



AGENCY USE ONLY	
New Application	<input type="checkbox"/>
Bank Change	<input type="checkbox"/>
Agency Code:	_____

REQUEST FOR GUARD-O-MATIC ARRANGEMENT

INSTRUCTIONS: ALWAYS COMPLETE SHADED AREAS.
IMPORTANT: A voided blank check or photocopy is required for checking accounts or a deposit slip for a savings account. See page 2 for general Guard-O-Matic information.

The Guardian and/or The Guardian Insurance & Annuity Company is requested and authorized to debit your financial institution or to initiate electronic funds transfer on or about the 15th of each month to pay premiums due and/or on the 1st business day of each month to pay the policy loan on the policy(s) identified below.

I understand that:

1. Completion of this form shall not constitute a premium payment and/or loan payment. Authorization for premium payments is not effective until the initial premium(s) has been received and paid at the home office.
2. The Guard-O-Matic Premium Arrangement or Loan Payment Arrangement may be terminated by the Policyowner or by the Company upon written notice. If the Bank Depositor is other than the policyowner, the Company will terminate the arrangement upon written request of such Bank Depositor.
3. If the Loan Payment Arrangement is cancelled, any outstanding loans will remain unpaid.
4. Any withdrawal returned due to insufficient funds may be deposited for collection a second time.

_____ and (1) _____ (2) _____

Signature of Policyowner **Signature of Bank Depositor**
(if other than policyowner)

Type of account: Checking Savings **Begin deductions effective** _____ (Month) _____ (Year).

Financial Institution: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Transit/ABA Number:** _____

Account Number: _____ **Name of Bank Depositor:** _____

Guard-O-Matic Premium Arrangement (Deductions to occur on or about the 15 th of each month.)	Guard-O-Matic Loan Payment Arrangement (Deductions to occur on the 1 st business day of each month.) (available for Individual Life Products only)
List Policy Number(s)	List Policy Number(s) Amount to be Deducted
_____	_____
_____	_____
_____	_____
_____	_____

R223 (Rev 3/99)

H.O. USE ONLY
CONTROL NUMBER: _____

Authorization to Honor Checks or Account Debits Drawn by the Guardian and/or Guardian Insurance & Annuity Company of America

Name of Bank Depositor _____ Account Number _____

Financial Institution _____ Bank Address _____

As a convenience to me, I authorize you to pay and charge to my account checks, electronic funds transfer debits or other account debits made upon my account by and payable to the order of the Guardian indicated above. I agree that your treatment of each check or debit, and your rights with respect to it, will be the same as if it were signed or initialed personally by me. I further agree that if any check or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance.
 I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

Date _____ Signature of Depositor _____ Additional Signature _____
(If Joint Account)

GUARD-O-MATIC-General Information

You have elected to pay your insurance premiums and/or your policy loan by monthly deductions payable through your financial institution. To enjoy the benefits of this convenient method of payment, we suggest you review the following:

- Each month, deduct the amount(s) from your account balance. You may wish to attach a reminder to your account until this practice becomes automatic. The monthly deduction to your account for any policy premiums will be made on or about the 15th day of each month. The monthly deduction to your account for any policy loan payments will be made on the 1st business day of each month.
- A canceled check or other notification of a charge to the account will be provided by your financial institution with its periodic statement. Compare your records when the statement is received.
- If your financial institution deducts the monthly amounts from your account via the Electronic Fund Transfer System, you will notice that your monthly statement lists the debit to your account and identifies it as "Guardian Insur Prem" in lieu of sending you a canceled check for policy premiums. For loan payments, your monthly statement lists the debit to your account and identifies it as "Guardian Loan Payt".
- Please provide us with advance notification of any change in your banking arrangements. If advance notification cannot be provided, sufficient funds should be left in the old account to honor charges until our records are changed.
- Please inform us of any change in name or address.

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INDEMNIFICATION AGREEMENT

TO: The Bank named on Page 1 of 2.

In consideration of your compliance with the request and authorization of the depositor named on page 1 of 2, THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA AND THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC. (COLLECTIVELY, "GUARDIAN") AGREE THAT:

1. They will indemnify and hold you harmless from any liability, including costs, legal expenses and attorney fees, to any person having an account with you or to any beneficiary or other claimant under a policy covered by the Guard-O-Matic Arrangement arising out of the payment by you of any check or debit drawn by the Guardian to its own order on the account of such depositor, or arising out of the dishonor by you, whether with or without cause, of any such check or debit drawn by the Guardian, provided there are sufficient funds in such account to pay the same upon presentation, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy the premium on which is sought to be collected by the Guardian by any such check or debit.
2. They will refund to you any amount erroneously paid by you to the Guardian on any such check or debit if claim for the amount of such erroneous payment is made by you within fifteen months from the date of the check or debit on which such erroneous payment was made.

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

Authorized in a resolution approved by the Board Of Directors of The Guardian Life Insurance Company of America on April 27, 1960, and by the Board of Directors of The Guardian Insurance & Annuity Company, Inc. on November 17, 1988.