of Attorney</p> <p>The attorney-in-fact or agent must sign in capacity as attorney-in-fact or agent. Provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit an affidavit form if power of attorney document is more than 3 years old.</p>



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

Individual Life Service & Administration
 P.O. Box 981590
 El Paso TX, 79998-1590
 1 888 Guardian (482-7342)
 guardianlife.com

Request for Beneficiary Change for Individual Life Policies

Section I – Policy Information

Policy Number(s)			
Owner Name(s)	Owner(s) Birth/Trust Date	Owner(s) SSN	Telephone Number
Owner Mailing Address			Owner(s) Email Address
Insured Name(s)	Insured(s) Birth Date	Insured(s) SSN	Telephone Number

Section II – Primary Beneficiary Designation

This form revokes all previous beneficiary designations. 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. All pages of the form must be returned to expedite processing. If the percentages/fractions are not listed, the designations will be made in equal shares.

Primary Beneficiary Name	Birth /Trust Date	SSN/TIN	Percent/ Fraction
Mailing Address	Relationship to Insured	Telephone Number	

Primary Beneficiary Name	Birth /Trust Date	SSN/TIN	Percent/ Fraction
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Primary Beneficiary Name	Birth /Trust Date	SSN/TIN	Percent/ Fraction
Mailing Address	Relationship to Insured	Telephone Number	

The percentage of the total primary beneficiary designation MUST equal 100% or if using fractions MUST equal 1. Percent/Fraction = _____

Per Stirpes (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 beneficiary.) This designation applies to all primary beneficiaries listed above.





Section III – Contingent Beneficiary Designation

Contingent Beneficiary Name	Birth /Trust Date	SSN/TIN	Percent/ Fraction
Mailing Address	Relationship to Insured	Telephone Number	

Contingent Beneficiary Name	Birth /Trust Date	SSN/TIN	Percent/ Fraction
Mailing Address	Relationship to Insured	Telephone Number	

The percentage of the total contingent beneficiary designation **MUST** equal 100% or if using fractions **MUST** equal 1. Percent/Fraction= _____

Per Stirpes (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 beneficiary.) This designation applies to all contingent beneficiaries listed above.

Section IV – Community Property Spousal Consent (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Check this box if you do not have a spouse, or if your spouse is deceased.

I am the spouse of the above-named policy owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important financial and tax consequences of giving up some or all of my interest in this life insurance policy, I understand that I should consult my own tax or legal professional regarding my individual situation. I hereby give the policy owner any interest I have in the premiums paid into this life insurance policy and consent to the policy transaction herein requested. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Guardian, its subsidiaries, affiliates, employees, agents or representatives. **Guardian and its subsidiaries and affiliates are not responsible for failure to provide signatures in required Community Property or Marital Property states and disclaim any responsibility for determining the applicability of community property laws or the validity of the requested policy transaction.**

Spouse Printed Name	Spouse Signature	Date
_____	_____	_____

Section V – Signature of Owners

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. I understand that the designations and changes on this form will not be effective unless all requirements are completed. I certify that I have the authority as the owner, or in the capacity indicated, to exercise the rights, privileges, options and benefits under the policy listed. I/We jointly and severally indemnify and hold the Company harmless from any liability for acting according to my instructions. **Signatures need to be notarized only if specifically requested by the company. The company is authorized to make any clarifying amendments.**

Owner	Date	Capacity <i>If applicable</i> <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Title/Officer: _____
_____	_____	_____

Joint Owner	Date	Capacity <i>If applicable</i> <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Title/Officer: _____
_____	_____	_____

Other	Date	Capacity <i>If applicable</i> <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Title/Officer: _____
_____	_____	_____

Other	Date	Role <i>If applicable</i> <input type="checkbox"/> Collateral Assignee <input type="checkbox"/> Irrevocable Beneficiary
_____	_____	_____

Massachusetts Witness Signature	Date
_____	_____