

Guardian Life Limited

**Electronic Funds Transfer (EFT) Settlement Form
GEN 283**

Please complete the form in all areas applicable below and on the reverse side.

Have you previously completed an EFT Settlement Form at Guardian Life Limited? Yes No

If yes, please note that the information on this form will replace previously submitted information.

INDIVIDUAL LIFE POLICYHOLDER

¹Policy No.(s): _____

²TRN (Life Insured): _____ TRN (Insured Person): _____

TRN (Beneficiary/Trustee): _____
(for death claim only)

³Name of Life Insured: _____
(First) (Middle) (Last)

Name of Insured Person: _____
(If different) (First) (Middle) (Last)

Name of Beneficiary/Trustee: _____
(For death claim only) (First) (Middle) (Last)

I confirm that the information supplied above is correct. If for any reason on the part of the client, this transaction is not honoured by the bank, a fee may be charged for reprocessing.

Beneficiary's/Trustee's Signature: _____ Date: _____
(for death claim only)

Insured Person's Signature: _____ Date: _____

GROUP HEALTH (GUARDIAN HEALTH)

PROVIDER

Please return to Guardian Life Limited via fax 927-4732 or email gledhelpdesk@myguardiangroup.com

²Provider Name: _____

¹Provider TRN: _____

Provider Username: _____
(e.g. M1234)

MEMBER

Please return to Guardian Life Limited via fax 927-4732 or email gledhelpdesk@myguardiangroup.com

³Member Name: _____

⁴Guardian Health Card No. : _____ ²Member TRN : _____

Company Name: _____

Visit our website at www.myguardiangroup.com for information.

PENSION • GROUP LIFE

Client Name: _____

Client Address: _____

Client/Policy No.: _____ TRN: _____

SUPPLIER

Company Name: _____

Mailing Address: _____

GCT#: _____ TRN: _____

BANKING INFORMATION:

Name of Bank _____

Address of Bank _____

Branch of Account _____ **Branch Code** _____
(where opened)

Account No. _____ **Account Type** *Savings* *Chequing*
(JS Currency only)

Name(s) on Account _____

Tel. No. (Cell) _____ **(W)** _____ **(H)** _____

E-mail Address: _____

The above represents my instruction to Guardian Life Limited with respect to any settlement submitted by me for payment via EFT.

It would be convenient and in my/our interests if Guardian Life Limited (GLL) would remit by way of Electronic Funds Transfer (EFT) any and all monies due and payable to me whether directly or as trustee into my/our bank account, details of which are provided above.

In consideration of GLL agreeing to remit payments by EFT to me/us as aforesaid, I/we agree:

1. **THAT** I/we voluntarily and with full knowledge take and assume any and all risk associated therewith;
2. **THAT** GLL shall have no obligation to check or verify authenticity or accuracy of the banking information provided by me/us;
3. **THAT** GLL shall have no obligation to check or verify the disbursement of monies paid to me/us in trust for another;
4. **THAT** in acting on the aforesaid banking information GLL shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such banking information may have been incorrect, and I/We shall be bound by any banking information on which GLL may act if GLL has in good faith acted in the belief that such banking information is correct;
5. **THAT** GLL may, in its absolute discretion, decline to act on or in accordance with the whole or any part of the aforesaid banking information pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that GLL shall not be under any obligation to so decline in any case, and GLL shall in no event or circumstances be liable in any respect for not so declining; and
6. **TO** release GLL from and indemnify GLL against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to GLL having acted in accordance with the whole or any part of any banking information or having exercised (or failed to exercise) the discretion conferred upon GLL in Clause 5 above.

Dated this day of, 20 _____

Signed by the accountholder(s) with authority to operate the relevant account(s), or (if a company or other corporate body) signed by its duly authorized officer(s) for and on behalf of

..... (Name of company or other corporate body, if applicable)

..... (Name of Accountholder or Authorized Officer)

..... (Signature of Accountholder or Authorized Officer)

..... (Name of Accountholder or Authorized Officer)

..... (Signature of Accountholder or Authorized Officer)

For Official Use Only:
VENDOR # _____ **SITE** _____

Index by ¹Policy #, ²TRN & ³Name of Life Insured