



LUMP SUM DEPOSIT FORM

(For Multiple Fund Policies)

CS 120

Insured Person..... ¹Policy #.....

³Life Insured ²TRN (Life Insured).....

Email Address..... TRN (Insured Person).....

Policy Mailing Address.....

Tel. No. (Cell)..... (W).....(H)..... Nationality:

Country of Citizenship: Country of Birth:.....

Preferred Methods of Receiving Correspondence: E-mail Post Text message

Deposit Amount: \$..... Date of Deposit:.....
(Day/Month/Year)

Source of funds.....

This deposit is to be allocated to each Fund as outlined below:

Fund	Allocation %	Guardian Life Front End Charges %	Prime Investor & Prime Universal Life Saver Front End Charges %	Prime Life Saver Front End Charges %
<input type="checkbox"/> Stabilisation Fund	5.00%	9.75%	10.00%
<input type="checkbox"/> Money Market Fund	5.00%	9.75%	10.00%
<input type="checkbox"/> Equity Fund	5.00%	9.75%	10.00%
<input type="checkbox"/> Real Estate/Long Term Growth Fund	5.00%	9.75%	10.00%
<input type="checkbox"/> Foreign Currency Indexed Fund	5.00%	-	-
<input type="checkbox"/> Capital Growth Fund (Applicable only to Guardian Investor Plus)	5.00%	-	-

For Guardian Assure Policy only:

The funds are to be deposited to the Coverage Account.

In making this deposit, I understand that:

- i. the value of units in the Stabilisation Fund is guaranteed at a rate of _____% per annum for the period _____ to _____ and is subject to change on the first day of each month.
- ii. the charges stated above will be deducted prior to investment in the selected Fund(s).
- iii. the value of units in the Funds may fluctuate from time to time.
- iv. the payment of any surrender value may be deferred by the Company for a period not exceeding six (6) months.

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).

Insured Person's Signature	Date	
Witness' Name	Witness' Signature	Date

FOR OFFICE USE

Date received: _____

Signature: _____

Date processed: _____

Signature: _____

Agent:

Branch:

Index by: Policy #, TRN, Name of Life Insured