



The Guardian Insurance & Annuity Company, Inc.

service request form

Regular Mail – Send To:

The Guardian Insurance & Annuity Company, Inc.
Retirement Solutions
P. O. Box 26210
Lehigh Valley, PA 18002-6210

Express Mail – Send To:

The Guardian Insurance & Annuity Company, Inc.
Retirement Solutions
6255 Sterner's Way
Bethlehem, PA 18017

Questions / Customer Service

Call (800) 221-3253
M - F, 8:30 a.m. - 7:00 p.m. ET **or**
Visit www.guardianlife.com
Fax (610) 807-6083 or (610) 807-7841

The contractowner may use this form to request optional services to a new or existing Guardian Insurance & Annuity Company, Inc. (GIAC) variable annuity. Make a copy of the completed form and retain it for your records.

1. CONTRACT INFORMATION *(Print clearly in ink.)*

Check One: ☐ New Contract ☐ Existing Contract # _____

Owner Name		Social Security/Tax ID #	
Joint Owner Name (if any)		Social Security/Tax ID #	
Street Address	City	State	Zip
Daytime Telephone		Evening Telephone	

2. TYPE OF REQUEST

☐ Automatic Portfolio Rebalancing
Complete Sections 1, 3, 6

☐ Premium Payment Billing
Complete Sections 1, 4, 6

☐ Telephone Change Authorization
Complete Sections 1, 5, 6.

3. AUTOMATIC PORTFOLIO REBALANCING *(Automatically transfers assets to maintain your current payment allocation.)*

- Not available under Value Guard I/II, Guardian Investor IVA/Group and Variable Account 1/2 annuity contracts.
 - Not available if Decade or Dollar Cost Averaging is selected.
 - Frequency: Last business day of each quarter
 - Contract values will be automatically rebalanced if the percentage allocated to one or more variable investment options has risen or fallen by 5% or more since the previous quarter-end in relation to the pre-selected allocation percentage. This rebalancing will be made in accordance with the way you have chosen to allocate your future purchase payments to this contract.
- Minimum beginning balance: \$10,000
■ For variable investment options only; not Fixed Rate Option

Check this box to authorize Automatic Portfolio Rebalancing: (REQUIRED)

☐ I have read the portfolio rebalancing rules in the prospectus and elect Automatic Portfolio Rebalancing.

4. PREMIUM PAYMENT BILLING *(Establishes billing for premium payments on a regular basis.)*

Bill my premium payments of \$_____ on the following schedule: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

5. TELEPHONE CHANGE AUTHORIZATION *(Allows transfers among investment options, changes to future payment allocations.)*

If you have elected Decade, the living benefit rider, you may only make transfers to allocation options within the same Asset Allocation Class.

By my/our signature on this form, I/we authorize the company to accept telephone instructions for transfers among investment options, for changes in future payment allocations and to initiate a change of address.

Select any 5-digit alpha/numeric sequence
as your Personal Identification Number:

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Keep a record of your PIN in a
safe place for future reference.

6. SIGNATURES

My (our) signature(s) indicates that I (we) have received prospectuses for my (our) contract and have authorized The Guardian Insurance & Annuity Company, Inc. (GIAC) to initiate the program(s) selected above. If I (we) have authorized telephone instructions, I (we) understand that GIAC will accept telephone instructions to make transfers among investment options, to change future payment allocations and to initiate an address change from me (us) or any other person who identifies the above contract(s) and personal security code and will not be liable for any loss, damage, cost or expense resulting from following telephone instructions which it reasonably believes to be genuine. I (we) understand that this authorization will be effective until written revocation is received by GIAC's Customer Service Office, or GIAC discontinues any of the privileges, whichever occurs first.

Signature of Owner X	Date
Signature of Joint Owner (if any) X	Date