



INSTRUCTION GUIDE FOR CHANGE OF BENEFICIARY FORM

You may also call our **Customer Call Center** at 1-800-441-6455 between the hours of 8 a.m. and 6 p.m. eastern time.

- > To help make sure your completed Change of Beneficiary Form accurately reflects how you want the proceeds of your life insurance policy to be distributed, the company has put together this instruction guide to help clarify some insurance terms and procedures that must be followed.

Because this is such a serious matter, we encourage you to check with your Agent, attorney, or other advisors to make sure your wishes are being reflected in this document.

> TERMS YOU NEED TO KNOW:

PRIMARY BENEFICIARY

A primary beneficiary is anyone who you want to receive the entire proceeds or a portion of the proceeds from your life insurance policy. **You can have as many primary beneficiaries as you want.** If you name one primary beneficiary they would receive 100% of your proceeds.

CONTINGENT BENEFICIARY

A contingent beneficiary is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as your primary beneficiary is alive at the insured's death. **You can have as many contingent beneficiaries as you want.**

TERTIARY BENEFICIARY

A tertiary beneficiary only receives proceeds if they outlive all other primary and contingent beneficiaries. **You can name as many tertiary beneficiaries as you want.**

> MORE THAN ONE BENEFICIARY:

WHEN YOU HAVE MORE THAN ONE BENEFICIARY, YOU CAN:

Designate to have the proceeds split equally among all beneficiaries. When the proceeds are split equally, the living beneficiaries would receive the proceeds of any named beneficiaries who are not living at the time of the insured's death. If no percentages are listed in a beneficiary section, the beneficiaries will automatically have equal percentages of the proceeds.

Or you can choose the percentage amount you wish each beneficiary to receive. When beneficiaries receive unequal percentages, the owner or the estate of the owner will receive that portion of the proceeds in the event the named beneficiary is not living at the time of the insured's death.

NOTE: WHEN UNEQUAL PERCENTAGES ARE SELECTED IN ANY OF THE BENEFICIARY SECTIONS YOU MAY NOT LIST ANY FURTHER BENEFICIARIES.

Be sure that the percentages in each section add up to 100%. That means the percentages in primary beneficiaries must add up to 100%, the contingent beneficiaries must add up to 100% and the percentage in tertiary beneficiaries must add up to 100%.

> PROTECT GRANDCHILDREN'S INHERITANCE:

WHEN ONE OF THE BENEFICIARIES IS YOUR CHILD – YOU CAN PROTECT THEIR CHILDREN'S INHERITANCE BY MARKING THE BOX BELOW THEIR NAME.

When you check this box you are saying that in the event your child (a beneficiary) is not living at the time of the insured's death, their portion of your life insurance proceeds should go directly to their children. It, in effect, makes your grandchildren beneficiaries as a result of the death of their parent.

If you do not check this box, then the portion of the proceeds that would have gone to your deceased child will be distributed to either the other beneficiaries (if proceeds are scheduled to be paid equally to beneficiaries) or to the policy's owner or the estate of the owner (if the beneficiaries are receiving unequal shares of the policy).



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> CHILDREN AS A BENEFICIARY:

IF YOU WANT TO NAME CHILDREN AS A BENEFICIARY

For people who want all of their children to have an equal share in the proceeds, there is a way to designate the children as beneficiaries without actually naming each child.

When filling out the form, you may choose to name the beneficiaries in the following manner:

- **Children of the insured.**
This designation includes all children born or adopted from any marriage of the insured.
- **Children of the Insured's marriage with _____ (name of spouse).**
This designation would include any adopted children.
- **Children born of the Insured's marriage with _____ (name of spouse).**
This designation excludes any adopted children.
- **Grandchildren of the Insured.**

For people who want to split the proceeds unevenly among their children, it is necessary to include each child's name that you want as a beneficiary. Use this designation in completing the primary, contingent, and/or tertiary sections of the form.

> ADDITIONAL CONSIDERATIONS:

TERMS:

Owner means the person whose life is insured by the life insurance policy unless the policy names another person as owner.

Insured means annuitant when applicable.

1. *When a named beneficiary is not living*

In the event that a beneficiary is not living at the time of the insured's death the following situations can occur:

If all beneficiaries are scheduled to receive equal shares of the policy proceeds:

- That portion of the deceased proceeds will be paid equally to the surviving beneficiaries

If beneficiaries have unequal shares of the policy proceeds:

- That portion of the proceeds will be distributed to the owner or the estate of the policy's owner or..
- If the policy has a successor owner, the new policy owner will receive that portion of the proceeds originally intended for the deceased beneficiary

2. *When there is an assignment on the policy*

This means that another person, organization or business has rights to the proceeds or a portion of life insurance benefits, ahead of any named beneficiaries. Assignments are often made in business to serve as collateral for business loans or other business ventures. Beneficiaries are subordinate to any assignment regardless of whether the assignment occurred before or after the beneficiary is named.

3. *When a trustee is designated as a beneficiary*

In the event that a trust is named as a beneficiary and the trust is not in force at the time of the Insured's death, the proceeds will be treated in the same manner as if a named beneficiary is not living (see number one).

4. *Irrevocable Beneficiary*

An irrevocable beneficiary designation is not permitted on 1948 and subsequent policy editions (generally speaking, on policies numbered higher than 0848152), or if Rider 54-R25-PT is attached to the policy.

5. *Death of Beneficiary*

If no named beneficiary is living at the Insured's death, unless otherwise provided the beneficiary shall be the owner or the estate of the owner. Unless otherwise provided, any reference to a beneficiary living at the Insured's death means living on the earlier of (a) the date due proof of the insured's death is received by the company at its Northeastern Regional Office, and (b) the 15th day after the date of the Insured's death.

6. *Massachusetts Residents*

You must have a disinterested witness' signature on the completed form. Place signature on any available line near the signature of the owner.



> BY COMPLETING THIS FORM the beneficiary designation will be changed as indicated. Once the company receives this form, all other beneficiary documents become null and void. That means if you want any of the beneficiaries previously named to continue as your beneficiaries, you must include their names on this form.

- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA ("Guardian")
- THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC. ("GIAC")
- THE BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA ("Berkshire")

CHANGE OF BENEFICIARY FORM

Policy Numbers:

You may use this form to change the beneficiaries on more than one policy that you own providing:

- The beneficiaries are the same for all policies
- Each beneficiary will receive the same percentage of each policy.
- The insured is the same for all policies.

> POLICY NUMBERS:

The owner requests that the beneficiaries be changed on below numbered policy(ies) on the life of: _____ (insured)

Policy Number: _____ Policy Number: _____
 Policy Number: _____ Policy Number: _____
 Policy Number: _____ Policy Number: _____

> CHANGE MY BENEFICIARIES TO:

Before you complete this section, please review our instruction guide. Changing your beneficiaries is a very serious matter. To make sure your beneficiaries receive their proceeds in the manner you wish, without any delays or disputes, it's extremely important that this section is completed correctly. To help you complete this section without any errors, we recommend you use our Instruction Guide (Form One).

1. PRIMARY BENEFICIARIES - PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

Name _____	Relationship _____	Fraction or Percentage _____
Social Security Number _____	Address _____	
Name _____	Relationship _____	Fraction or Percentage _____
Social Security Number _____	Address _____	
Name _____	Relationship _____	Fraction or Percentage _____
Social Security Number _____	Address _____	
Name _____	Relationship _____	Fraction or Percentage _____
Social Security Number _____	Address _____	

(For designation of children as a class see instruction guide for proper wording to use.) After reviewing the guide, write your comments below.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate

_____ As Trustee(s) of the
 _____ Trust Agreement Dated _____
 (Name of Trust)

Trustee under the insured's last will and testament.

_____ Their successors or
 assigns, as trustee under insured's last will and testament dated _____

Other _____

PLEASE DATE AND SIGN ON EITHER PAGE 4 OR 5

See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.



CHANGE OF BENEFICIARY FORM CONTINUED

2. CONTINGENT BENEFICIARIES -- PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

A contingent beneficiary is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as a primary beneficiary is alive at the insured's death. You may have as many contingent beneficiaries as you wish.

<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	

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See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate

_____ As Trustee(s) of the _____
(Name of Trust) Trust Agreement Dated _____

Trustee under the insured's last will and testament.

_____ Their successors or assigns, as trustee under insured's last will and testament dated _____

Other _____

PLEASE DATE AND SIGN ON EITHER PAGE 4 OR 5



CHANGE OF BENEFICIARY FORM CONTINUED

3. TERTIARY BENEFICIARIES -- PLEASE COMPLETE WHICHEVER DESIGNATION APPLIES:

A tertiary beneficiary is anyone who you want to receive the proceeds of your life insurance policy in the event that no one listed as a primary or contingent beneficiary is alive at the insured's death. You may have as many tertiary beneficiaries as you wish.

<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	
<input type="checkbox"/>	Name _____	Relationship _____	Fraction or Percentage _____
<input type="checkbox"/>	Social Security Number _____	Address _____	

(For designation of children as a class see instruction guide for proper wording to use.) After reviewing the guide, write your comments below.

See Protecting Grandchildren's Inheritance on Instruction Guide for more information and an explanation of what checking this box means.

Please check this box to be sure that in the event that a beneficiary who is a son, daughter or stepchild of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving children. **DO NOT CHECK THIS UNLESS A CHILD OR CHILDREN ARE DESIGNATED ABOVE.**

IF AMOUNTS ABOVE TOTAL 100% DO NOT CHECK ANY BOXES

Insured's Estate

_____ As Trustee(s) of the
_____ Trust Agreement Dated _____
(Name of Trust)

Trustee under the insured's last will and testament.

_____ Their successors or
assigns, as trustee under insured's last will and testament dated _____

Other _____

PLEASE DATE AND SIGN ON EITHER PAGE 4 OR 5



CHANGE OF BENEFICIARY FORM CONTINUED

> REQUIRED SIGNATURES:

Date _____

Please mail completed form to:
The Guardian Life Insurance Company of America
Administrative Office:
Individual Markets Service & Administration
3900 Burgess Place
Bethlehem PA 18017

Berkshire Life Insurance Company of America
Administrative Office:
700 South Street
Pittsfield MA 01201

Masachusetts Residents need a disinterested witness' signature or notary.

If an Individual(s): The full name or names should be used. For example: Edward Richard Williams or Jane Mary Williams.

{ Owner _____
 Owner _____
 Signature _____

If a Sole Proprietorship: The full name of the company should be printed with the full signature of the owner followed by the word "owner".

{ Company _____
 Signature _____

If a Partnership: The full name of the firm should be printed with the signature of one partner other than the insured.

{ Firm Name _____
 Partner Signature _____

If a Corporation or LLC: The full name of the corporation should be printed with the signatures of two authorized officers/managers /members followed by their titles. You have the option to use one officer other than insured as long as corporate seal is used.

{ Corporation Name _____
 Officer (Sign) _____ Title _____
 Officer (Sign) _____ Title _____

If a Trust: Print title of trust and names of all Trustees. Obtain signature of all Trustees, unless one Trustee has authority to sign for the entire trust. If that is the case be sure to include Proof of Authorization.

Title of Trust _____
 Trustee _____
 Trustee _____



CHANGE OF BENEFICIARY FORM CONTINUED

Signatures need to be notarially acknowledged only if specifically required by the company.

State of _____ }
County of _____ } SS:

On this _____ day of _____ in the year 20 _____

before me personally came _____

to me known to be of age and to be the individual _____ described in and who executed the foregoing instrument and acknowledge that _____ he _____ executed the same.

(Seal of Office)

My term of Office Expires _____ 20 _____
Signature of officer taking acknowledgement

Signatures need to be notarially acknowledged only if specifically required by the company.

State of _____ }
County of _____ } SS:

On this _____ day of _____ in the year 20 _____

before me personally came _____

to me known to be of age and to be the individual _____ described in and who executed the foregoing instrument and acknowledge that _____ he _____ executed the same.

(Seal of Office)

My term of Office Expires _____ 20 _____
Signature of officer taking acknowledgement

> THE ROLE OF THE COMPANY:

If this document is not completed appropriately, the company has the right to declare that it is not binding. The company may rely on an affidavit by any beneficiary, or on other written evidence that is deemed satisfactory regarding the name, marriage, death, date of birth, address or any other pertinent facts regarding beneficiaries. The company will be discharged of any liability from making payments or taking other action based on this information. The company will not be responsible for the application, disposition or use of any payments to the trustee and will be fully discharged in making payment to the trustee. The company is authorized to make any clarifying amendments.

Title Examiner _____ Date _____

This is to certify that this change of beneficiary notice has been recorded.