



THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA  
 THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.  
 BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Mailing Address:  
 PO Box 981590  
 El Paso TX, 79998-1590

**SERVICING AGENT/AGENCY CHANGE REQUEST FORM**

Please complete this form and return via Email ([ILSolutions@glic.com](mailto:ILSolutions@glic.com)), Fax (610-807-2720) OR by Mail to Guardian at the address above. For Variable and Universal Life policies, Email the completed form to [VULSolutions@glic.com](mailto:VULSolutions@glic.com), Fax to 610-807-2940 OR Mail to Guardian at the address above.

**Important Note:** This form may be used to change servicing agents or agencies. The new agent must be properly credentialed in the client's current state of residence before this form will be processed. A five character Guardian Agent Code must be provided below. The new servicing agent must be contracted and/or affiliated through a Guardian General Agency. Please contact your closest Guardian General Agency for information regarding the contracting process.

**Bulk Agent Changes (Guardian Agents Only):** In order to update an agent's book of business to a new agent outside of the current agency or change an agent's agency information, Guardian requires the submission of ALL policy numbers to be updated. If this information is included on a separate attachment, please check the box in the Policy Number Area of Section I. Specific policy owner information in Section I is not required. Section II must be completed in full. Agents who are updating their agency information must complete the new agency code and new agency information. Bulk agent changes do not require individual policy owner signatures.

If you require further information, please call 1-888-GUARDIAN (1-888-482-7342).

**I. Policy Information**

Policy Owner(s) (Print): \_\_\_\_\_  Check box to update address  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_  
 Check box if separate attachment is enclosed

**II. Change Information**

Current Agent Name: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 New Agent Name: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 New Agent Branch Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 New Agent Phone Number: \_\_\_\_\_

**III. Required Signatures**

By checking this box, the person(s) signing below authorizes the Company to communicate electronically regarding this transaction.  
 (Note: If the email entered is different from the email we have on file, you will need to update your email address via the customer portal at guardianlife.com)

\_\_\_\_\_  
 Policy Owner Signature Date  
 (Not Required for Bulk Agent Changes)