



The Guardian Insurance & Annuity Company, Inc.

direct deposit authorization

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 1-888-Guardian (1-888-482-7342) M - F, 8:30 a.m. - 7:00 p.m. ET or Visit www.guardianlife.com Fax (610) 807-6083 or (610) 807-7841

Complete and sign this form and return it with a voided check preprinted with the contractowner's name or a preprinted savings deposit slip from the account into which payments will be deposited. We can also accept a letter on bank letterhead signed by an authorized individual at your bank. The letter should include the routing number, account number and account registration.

- Payments can only be direct deposited into a bank account in the contractowner's name. If the bank account you are requesting direct deposit into is not in the contractowner's name (i.e. Trust bank account), contact GIAC Customer Service for additional requirements.
• Allow 1 to 5 business days from your payment date for your direct deposit to be credited to your bank account.
• Direct deposit for RMD, 72(t) and 72(q) is only available on the 10th of the month.
• All contract and bank account owners must sign this form.

I. TYPE OF REQUEST

- Authorize The Guardian Insurance & Annuity Company, Inc. (GIAC) to deposit distributions from my GIAC annuity contract(s) directly into a bank account.
Change bank account information.

2. OWNER INFORMATION (Please Print)

Contract Number Contractowner's Name Daytime Telephone Number

3. BANK/FINANCIAL INSTITUTION INFORMATION

Account Type (choose one): Checking Savings

Bank/Financial Institution:

1 Institution Name Telephone Number (optional)

Account Information:

2 Routing Number 3 Account Number

Your Name 1234 Main Road Anytown, ST 12345 2347 09-055 189
Pay to the Order of \$ Dollars
Financial Institution 1234 Commerce St Anytown, ST 12347 1
I: 123456789 I: 0077947569 II: 2347 2 3

#### 4. SIGNATURE(S)

By signing below, I (we) authorize The Guardian Insurance & Annuity Company, Inc. to deposit distributions 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 on Page 1. 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 terminate 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 date.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Contractowner

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Joint Contractowner (if any)

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Bank Account Owner (if other than Contractowner)