



CASH DISBURSEMENT FORM CS 024

Please complete the relevant section(s) of this form. You should ensure that your intentions are clearly stated before signing, as the Company will not be responsible for the validity or sufficiency of your instructions contained herein.

INSURED PERSON: _____	INSURED PERSON'S TRN: _____
ASSIGNEE: _____	NATIONALITY: _____
COUNTRY OF CITIZENSHIP: _____	COUNTRY OF BIRTH: _____
E-MAIL: _____	PREFERRED METHODS OF RECEIVING CORRESPONDENCE: <input type="checkbox"/> E-mail <input type="checkbox"/> Postal mail <input type="checkbox"/> Text message
TEL. NO.:(W) _____ (H) _____ (Cell) _____	

POLICYHOLDER/CLAIMANT DATA:

Are you a permanent resident, citizen or national of another country? Yes No If yes, please state: _____

Are you a US citizen, resident or green card holder? Yes No

Taxpayer Identification Number (TIN) (if applicable): _____

Where do you pay taxes? _____

Do you pay taxes in any other jurisdiction? Yes No If yes, please state: _____

Have you recently changed your residential or mailing address? Yes No

If yes, please state new address _____
(Please attach proof of address)

POLITICALLY EXPOSED PERSONS (PEP)/PUBLIC FIGURES:

Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any other foreign country government? Yes No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign government? Yes No

If you have ticked "Yes" to any of the above, please state the capacity? _____

AUTHORIZATION, DECLARATION AND CONSENT:

I understand that the information provided in this form will enable Guardian Life Limited to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements. I confirm that the information provided is true and correct and can be relied upon by Guardian Life and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION FOR US/NON-US PERSON

- I certify that I the undersigned **am not** a citizen, national, resident, or green card holder of the United States. I further agree to advise Guardian Life Limited as soon as I become aware of any changes that would render this declaration invalid.
- I certify that I the undersigned **am** a citizen, national, resident or green card holder of the United States. I further confirm that the Taxpayer Identification Number (TIN) provided above is correct (or I am awaiting a number to be issued to me).

.....
Signature of US / Non-US Customer

.....
Date

PAYMENT DETAILS:

Method of payment: Cheque EFT **Bank Name** _____ **Branch** _____

Branch Code _____ **Account #** _____ **Account Type** Savings Chequing

Please pay cheque to Guardian Life Ltd. for Pol#

Please deliver cheque to:

Signature of:
(Insured Person/Executor/Executrix/Assignee)

CHEQUES WILL BE CANCELLED AFTER ONE MONTH, IF NOT COLLECTED. THE PROCESSING FEE IS NON-REFUNDABLE.

PREMIUM/PAYMENT REFUND (REASON FOR REFUND)

- Policy Lapsed
- Policy Cash Surrendered
- Policy Rejected (Cancelled, Postponed, Declined)
- Policy Overpaid
- Payment(s) made to GLL in error
- Policy Terminated for Death/Maturity/Expiry
- Other

Amount of Refund \$ _____

