



LUMP SUM DEPOSIT FORM
(For Single Fund Policies)
CS 304

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.....

In making this deposit, I understand that:

- i. Guardian Life Limited will deduct a 5% front end charge prior to investment of the amount deposited.
ii. the value of units in the Funds may fluctuate from time to time
iii. 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).

Signature and Date fields for Insured Person and Witness.

FOR OFFICE USE

Date received: \_\_\_\_\_ Signature: \_\_\_\_\_
Date processed: \_\_\_\_\_ Signature: \_\_\_\_\_
Agent: \_\_\_\_\_ Branch: \_\_\_\_\_