



The Guardian Life Insurance Company of America ("Guardian")
 The Guardian Insurance & Annuity Company, Inc. ("GIAC")
 Berkshire Life Insurance Company of America ("Berkshire")
 (Any insurer above, individually or collectively,
 is herein referred to as the "Company.")

BANK DRAFT AUTHORIZATION (REQUEST FOR GUARD-O-MATIC ARRANGEMENT)

Please Print

(Page 1 of 3)

I. Type of Request (Check all the apply)

- ☒ Establish a new Bank Draft Authorization for monthly payments
- ☐ Update Financial Institution Information on an existing Bank Draft Authorization
- ☐ Change draft date option and/or draft amount on an existing Bank Draft Authorization
- ☐ Add policy(ies) to existing Bank Draft Authorization:
 List one policy from existing arrangement: _____
- ☐ Revoke Bank Draft Authorization for Policy Number(s): _____

2. Financial Institution Information

Financial Institution Name: WECUType of Account (Check one): ☒ Checking ☐ Savings ☐ Business

Type of Business _____

32518011334625310900

Transit/ABA Number (Always 9 digits.)

Account Number

Account Holder Information (All fields required. Please print.):

Full Title of Account (e.g. John Smith or The John Smith Irrevocable Trust dtd 01/02/2016): Check Plus Checking
☐ Individual ☒ Joint ☐ Trust ☐ Custodial ☐ Business ☐ Other: _____
Authorized Signer of Account: Ethan SmithAddress: 600 W Illinois St, Bellingham, WA 98225-

Address

City

State

Zip

Phone: (360) 223-0310Email: ethanfsmith@gmail.com

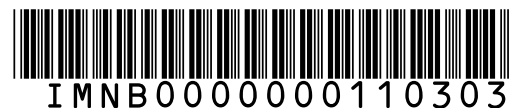
3. Premium Arrangement Information

Please note the "Monthly Amount to Be Deducted" will be the monthly modal premium described in your policy. The "Effective Date of Change" will be the date your next premium payment is due.

Policy Number	Draft Date*	Insured Name	Monthly Amount to Be Deducted**	Effective Date of Change (mm/yy)	Control Number (For Home Office Use Only.)
<u>6861856</u>	1st <input checked="" type="checkbox"/> 15th	<u>Ethan Smith</u>		<u>02/19</u>	
	1st 15th				
	1st 15th				
	1st 15th				
	1st 15th				
	1st 15th				

* Variable Life and Universal Life Policies allow for premium payments on the 15th only; Premium payments for Traditional Life and Disability Policies can be made on the 1st or the 15th of each month; If no selection is made, the draft date will default to the 15th of each month.

** For UL/VL policies only. Indicate an amount for UL/VL policies if the amount to be deducted will be different from the planned premium.



4. Loan Payment Information

Policy Number	Monthly Amount to Be Deducted*	Policy Number	Monthly Amount to Be Deducted*
	\$		\$
	\$		\$
	\$		\$

* Loan payments for policies administered by Berkshire will be made on or about the 15th of each month; For all other policies, loan payments will be made on the 1st business day of each month.

5. Terms and Conditions

By the signature(s) below, I or we agree and consent to all of the terms and conditions stated herein.

1. The Company is authorized to debit the account or to initiate electronic funds transfer from the financial institution identified above on or about the 15th or 1st of each month to pay premiums due and/or to pay the policy loan on the policy(ies) identified above. If neither, or both the 1st or 15th is selected, the 15th will be the default date for drafting. Due to timing of the authorization, the initial transfer processed may result in more than one premium payment being withdrawn.
2. The Company is authorized to make monthly withdrawals from the specified account. The Company's treatment of each check or debit, and its' rights with respect to it, will be the same as if it were signed or initialed personally by the Authorized Signer of Account. If any check or debit is dishonored by the bank or financial institution for any reason, the premium payment will be reversed and the premium will not be considered paid. This may cause the policy to lapse in accordance with the provisions of the policy and result in the forfeiture of insurance.
3. Completion of this form shall not constitute a premium payment and/or loan payment. Multiple months' premiums may be required to bring the policy to a current due date.
4. This Bank Draft Authorization (Request for Guard-O-Matic Arrangement) may be terminated by the Policy Owner, the Company, or the Authorized Signer of Account (if different from Policy Owner) upon written notice. The Policy Owner or Authorized Signer of Account may cancel this Authorization by giving the Company 30 days' written notice. This Authorization is to remain in effect until the Company receives written notice of its revocation unless the Company ends it earlier.
5. If the Loan Payment Authorization is cancelled, any outstanding loans will remain unpaid.
6. The Company may try a second time for any withdrawal returned due to insufficient funds. The Company may terminate this Authorization immediately by written notice in the event any withdrawal or electronic fund transfer is dishonored for any reason.
7. A confirmation statement for premium payments paid for non-variable products through this Bank Draft Authorization will not be sent. Information provided by the bank or financial institution may be helpful to reconcile the deductions.
8. For details on the bank draft monthly payments, please refer to the Policy Owner's annual benefits statement, policy, or product prospectus, as applicable. For any questions about the policy or about the amounts to be drafted to pay premiums or loan principal, please contact the servicing agent on the policy or the Customer Call Center at the number provided below.
9. For Universal or Variable Universal Life Insurance, the policy is designed to have flexible premiums. Policy Owners should consider paying the necessary amount each month to keep the policy in force. The Policy Owner will receive notification if additional payments are required to keep the policy from lapsing.
10. The Company should be provided with 30 days' advance notification of any change in the banking information provided above. If advance notification cannot be provided, sufficient funds should be left in the account identified above in this form to honor charges until the Company's records are changed.
11. Any change in name or address of the Authorized Signer of Account or Policy Owner must be communicated immediately to the Company.
12. If this service is no longer in effect, premiums will be due according to the most frequent payment mode offered for the policy. Loan repayments scheduled under the Loan Payment Arrangement will no longer be automatically deducted. Any future loan repayment will be the Policy Owner's responsibility.
13. Any bank fees are the responsibility of the Authorized Signer of Account.

BANK DRAFT AUTHORIZATION (Continued)

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5. Terms and Conditions (Continued)

14. I/we authorize Guardian and its officers, directors, agents, employees and representatives to make any inquiries that Guardian considers necessary to validate the account identified above and/or investigate any dispute involving your premium payment, which may include verifying the information I/we provide and/or that Guardian acquired against third party databases.
15. I/we authorize Guardian (or its agent or representative) to initiate one or more debits by electronic fund transfers (withdrawals), and I/we authorize the financial institution that holds my/our account to deduct such payments, in the amounts and frequency designated in your then-current premium payment mode.


67BD58E3F9D8444...
Signature of Bank Account Owner

2/4/2019
Date

Signature of Policy Owner, if other than Bank Account Owner

Date

Life Insurance**The Guardian Life Insurance Company of America**

Individual Life Service and Administration
Northeastern Regional Office
P.O. Box 26100
Lehigh Valley, PA 18002-6100

Email: ILSolutions@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 610-807-2720

The Guardian Insurance & Annuity Company

Park Avenue Variable Life
P.O. Box 26125
Lehigh Valley, PA 18017

Email: VULSolutions@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 610-807-2940

Disability Income Insurance**Berkshire Life Insurance Company of America**

Policy Services
700 South Street
Pittsfield, MA 01201

Email: Diprocessing@glic.com
Customer Call Center: 1-888-GUARDIAN (482-7342)
Fax: 413-395-5992

Certificate Of Completion

Envelope Id: 4DF090939611441D814E891D14550596

Status: Completed

Subject: Policy Holder Services

ClientID: e6cd8bdd-b829-4c7b-a3a1-9ce56b4eb20c

UserID: 50ed61f9-0e98-42b1-9069-88399b40e91c

Organization: IPIPELINE

Company: IPIPELINE

SubCompany: 5315

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 3

Initials: 0

Guardian API

AutoNav: Enabled

222 Valley Creek Blvd.

Envelopeld Stamping: Enabled

Suite 300

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Exton, PA 19341

dsapi_guardian@ipipeline.com

IP Address: 216.21.246.6

Record Tracking

Status: Original

Holder: Guardian API

Location: DocuSign

2/4/2019 7:30:11 PM

dsapi_guardian@ipipeline.com

Signer Events

Ethan Smith

ethanfsmith@gmail.com

Security Level:

ipipeline.com.Password

ID: 636849162134119825

2/4/2019 11:30:13 AM

Signature

DocuSigned by:

Ethan Smith

67BD58E3F9D8444...

Signature Adoption: Pre-selected Style

Using IP Address: 97.113.54.189

Timestamp

Sent: 2/4/2019 7:30:12 PM

Viewed: 2/4/2019 7:30:26 PM

Signed: 2/4/2019 7:30:40 PM

Electronic Record and Signature Disclosure:

Accepted: 2/4/2019 7:30:26 PM

ID: 9c067fba-51d6-4db0-9e84-b17e570a5e5a

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

2/4/2019 7:30:12 PM

Certified Delivered

Security Checked

2/4/2019 7:30:26 PM

Signing Complete

Security Checked

2/4/2019 7:30:40 PM

Completed

Security Checked

2/4/2019 7:30:40 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

Agree to Conduct Business Electronically

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

The Guardian Life Insurance Company of America, New York, NY ("Guardian" or "the Company") is required by law to provide you with certain disclosures and information about your decision to conduct business with Guardian electronically. With your consent, the Company can deliver certain information to you by: displaying or delivering the information electronically, and requesting that you print or download the information and retain it for your records. Your consent also permits the Company to use electronic signature and electronic records in connection with the requested transaction.

Described below are the terms and conditions for conducting certain business with Guardian electronically through the DocuSign, Inc. ("DocuSign") electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by checking the 'I Agree' box below. You may also print or download a copy of this notice for your files.

Getting Paper Copies / Conducting Business in Paper

At any time, you may request from Guardian a paper copy of any document provided or made available electronically to you by us. You will have the ability to download and print documents that you transmit via the DocuSign system.

If you consent to conduct business electronically, you may withdraw that consent at any time. If you elect to conduct business only in paper format it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will first need to send the required documents to you in paper format, and then wait until we receive back from you your acknowledgement of your receipt of such documents.

You are under no obligation to conduct business electronically or to e-sign documents to request a transaction. To inform us that you no longer want to conduct business electronically you may contact the Company and/or simply decline to sign a document from within your DocuSign session.

How to contact Guardian You may contact Guardian to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, if you have trouble printing or downloading any information or to withdraw your consent to do business electronically by calling the Company 1-800-441-6455 or emailing us at ILSOLUTIONS@glic.com

Software and Hardware Requirements

To access and retain Required Information from the Company, you must:

1. Be able to view the disclosures on your monitor and save files to your computer or send screen prints to your printer, which can be done with your browser. 2. Have access to an Internet service using one of the following Web browsers and operating systems:

- Microsoft® Internet Explorer (8, 9, 10, 11)
- Firefox (for Windows)
- Apple Safari® (for Mac and iPad)
- Google® Chrome® (for Windows)

3. Be able to receive e-mail that contains hyperlinks to Websites in order for the Company to

deliver information to you.

If you do not have the required software and/or hardware, or if you do not wish to use electronic records and signatures for any other reason, please click the "DECLINE" button below. Your consent does not mean that the Company must provide the requested information electronically. Your consent allows the Company, at its option, to provide the information on paper if it chooses to do so. The Company may also require that certain communications from you be delivered to the Company on paper at a specified address.

Acknowledging your access and consent to conduct business electronically

To confirm to us that you can access this information electronically, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to conducting business electronically on the terms and conditions described above; please let us know by checking the 'I Agree' box below.

By checking the 'I Agree' box, I confirm that:

- **I can access and have read this ELECTRONIC RECORD AND SIGNATURE DISCLOSURE document; and**
- **I have an account with an internet service provider, and I am able to send e-mail and receive e-mail with hyperlinks to websites and attached files, and;**
- **I consent to the use of electronic records and electronic signatures for the delineated transactions with Guardian in place of written paper documents and handwritten signatures.**