Guardian®

Customer Service Office
Mailing Address
P.O. Box 26100
Lehigh Valley, PA 18002-6100

Supplement to Application for Insurance

The insurer identified below will be herein referred to as the "Company."

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

Unless subsidiary checked below:

☐ THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

☒ BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

This Supplement is to be attached to and made part of the policy.

Please print. *The Owner and/or Proposed Insured must initial any changes.*

SECTION A: Proposed Insured Information

First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

Use space below to amplify and extend answers to questions in your application dated _____.

Form #	Question #	Details

SECTION B: Signatures

I (We) represent that the answers as amplified and extended above are true and complete to the best of my (our) knowledge and belief and are part of my (our) application to the Company as described above.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at _____ _____

City and State | Month/Day/Year

_____ _____

Signature of Proposed Insured | Signature of Applicant/Owner

_____

Witness

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