



Send to: Guardian Group Universal Life Service Center
P.O. Box 19005
Greenville, SC 29602-9005

Customer Service: 888-482-7302 Fax: 888-232-1683

SPECIAL INSTRUCTIONS

Generally, the proofs of death required are as follows:

CLAIMANT STATEMENT must be made by the designated beneficiary(s) to whom the insurance is payable. If there is more than one named beneficiary, they may join in one statement, or a separate form will be furnished for each if desired.

When a certificate is payable:

- a) *TO THE ESTATE, EXECUTORS OR ADMINISTRATORS* of the insured, the statement must be signed by an executor or administrator, a certificate of whose appointment and qualification must be furnished.
- b) *TO A MINOR*, the statement must be signed by a court appointed guardian of the property of the minor, an official certificate of whose appointment and qualification must be furnished.
- c) *TO A NAMED BENEFICIARY*, or where there is more than one beneficiary named and a named beneficiary pre-deceases the insured, a copy of the death certificate should be furnished.
- d) *TO "CHILDREN" OR OTHERS OF A CLASS*, a notarized statement must be furnished giving the names and dates of birth of each.
- e) *TO A TRUST*, the statement must be signed by the named trustee(s). A copy of the trust agreement must be submitted.
- f) *IF A PRIMARY BENEFICIARY IS DECEASED*, a copy of the death certificate must be furnished. The Claimant's Statement should then be completed by the contingent beneficiary. If no contingent beneficiary was named, estate papers are required.
- g) *IF A CERTIFICATE IS ASSIGNED* as collateral, an Assignee's Statement must be completed.

Every question must be distinctly and fully answered. The Company reserves the right to require or to obtain further information if necessary.

The return of the certificate with the completed proofs will assist in the prompt handling of the case. If the certificate has been lost or misplaced, please indicate by placing a (✓) mark in question number 16 of the Claimant's Section.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER REQUEST

As a result of federal law each claimant, including estates and trust, must certify that he or she is not subject to backup withholding. You are subject to backup withholding under IRS 3406(a)(1)(c) if you are notified by the IRS that you have under-reported on your income tax return any reportable interest or dividend payments made to you or if you were required to but failed to file a return which would have included a reportable interest or dividend payment.

If you are claiming the proceeds as an individual, you should furnish us with your Social Security Number. If you are claiming the proceeds as a guardian or conservator, please give us the Social Security Number of the minor or ward. If you are claiming the proceeds as a trustee or as an estate representative, you should give us the trust's or estate's Tax Identification Number. Note, in all cases the number you give must have nine digits.

If you do not have a number, but are applying for one, you may write "applied for" in place of your number and then date and sign the certification. If we do not receive your taxpayer identification number within 60 days after we receive this certification, we are required to withhold 31% of all reportable payments made thereafter until we receive your taxpayer identification number. To apply for a taxpayer identification number, you must obtain either Form SS-5 (for Social Security Number) or SS-4 (for a Tax Identification Number) from your local IRS office.

GG-42/GUL Rev. (12/12)

CLAIMANT'S STATEMENT

1. Deceased's Name:		2 Group Plan Number: G-	3. Division Number:	4. Certificate Number:
5. Deceased's Address:		City	State	Zip
6. Deceased's Social Security Number:				
7. Date of birth: / /	8. Deceased's place of birth:	9. Date of death: / /	10. Cause of death:	
11 Place of death:	12. Job title at time last worked:		13. Date last worked full-time: / /	

14. Schedule at time last worked: _____ Hours per day _____ Days per week

15. Amount of Insurance \$	16. Accidental Death Benefit involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If Certificate cannot be found, (✓) here: <input type="checkbox"/>	18. Is Estate being represented? <input type="checkbox"/> Yes <input type="checkbox"/> No
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19. If Certificate is not returned, who has possession of it:

20. Capacity in which you claim proceeds:

21. When did deceased first complain of or give other indications of the last illness?

22. When did deceased first consult a physician for the last illness?

Names and addresses of all physician's who attended the deceased and of all hospitals or institutions where he was treated during the last illness and during five years prior thereto.

NAME	ADDRESS	DATES OF ATTENDANCE	DISEASE OR CONDITION

Please Indicate Desired Mode of Payment:

Lump Sum

Pay proceeds under any of the Supplementary Settlement Options below:

Option 1 Proceeds left at interest - hold proceeds making monthly interest payments.

Option 2 Payments of a specific amount - make monthly payments of a specified amount until the proceeds and interest are fully paid.

Option 3 Payments for a specified period - make monthly payments for the number of years selected.

Option 4 Life income with 10 years guaranteed - make monthly payments for 10 years and for the remaining lifetime of the person on whose life the option is based.

Option 5 Refund life income - make monthly payments until the total amount paid equals the proceeds settled and for the remaining lifetime of the person on whose life the option is based.

Option 6 Joint and survivor income with 10 years guaranteed - make monthly payments for 10 years, and for the remaining lifetime of either of the two persons on whose lives the option is based.

Check if you are not subject to backup withholding under provisions of section 3406 (a)(1)(c) of the Internal Revenue Code.
CERTIFICATION: Under the penalties of perjury, I certify that the information relative to my Taxpayer Identification Number and backup withholding is true, correct and complete.

Administered by IBM Business Transformation Outsourcing Insurance Services Corporation, Greenville, SC

IBM Business Transformation Outsourcing Insurance Services Corporation is a licensed third party administrator servicing Guardian.

Group Universal Life (GUL) is issued through The Guardian Insurance & Annuity Company, Inc. (GIAC), a Delaware corporation whose principal place of business is 7 Hanover Square, New York, NY 10004. GIAC is a wholly owned subsidiary of The Guardian Life Insurance Company of America, New York, NY

AUTHORIZATION:

Authorization to obtain information for _____, Deceased. The claimant authorizes any physician, medical or dental practitioner, hospital, clinic, pharmacy, other health facility, consumer reporting agency including Social Security Administrator, Medical Information Bureau, Insurance and Reinsurance Company, or Employer to release any and all medical and non-medical information in its possession about the deceased to Guardian or its local representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, alcohol and drug abuse information, HIV infection, HIV testing and AIDS related illness or treatment of the deceased. I have the right to cancel this authorization in writing at any time. This authorization also covers, but is not limited to, other insurance claims and coverage, occupational information and financial information pertaining to the deceased.

These and all other papers called for by the Company shall be made part of the proofs of death. The furnishing of this form or any supplemental forms shall not be considered that there was any insurance in force on the person in question nor a waiver of any of the Company's rights or defenses.

Upon request, a copy of this authorization will be furnished to the claimant.

For two and one half years a photocopy of this authorization shall be as valid as the original.

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York the person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

"Please Note: Your Social Security number is required for IRS tax reporting purposes. Your Social Security number will not be used or disclosed to anyone for any other purpose and will not be retained in any record other than that pertaining to the claim."

Print Claimant's Name

Date of birth Taxpayer ID Number/Social Security # for Beneficiary, Trust or Estate Telephone # Relationship to Deceased

Claimant's Signature

Date

Claimant's Address

Print Claimant's Name

Date of birth Taxpayer ID Number/Social Security # for Beneficiary, Trust or Estate Telephone # Relationship to Deceased

Claimant's Signature

Date

Claimant's Address

PHYSICIAN'S SECTION	Please attach certified copy of the Death Certificate. We reserve the right to require a Physician's Statement if it is necessary for a proper consideration of claim.		
1. Deceased's Name:		2. Age:	
3. Address:		City	State Zip
4. Time of death:		5. How long have you known deceased?	
6. Date of first attendance in last illness:		7. Date of final attendance:	
/ /		/ /	
8. Date of death:	9. Place of death:		
/ /			
10. Cause of death: Disease or condition directly leading to death (disease, injury or complication which caused death, not mode of dying such as heart attack, asthenia, etc.)			
11. If death occurred in a hospital please give name and address:			
12. When were you first consulted for the conditions which directly or indirectly caused death?			
13. How long in your opinion did this disease or impairment exist?			
14. What was the date of onset of the first symptom or sign according to the clinical history?			
15. From what date was the patient continuously totally disabled prior to death?			
16. Contributory cause of death:			Duration:
17. Other chronic diseases or impairments:			Duration:
18. If death was due to suicide, homicide, or accident, state which and describe briefly:			
19. Was there an inquest? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give results:			
20. Was there an autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give results:			
21. Did you previously treat or advise deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give:			
Condition	Dates	Duration	Results
22. Did deceased receive treatment during the past three years from another physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give:			
Name & Address of Physician	Conditions	Dates	Results
23. Physician's Address		City	State Zip
24. Telephone Number		() -	
25. Physician's Signature		Date	
		/ /	

Fraud Warning Statements

The laws of several states require the following statements to appear on forms, as a substitute for fraud warnings that appear in other areas of the claim form:

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Kansas, Nebraska, Oregon, and Vermont: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland and Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES OR DENIAL OF INSURANCE BENEFITS.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Administered by IBM Business Transformation Outsourcing Insurance Services Corporation, Greenville, SC

IBM Business Transformation Outsourcing Insurance Services Corporation is a licensed third party administrator servicing Guardian.

Group Universal Life (GUL) is issued through The Guardian Insurance & Annuity Company, Inc. (GIAC), a Delaware corporation whose principal place of business is 7 Hanover Square, New York, NY 10004. GIAC is a wholly owned subsidiary of The Guardian Life Insurance Company of America, New York, NY