GUARDIAN®

The Guardian Life Insurance Company of America
Midwest Regional Office
PO Box 8070
Appleton WI 54912-8070

Application for Conversion of Group Life Insurance

Please Print

Proposed Insured: (First, MI, Last)	☐ M ☐ F	Social Security #:
Address: (Street, City, State, Zip)		Phone #:

Date of Birth:	Age Nearest Birthday at Issue Date of Individual Policy:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

What is new or proposed occupation? (Exact duties)

Are you currently eligible or will you become eligible for any other group life insurance benefits within the _____ (#) days after your insurance ends under the Group Policy? ☐ Yes ☐ No

Address to which Premium Notices are to be sent: (if not same as above) (Street, City, State, Zip)

Beneficiary to receive death benefit (unless subsequently changed as provided in the policy) Name: (First, MI, Last)	Social Security #:
Address: (Street, City, State, Zip)	Phone #:

Date of Birth:	Relationship to Insured

Owner (unless subsequently changed as provided in the policy). The Proposed Insured shall be the Owner unless another Owner is designated below.

Name: (First, MI, Last)	Social Security #:
Address: (Street, City, State, Zip)	Relationship to Proposed Insured:

AUTOMATIC PREMIUM LOANS.
This provision will be effective, in accordance with the terms of the policy, unless this box is checked. If not desired, check box ☐

Has the first premium been paid? ☐Yes ☐ No State Amount Paid $ _____
Note: The initial premium must be paid before the policy is issued.
Have you received Guardian's conditional receipt in exchange? ☐ Yes ☐ No

Amount and plan of insurance desired: Amount $ _____ Plan: _____
(Effective date will be 31 days after Group Insurance is terminated. Proposed Insured is covered during 31 day period under the Group Policy.)

Premiums Payable: ☐ Annually ☐ Quarterly ☐ GOM ☐ Semi-Annually

Dividend Option: ☐ Paid in Cash ☐ Reduce Premium ☐ Left at Interest ☐ Paid-Up Additional Insurance

The insurance applied for is a conversion of group life insurance evidenced by:
Social Security # _____ for $ _____ under Group Policy No. _____
Issued to _____
Date Group Insurance Terminated _____

Reason Group Insurance Terminated (Explain):

Remarks:

Amendments and Corrections (For Home Office Use Only)

IT IS UNDERSTOOD AND AGREED: (1) That I have read all the statements and answers in this application, which shall form the basis of the contract of insurance, and declare that they have been correctly recorded. (2) That in no event shall insurance take effect unless the provisions for conversion of insurance contained in the Group Policy have been fully complied with, the full first premium has been paid, and the insurance under the Group Policy has been terminated. (3) That the individual policy or policies to be issued on this application shall not be deemed to be a continuation of the insurance under said Group Policy, but shall be one or more new, separate and independent contracts, and that all their terms and conditions shall be operative at and from their dates of issue. (4) That no agent is authorized to make, alter or modify the terms of this application or any contract issued thereon and any representation made by any agent and not contained herein shall not bind Guardian. (5) Acceptance of any contract(s) issued on the basis of the application shall constitute a ratification and acceptance of any change, correction, addition or amendment noted by Guardian in the "Amendments and Corrections" section above, except that in those jurisdictions where it is required any change in amount, classification, plan of insurance or benefits shall require a written consent signed by the Proposed Insured and by the Applicant if other than the Proposed Insured.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed at:_____ on_____
(City and State) (Date)

_____
Signature of Proposed Insured

Agency: _____ Code_____

_____
Witness other than Beneficiary

_____
Signature of Applicant-Owner or Assignee (If other than Proposed Insured)

GG-013338-R (8/14)

CONDITIONAL RECEIPT FOR ADVANCE PAYMENT OF PREMIUM

NOTE: - This receipt must be executed and given to the applicant in case premium is paid when application is made; otherwise it must not be detached.

Guardian will recognize no other receipt than this bearing the same serial number as this application.

Any check or draft given in settlement is accepted subject to collection.

Received of _____

who has applied to ***The Guardian Life Insurance Company of America****, for a policy of insurance*

in the amount of $ _____ *on the* _____ *plan,*

the sum of _____ *Dollars ($*_____*,)*

being the first _____ *premium on such policy; said premium being paid in accordance with the conditions of agreement (3), contained in said application. (Copy of agreements on back hereof.)*

Date _____ *Signed* _____ *Agent*

TO THE APPLICANT:

If you do not hear from Guardian in relation to your application within thirty days from date of this receipt, write The Guardian Life Insurance Company of America at the address indicated on the front of this form, without delay, stating the facts regarding your application for insurance.

IT IS UNDERSTOOD AND AGREED: (1) That I have read all the statements and answers in this application, which shall form the basis of the contract of insurance, and declare that they have been correctly recorded. (2) That in no event shall insurance take effect unless the provisions for conversion of insurance contained in the Group Policy have been fully complied with, the full first premium has been paid, and the insurance under the Group Policy has been terminated. (3) That the individual policy or policies to be issued on this application shall not be deemed to be a continuation of the insurance under said Group policy, but shall be one more new, separate and independent contracts, and that all their terms and conditions shall be operative at and from their dates of issue. (4) That no agent is authorized to make, alter or modify the terms of this application or any contract issued thereon and any representation made by any agent and not contained herein shall not bind Guardian. (5) Acceptance of any contract(s) issued on the basis of the application shall constitute a ratification and acceptance of any change, correction, addition or amendment noted by Guardian in the "Amendments and Corrections" section above, except that in those jurisdictions where it is required any change in amount, classification, plan of insurance or benefits shall require a written consent signed by the Proposed Insured and by the Applicant if other than the Proposed Insured.

TO THE ASSIGNEE (if applicable):

Application for conversion is being made at the request of _____ , assignee of all right, title, interest, benefits and privileges of _____ under the Group Policy.

By virtue of said assignment dated _____, the assignee _____ shall be owner of any policy issued as a conversion on the life of _____

CHECKED BY GROUP INS. DEPT.

POLICY NO. ☐
EMPLOYER ☐
CERTIFICATE NO. ☐
TERMINATION DATE ☐
AMOUNT ☐
COPY SENT AGENCY ☐

AGENCY_____S.A._____

EFFECTIVE DATE OF
INDIVIDUAL POLICY _____

DATE SENT NEW BUSINESS _____

BY _____