



Northeast Regional Office
PO Box 26050
Lehigh Valley PA 18002-6050

Midwest Regional Office
PO Box 8012
Appleton WI 54912-8012

Western Regional Office
PO Box 2454
Spokane WA 99210-2454

Bridgewater Office
PO Box 425
E. Bridgewater MA 02333-0425

Guard-O-Matic Application

Instructions:

1. Complete all parts of this form.
2. Remember to indicate the complete name and address of your bank
3. Execute all signatures where indicated. If account requires countersignatures both signatures must appear.
4. **IMPORTANT: Attach check marked SAMPLE from your checkbook**
5. Existing planholders/policyholders please include plan/policy number and return the original copy of the form to Guardian. Maintain a copy for your records.
6. New planholders/policyholders please complete form and submit the original copy with the application for coverage. Maintain a copy for your records.
7. The Account number is located at the bottom of your check. It is the series of numbers to the right of the second colon.
Example: I:001000123I: 0055 6456 The Account number would be 0055-6456.
8. The Transit number is the last five numbers prior to the second colon.
Example: I:001000123I: 0055 6456 The Transit number would be 00123.

REQUEST FOR PARTICIPATION IN GUARD-O-MATIC® PRE-AUTHORIZED DEBIT PLAN

The Guardian Life Insurance Company of America is hereby requested and authorized to initiate debt entries electronically, by paper means or by any other commercially accepted method to be charged against the checking account of:

Name of Depositor: _____
(As shown on Bank Records)

Account Number: _____ Transit Number: _____

Bank Name: _____

Bank Address: _____
(Bank Where Account is Maintained)

It is understood that:

1. Debit entries will be drawn as required to pay premium on the due date. Receipt of the Insurance Statement bearing this due date will be notification of the drawing of debit entries in the exact amount due and then payable.
2. The debit entry on your bank statement will constitute receipts for payment of premium.
3. The privilege of paying premiums under this plan will terminate:
 - (a) At the election of the premium payor, upon at least thirty (30) days notice in writing, to Guardian. Such action will terminate coverage.
 - (b) At the election of the above bank, upon at least thirty (30) days notice in writing, to Guardian and to the undersigned depositor.
 - (c) At the election of Guardian, upon at least thirty (30) days notice in writing, to the planholder/policyholder at the address on record and to the above bank.
4. If a debit entry is refused payment by the bank for any reason, other than an error in drawing, it will be determined that payment of premium was not tendered by the planholder/policyholder and the plan/policy will lapse subject to the grace period provision of the plan.

(1) _____ (2) _____
Signature(s) of Depositor(s) Responsible for Premium Payment (As shown on the bank's records)

Plan Number: _____ Date: _____

FOR GUARDIAN USE ONLY:

Plan/Policy Number: _____ RGO: _____ Sample Check: _____ Bank notified: _____

GO Coded: _____ First Payment: _____ Approved by: _____ Date: _____

INDEMNIFICATION AGREEMENT

To: Bank Named On Request For Participation in Guard-O-Matic®

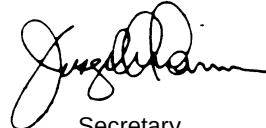
In consideration of your compliance with the request and authorization of the Depositor name on the application.

The Guardian Life Insurance Company of America agrees that:

1. It will indemnify and hold you harmless from any loss you may suffer as a consequence of your actions, resulting from or in connection with the execution and issuance of any electronic debit, check, draft or order, whether or not genuine, purported to be drawn on the account of such Depositor by The Guardian Life Insurance Company of America and made payable to its own order or to the order of the Trustees of the Insurance Fund as named on the reverse side and received by you in the regular course of business, for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such electronic debit, check, draft or order shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in the loss of the insurance.
3. To defend at our own cost and expense any action which might be brought against you by any Depositor or other person because of your actions taken pursuant to the foregoing requests or in any manner arising by reason of your participation in the foregoing plan of premium collection.
4. Your participation in the Plan/Policy or that of the Depositor may be terminated by written notice from either party to the other. Likewise, your participation and that of The Guardian Life Insurance Company of America may be terminated by thirty (30) days written notice from either party to the other.
5. It will refund to you any amount erroneously paid by you to The Guardian Life Insurance Company of America or to the Trustees of the Group Insurance Fund named on the reverse side on any such debit entry if claim for the amount of such erroneous payment is made by you within fifteen months from the date of the debit entry on which such erroneous payment was made.

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

Authorized in a Resolution by the Board of Directors of
The Guardian Life Insurance Company of America



Secretary

November 22, 1967