



APPLICATION FORM FOR GUARDIAN LIFESAVER NBU 158

Sales Representative's Name Sales Representative's Code No: Policy No.

LIFE INSURED'S NAME: Mr. Mrs. Miss First Middle Last Maiden

Marital Status Sex: F M Age nearest birthday Date of Birth TRN Day Month Year

Occupation Nature of Business (If self-employed)

Country of Birth: Nationality: Country of Citizenship:

Home Address Street City/Town Parish/State Country Tel.: Work Home Cell

Mailing/Billing Address: (If different from above) Street City/Town Parish/State Country

Employer's Name & Address: Street City/Town Parish/State Country

Preferred Method of receiving notification: Email Postal Mail Text message E-service Required E-mail address

Basic Sum Assured \$ Premium \$ Sum Assured \$ Premium \$ Regular Additional Investment (RAI) \$ Guardian LifeSaver Guardian Care Plus Rider

Method of Payment: PAP S/D 12 Cheques Direct Premium Mode: Annual Semi-annual Quarterly Monthly

Initial Allocation(RAI): % Equity % Stabilisation % Long Term Growth Fund % Money Market % Foreign Currency Index Fund

Payor's Name (if different from the Life Insured) Date of Birth First Middle Last Day Month Year

Mailing/Billing Address: Street City/Town Parish/State Country Tel.: Work Home Cell

Country of Birth: Nationality: Country of Citizenship:

Employer's Name: (for S/D only) Address:

Name of Insured Person: (if different from the Life Insured) Date of Birth First Middle Last Day Month Year

Address: Street City/Town Parish/State Country Tel.: Work Home Cell

Country of Birth: Nationality: Country of Citizenship:

Name of 1st Beneficiary Address

Relationship Date of Birth Percentage Share Type: Revocable Irrevocable Day Month Year

Name of 2nd Beneficiary Address

Relationship Date of Birth Percentage Share Type: Revocable Irrevocable Day Month Year

Name of 3rd Beneficiary Address

Relationship Date of Birth Percentage Share Type: Revocable Irrevocable Day Month Year

N.B. NAME TRUSTEE FOR PERSONS UNDER 18 YEARS OF AGE

Name of Trustee Address

Date of Birth Named Beneficiary Day Month Year First Middle Last

POLICYHOLDER DATA: Are you a permanent resident, citizen or national of another country? Are you a US citizen, resident or green card holder? Where do you pay taxes? Have you recently changed your residential or mailing address?

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION

Certification for Non-US Person I certify that I the undersigned am NOT a citizen, national, resident, or green card holder of the United States.

Signature of Non-US Customer Date

Certification for US Person I certify that I the undersigned am a citizen, national, resident or green card holder of the United States.

Signature of US Customer Date

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.

Signature of Insured Person _____ Date _____

Will this policy replace or change any existing life insurance? Yes No (If yes, complete Replacement Form)

QUESTIONS:

- Have you been told of / diagnosed with, or treated for any form of cancer? Yes No
- Have you been told of / diagnosed with, or treated for a condition that potentially could be cancerous, such as, elevated PSA, abnormal Pap Smear or biopsy? Yes No
- Have you ever been told of / diagnosed as being HIV positive? Yes No
- Have you ever been told of / diagnosed with or treated for AIDS (Acquired Immune Deficiency Syndrome) Yes No

N.B. If the answer to any of the above questions is 'yes', unfortunately you are not eligible for this Plan

TO BE ANSWERED IF GUARDIAN CARE PLUS CRITICAL ILLNESS RIDER IS SELECTED

- Have you ever been told of / diagnosed with or treated for a heart condition? Yes No
- Have you ever been told of / diagnosed or treated for a stroke? Yes No
- Have you ever suffered major burns? Yes No
- Have you ever been told of / diagnosed with or treated for blindness? Yes No
- Have you ever been told of / diagnosed with or treated for Multiple Sclerosis? Yes No
- Have you ever been told of / diagnosed or treated for any conditions that could cause deafness? Yes No
- Have you ever been told of / diagnosed with or treated for paralysis? Yes No

N.B. If the answer to any of the above questions is 'yes', unfortunately you are not eligible for this Rider.

DECLARATION:

I hereby apply for GUARDIAN LIFESAVER PLAN. I understand all the terms and conditions outlined and that my policy will become effective the day my correctly completed application form, accompanied by the first premium, photograph identification and all other relevant documents, acceptable to the Company; are received by GUARDIAN LIFE LTD. I understand that coverage is restricted to the maximum of:

\$5,000,000 for Ages 18 - 70 or \$500,000 for Ages 71 – 75.

I understand that the combined maximum coverage under the Plans:

- Guardian Angel
- Guardian Instant Coverage
- Guardian Life Saver and
- Guardian Investor Plus Plans

is \$8.5 Million for ages 18 to 70 or \$500,000 for ages 71 to 75.

I am aware that the combined maximum coverage under the Guardian Care/ Plus Rider/ Stand Alone and New Life Plan is \$2,500,000. Where the above maximums are exceeded, Guardian Life will refund premiums which were paid on the excess amount.

I hereby declare that the answers given and the statements made in the application are complete and true. I do hereby agree that this declaration along with the answers to the questions in this Application, form the basis of the Contract between the Company and myself; and that if any fraudulent or untrue statement is contained therein, all monies paid in respect of the insurance shall be forfeited to the Company and the Policy shall be void.

Signature of Life Insured _____ Date _____

Signature of Insured Person _____ Date _____

Name of Witness _____ Signature of Witness _____ Date _____

Name of Manager _____ Signature of Manager _____ Date _____

To be also completed when a party is unable to read or write by reason of illiteracy, illness or blindness.

Signed by : _____ (Insert Life Insured's name) Mark of the Life to be Insured _____

After the same was read over and was explained to him/her and who expressed himself/herself as understanding the nature and effects of the contents.

Witness (Sales Representative) _____

PROOF OF AGE:

Please submit copy of the Life Insured's birth certificate or valid passport with this application.

PLEASE GIVE DETAILS OF INSURANCE IN FORCE UNDER THE FOLLOWING PLANS

Name of Plan	Policy Number	Year of Issue	Sum Assured
Guardian Instant Coverage			
Guardian Angel			
Guardian LifeSaver			
Guardian Care /Plus Stand Alone			
Guardian Care /Plus Rider			
New Life Plan			
Guardian Investor Plus			

SALES REPRESENTATIVE'S STATEMENT REGARDING NEW APPLICATION
Please tick the appropriate box.

THIS APPLICATION:

- Replaces a Life Insurance Contract Replaces Life Insurance Contracts Does not replace any Life Insurance Contract

Sales Representative's Signature

Date

**TO BE COMPLETED BY CASHIER
RECEIPTING INFORMATION**

Temporary Receipt # _____ Date _____ Permanent Receipt # _____ Date _____

Amount \$ _____ Premium _____

How Paid: Cheque # _____ Amount \$ _____ Bank _____ Date _____

Cash Amount \$ _____

Name: _____ Signature: _____ Date _____

Name: _____ Verified by: _____ Date _____

Service Centre Manager

Service Centre Manager

BRANCH ADMINISTRATIVE ASSISTANT'S/BRANCH SUPPORT CLERK'S/BRANCH PROCESSING CLERK'S REPORT

1. Have all the information on the application and all attachments been checked and verified? No Yes
2. Have all the information for the applicant been accurately entered in APEX/NBS? No Yes
3. Date exported to/entered in NBS _____
4. Has all the information been accurately checked in the New Business System? No Yes

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

For Official Use Only: Index by Policy#, TRN and Name of Life Insured; Scan all pages of this document