



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

Mailing Address:
 PO Box 981590
 El Paso TX, 79998-1590

SERVICING AGENT/AGENCY CHANGE REQUEST FORM

Please complete this form and return via Email (ILSolutions@glic.com), Fax (610-807-2720) OR by Mail to Guardian at the address above. For Variable and Universal Life policies, Email the completed form to VULSolutions@glic.com, Fax to 610-807-2940 OR Mail to Guardian at the address above.

Important Note: This form may be used to change servicing agents or agencies. The new agent must be properly credentialed in the client's current state of residence before this form will be processed. A five character Guardian Agent Code must be provided below. The new servicing agent must be contracted and/or affiliated through a Guardian General Agency. Please contact your closest Guardian General Agency for information regarding the contracting process

Bulk Agent Changes (Guardian Agents Only): In order to update an agent's book of business to a new agent outside of the current agency or change an agent's agency information, Guardian requires the submission of ALL policy numbers to be updated. If this information is included on a separate attachment, please check the box in the Policy Number Area of Section I. Specific policy owner information in Section I is not required. Section II must be completed in full. Agents who are updating their agency information must complete the new agency code and new agency information. Bulk agent changes do not require individual policy owner signatures.

If you require further information, please call 1-888-GUARDIAN (1-888-482-7342).

I. Policy Information

Policy Owner(s) (Print): _____ Check box to update address

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Number (s):

Check box if separate attachment is enclosed

II. Change Information

Current Agent Name: _____ Agent Code: _____ Agency Code: _____

New Agent Name: _____ Agent Code: _____ Agency Code: _____

New Agent Branch Address: _____

City: _____ State: _____ Zip Code: _____

New Agent Phone Number: _____

III. Required Signatures

 Policy Owner Signature Date
 (Not Required for Bulk Agent Changes)