



# **Diamond Head**

## **Multi-Year Guaranteed Annuity Application Packet**

### **TEXAS**

For Agent Use Only. Product Availability May Vary by State.

Pacific Guardian Life Insurance Company  
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814 \* [www.pacificguardian.com](http://www.pacificguardian.com) • (800) 367-5354

## Agent Checklist for Completing Diamond Head MYGA Application

This packet contains the following forms for a Diamond Head Multi-Year Guaranteed Annuity (MYGA) issued by Pacific Guardian Life Insurance Company, Limited. Please review the information carefully and complete all applicable forms.

### Required Forms

- Annuity Disclosure (MYGA21-TX ANNDSC) – Must be provided to the applicant.
- Annuity Application (MYGA21-TX APP) – Complete all applicable sections of the application and sign where indicated. The Agent’s Field Guide provides helpful information for completing the application.
- Annuitant-Ownership Service Form (PGL-AOS-110121) - Required if adding a joint owner or joint annuitant.
- Annuity Suitability Questionnaire (PGL-ASQ -110121)
- Producer Disclosure (PGL-PDA-110121)
- Replacement Notice (MYGA21-TX APP REPLNTC) – Required when the Owner has current Life Insurance or Annuity coverage.
- Owner Identification Verification (PGL-OIV-110121)

### Additional Forms

The following forms are required to be submitted with the application, under the conditions noted:

- Supplemental Beneficiary Form (PGL-SBF-110121) – use if you need to add more beneficiaries than you have room for in the application.
- Policy Transfer or Exchange (PGL-PTE-110121) – required if the owner is transferring funds from another company to purchase the annuity.
- Certification of Trust (PGL-COT-110121) – required when the Owner is a trust.
- 72(U) Tax Certification for Non-Natural Owner (PGL-72U-110121) – required when the Owner is not a natural person (trusts, estates or other entities).
- Non-Resident Verification Form (PGL-NRV-110121) – required when the application is signed outside the Owner’s resident state.
- Systematic Withdrawals (PGL-SWD-110121) – required when the Owner requests regular withdrawals, including interest only.
- Wire Transfer Form (PGL-WTF-110121) – required when premium is submitted by wire transfer.

**DIAMOND HEAD ANNUITY**

INDIVIDUAL SINGLE PREMIUM MULTI-YEAR GUARANTEE ANNUITY

Form Number MYGA21-TX

This document is designed to review some important things to think about before buying an annuity. This is a single premium annuity, which means you purchase the annuity with one payment. It is a fixed annuity, which means it earns a specific interest rate during the guarantee period.

A deferred annuity is a **long-term** financial product which may not be appropriate for short-term goals. This annuity grows by earning **tax-deferred** interest at a **guaranteed** rate for a **guaranteed** period. You can use an annuity to save money for retirement and then receive a retirement income for life.

This contract includes the following features:

- The guarantee period of this annuity is selected by **you** when you apply for the annuity. This period can be from 3 (three) to 10 (ten) years.
- There are no front-end sales charges or annual administrative fees. Some states charge a premium tax. Pacific Guardian Life deducts premium taxes if it is required to pay them.
- Withdrawals are subject to surrender charges varying from 0% to 10% of accumulated value. The contract does offer opportunities each year to withdraw some or all of the accumulated value without charge.
- During a given contract year, you may withdraw up to 10% of your contract's value without incurring a surrender charge. With the addition of our "Life Events" rider, beginning in the second policy year, you may even take an **additional** withdrawal of up to 10% without incurring a surrender charge, at any time you choose, and for any reason. This option may be exercised once over the life of your contract, and there is no charge for this rider.
- Upon death of the Owner, the accumulated value is payable to the designated beneficiary. Surrender charges will not apply.
- When you receive your annuity contract, you are given a 30-day **free look period**. If during this period you decide that you do not want this annuity, you may return it to us, and we will return your premium to you (less any withdrawals you have made).

The initial guarantee period interest rate will be clearly stated on the second page of your policy. It is guaranteed by Pacific Guardian Life for the duration of your entire initial guarantee period.

At the end of the initial guarantee period, you are given a 30-day window during which you can withdraw part or all of the accumulated value of your annuity, free of surrender charges. If you choose to continue your annuity, then Pacific Guardian Life will declare a new guaranteed interest rate for the next guarantee period. This rate will never be less than the nonforfeiture rate shown on the second page of your policy. This nonforfeiture rate may vary by state, but once the policy is issued, it will never change and it becomes the minimum credited rate for your policy through to maturity.

When you take payouts, surrender, or withdraw from your annuity, you pay ordinary income taxes on the interest earned. You may also pay a 10% federal income tax penalty on earnings withdrawn prior to age 59 ½.

Withdrawals in excess of 10% of the annuity value in a given policy year are subject to the following schedule of surrender charges:

<b>Year of Guarantee Period</b>	1	2	3	4	5	6	7	8	9	10
<b>Surrender Charge Percentage</b>	10%	9%	8%	7%	6%	5%	4%	3%	2%	1%

Surrender charges reset when the guarantee period resets.

Pacific Guardian Life will waive all surrender charges beginning on the policy anniversary following your 95<sup>th</sup> birthday.

Once payouts from your annuity begin, you may not make any withdrawals from it.

We may make changes to your annuity contract from time to time in order to conform to federal or state laws. If we do, we will advise you about the changes in writing.

If you have any questions regarding this annuity, please feel free to contact Client Relations at [clientrelations@pacificguardian.com](mailto:clientrelations@pacificguardian.com), or call us toll-free at (800) 367-5354. Our website can be found at [www.pacificguardian.com](http://www.pacificguardian.com).



# PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LIMITED  
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, Hawaii 96814-3698 • (808) 955-2236

POLICY NUMBER

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## APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY

### PRODUCT APPLIED FOR

Multi-Year Guarantee Annuity

Guarantee Period:  3 years  4 years  5 years  6 years  7 years  8 years  9 years  10 years

**The length of the surrender charge period will be the same as the guarantee period chosen.**

Optional Rider – “Life Events” Additional Free Partial Withdrawal Rider (no charge)

### OWNER

### ANNUITANT (IF OTHER THAN OWNER)

**Owner must be Annuitant on qualified plans.**

NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
SSN/TAXPAYER ID		PHONE		SSN/TAXPAYER ID		PHONE	
DRIVER'S LICENSE NO. & STATE		E-MAIL ADDRESS		DRIVER'S LICENSE NO. & STATE		E-MAIL ADDRESS	

### PREMIUM AND TAX QUALIFICATION STATUS

#### Plan Type:

Non-qualified  IRA  Roth IRA  SEP IRA  Other: \_\_\_\_\_

#### Premium Amount:

Amount paid with application \$ \_\_\_\_\_ Estimated amount of 1035 exchange or transfer \$ \_\_\_\_\_

#### Payment Type (select all that apply):

Check  Non-qualified 1035 Exchange  Indirect IRA Rollover  IRA Contribution – Tax Year \_\_\_\_\_

Qualified Direct Rollover (401(k) or other qualified retirement plan to IRA)  Direct Transfer (IRA or non-qualified CD or brokerage account)

### EXISTING COVERAGE AND REPLACEMENT

Do you have any existing life insurance or annuity policies?

Yes  No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity policy?

Yes  No

**BENEFICIARIES**

**Percentages for each beneficiary class (primary and contingent) must total 100%. Multiple beneficiaries of the same class will share the death benefit equally unless percentages are listed.**

**Primary Beneficiaries**

Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent

**Contingent Beneficiaries**

Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent
Name		Address	
Date of Birth	Social Security/Tax ID Number	Relationship	Percent

**Marital Status and Consent of Spouse****Owner Marital Status** (Select One)

Single       Married       Widowed       Divorced

Consent of spouse must be signed if the following conditions are present:

**Community property state:** You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living, and you are NOT designating your spouse as the sole primary beneficiary.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Printed Name \_\_\_\_\_

**FRAUD NOTICE**

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

## POLICY DELIVERY CONSENT

**You have the right to have written communication provided to You in paper form.** Should you select email delivery below, and then wish to change your option to paper communications, You have the right to withdraw your consent at any time by contacting us at:

- Home Address: 1440 Kapiolani Blvd, Suite 1700, Honolulu, Hawaii 96814; or
- Telephone: (808) 955-2236; or
- Email: clientrelations@pacificguardian.com

You may also use the contact information provided above if you wish to change the email address to which we send electronic communications, or request a paper copy of all documents which were presented to you electronically (at no charge to you).

If You request delivery via email, You must provide Your email address below. By selecting email delivery, You consent to electronic delivery of the documents, and You acknowledge that you have access to the internet for such purposes.

### Select who the policy pages will be delivered to and the method of delivery:

- Client:**       Via email      Owner's Email Address: \_\_\_\_\_  
 Policy Delivery via Producer
- Producer:**    Policy Delivery via mail

## OWNER'S STATEMENT AND SIGNATURE

**Signed at (City, State):** \_\_\_\_\_ **Date:** \_\_\_\_\_

- All statements and answers in this application are correct to the best of my knowledge and belief, and will be made a part of the annuity policy.
- I acknowledge that I received a product disclosure prior to applying for this annuity.
- If this application is declined, Pacific Guardian Life will not have any liability except to return the premium it received.
- Under penalty of perjury, I certify that my correct taxpayer identification number is shown on this form, and I am a U.S. person (including a U.S. resident alien).
- If I am purchasing this annuity with qualified funds, and I am required to take a required minimum distribution ("RMD") this year, I understand that I must withdraw my RMD before transferring the qualified funds into this policy.
- I have reviewed my financial situation and needs with my agent. I believe this annuity policy will meet my financial objectives. I have also considered my liquidity needs and time horizon when selecting this annuity product and determining the amount of premium I will pay.
- I have carefully read the Policy Delivery Consent and have selected the format by which to receive written communication regarding this annuity policy. I also understand that if I elected to receive documents via email, that I have the right to withdraw my consent at any time and receive written communications in paper form.

**The annuity applied for includes a 30-day examination right. A surrender of the policy after this 30-day period may result in a loss of principal and earnings due to a surrender charge.**

\_\_\_\_\_  
Signature of Owner

**PRODUCER'S REPORT AND SIGNATURE**

Do you have reason to believe that the applicant has any existing life insurance or annuity policies?

Yes  No

***If yes, a replacement form is always required in states that have adopted the NAIC model replacement regulation, even if this annuity will not actually replace any existing coverage.***

Do you have reason to believe that the purchase of this annuity will result in the replacement, termination or change in value of any existing life insurance or annuity policy?

Yes  No

***If yes, all requested information about any replaced policy must be provided on the replacement form.***

**I certify and attest to Pacific Guardian Life Insurance Company that:**

1. I personally reviewed the Applicant(s) identification in order to confirm the identity of the person(s) applying for this annuity;
2. I only used Pacific Guardian Life Insurance Company's approved sales material in connection with this sale and I left with the applicant copies of all sales materials used;
3. I will provide a paper copy of any insurer-approved electronically presented sales materials to the applicant no later than at the time of policy delivery;
4. I provided a product disclosure and, if required by state law, a Buyer's Guide for Deferred Annuities to the applicant before applying for this policy;
5. To the best of my knowledge and belief, all information recorded on this application is true.

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Producer's Printed Name \_\_\_\_\_ Producer's Number \_\_\_\_\_



# ANNUITY SUITABILITY QUESTIONNAIRE



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

It is important that the annuity you select is appropriate based on your financial situation, needs, and objectives. Carefully read and answer the questions and/or statements below. You may decline to provide the requested information however, failure to do so will affect the ability of your agent to make a suitable recommendation. **Complete and return this statement with your annuity application.** If you do not wish to provide the requested information, please indicate so below.

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Type of annuity proposed: \_\_\_\_\_

## FINANCIAL INFORMATION

Please initial box if you do not want to disclose information

Annual Gross Income.....\$ \_\_\_\_\_   
Total net worth (excluding home, home furnishings, and auto).....\$ \_\_\_\_\_   
Liquid assets (checking account, savings account, CDs, stocks, bonds, mutual funds, annuities, etc.).....\$ \_\_\_\_\_

## FEDERAL INCOME TAX BRACKET:

- Less than 15%     15% to 28%     Greater than 28%

## FINANCIAL OBJECTIVES – Your financial objective in purchasing this annuity certificate (check all that apply)

- Tax deferred growth             Accumulation for retirement income     Transfer of funds to beneficiaries  
 Guaranteed interest rate        Protection of principal                     Provide monthly income of interest earnings  
 Receive immediate income

## DECISION TO PURCHASE ANNUITY

Other than your agent, who, if anyone, assisted you in your decision to purchase an annuity? (Check all that apply)

- Accountant     Attorney     Family member     Financial planner     No one     Other: \_\_\_\_\_

## AVAILABLE FUNDS

Do you have sufficient cash or other liquid funds for living expenses and emergencies, such as unexpected medical expenses, in addition to the money you plan to use to purchase this annuity?  Yes  No If no, please explain: \_\_\_\_\_

If you checked "No" – This annuity may not be suitable for you.

## SURRENDER CHARGES, WITHDRAWAL FEES OR PENALTIES

If you will incur surrender charges, withdrawal fees or penalties on any existing product used to fund the purchase of this annuity, do you feel comfortable incurring such charges, fees or penalties?  Yes  No  Not applicable

If no, please explain why you want to proceed with the purchase: \_\_\_\_\_

## I UNDERSTAND THAT THE PROPOSED ANNUITY CERTIFICATE CONTAINS WITHDRAWAL AND SURRENDER CHARGES.

**Please check the statement that is applicable:**

- I elect not to provide some or all of the information requested above, however, I still wish to apply for the proposed annuity certificate and I believe that the annuity, as applied for, is appropriate and suitable for my needs and financial objectives.  
 I acknowledge that I have read the annuity suitability statement and that the information I have provided is true and complete to the best of my knowledge and belief and that the annuity, as applied for, is appropriate and suitable for my needs and financial objectives.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ . Signature of applicant/proposed owner: \_\_\_\_\_

## Representative (Agent) Statement:

I certify that I have made a reasonable effort to attain all relevant information necessary to recommend the purchase of the proposed annuity certificate, which I believe is suitable for the applicant based upon the information provided by the applicant regarding his or her needs and financial objectives.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ . Signature of representative (agent): \_\_\_\_\_



# PACIFIC GUARDIAN LIFE

Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Phone Number: (808) 367-5354 • Fax Number: (808) 942-1295

## Insurance Agent (Producer) Disclosure For Annuities

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date: \_\_\_\_\_

### INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business/Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number: \_\_\_\_\_

### CUSTOMER INFORMATION (“You”, “Your”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### What Types of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

#### Whose Annuities Can I Sell to You?

I am authorized to sell:

- Annuities from Only One (1) Insurer
- Annuities from Two or More Insurers
- Annuities from Two or More Insurers although I primarily sell annuities from:

\_\_\_\_\_

**How I'm Paid for My Work:**

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe:  
\_\_\_\_\_
- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- Other (Describe): \_\_\_\_\_

***If you have questions about the above compensation I will be paid for this transaction, please ask me.***

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date

## Consumer Refusal To Provide Information

Do Not Sign Unless You Have Read and Understand the Information in this Form.

### Why are You being given this form?

You are buying a financial product – an annuity.

To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker, or company needs information about You, Your financial situation, insurance needs and financial objectives.

If You sign this form, it means You have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the Insurance Code of \_\_\_\_\_ (issue state) if You sign this form or provide inaccurate information.

Statement of Purchaser:

- I **REFUSE** to provide this information at this time.
- I have chosen to provide LIMITED information at this time.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

## Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

Do Not Sign This Form Unless You Have Read and Understand It.

### Why are You being given this form?

You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about You, your financial situation, insurance needs and financial objectives.

If You sign this form, it means You know that you're buying an annuity that was not recommended.

### Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it **without a recommendation**, I understand I may lose protections under the Insurance Code of \_\_\_\_\_ (issue state).

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Producer Signature

\_\_\_\_\_  
Date

## IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent (producer), if there is one,  
and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions that follow them on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? \_\_\_ YES \_\_\_ NO
  
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? \_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	Insurer Name	Contract or Policy No.	Insured or Annuitant	Replaced (R) or Financing (F)
1				
2				
3				

Make sure you know the facts. Contact your existing company or its agent (producer) for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent (producer) in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Agent (Producer) Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_  
(Applicants must initial only if they do not want the notice read aloud.)

## QUESTIONS TO CONSIDER WHEN REPLACING LIFE INSURANCE OR ANNUITIES

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



# OWNER IDENTIFICATION VERIFICATION



**Mail, Email or Fax completed form with application:**

Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**

Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

**Agent to complete the following information:**

**Policy Owner Identification Verification** – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual and documents that confirm the legal identity status of any non-natural owner, such as a business or trust.

## OWNER VERIFICATION

Name (of proposed owner or non-natural person)

**A. Driver's License**

State of Issue \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**B. Passport License**

Country of Issue \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Other**

State/Country of Issue \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government Issued photo ID is not available.

## JOINT OWNER VERIFICATION

Name (of joint owner)

**A. Driver's License**

State of Issue \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**B. Passport License**

Country of Issue \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Other**

State/Country of Issue \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government Issued photo ID is not available.

## Agent's Confirmation – I have verified the identity of the owner(s) and believe the information the owner(s) have provided to me regarding their identity is true and accurate. Signed at:

Agent's Name (Please print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# SUPPLEMENTAL BENEFICIARY FORM



PACIFIC GUARDIAN LIFE

**Mail, Email or Fax completed form to:**

Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**

Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

**BENEFICIARY DESIGNATION. Percentages from Supplemental Beneficiary page, and either the application or request to change in beneficiary form, must equal 100%. Please use First, Middle, Last and mm/dd/yyyy formats.**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage

Owner Signature: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

# POLICY TRANSFER OR EXCHANGE



**Mail, Email or Fax completed form to:**  
 Pacific Guardian Life Insurance Company  
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
 Policyholder Service: (800) 367-5354  
 ClientRelations@pacificguardian.com

<b>Current Trustee/Insurance Company/Financial Institution ("FI")</b>	<b>Policy/Account Owner Name(s)</b>
Street Address of Current Trustee/Ins. Co./FI	Policy/Account Number(s) at Current Trustee/Ins. Co/FI
City, State, ZIP of Current Trustee/ Ins. Co./FI	Owner Social Security Number(s) or Tax I.D. Number(s)
Telephone Number of Current Ins. Co./FI	Annuitant/Insured Name(s) (if other than owner)

<p><b>TRANSFER INSTRUCTIONS:</b>                  Please transfer the policy/account values indicated below:  <input type="checkbox"/> <b>Partial:</b> Transfer policy/acct/cert value totaling \$ _____ or ____ %  <input type="checkbox"/> <b>Complete:</b> Transfer all policy/acct/cert values. Surrender if an annuity policy.                  FULL 1035 EXCHANGES: I, the owner, assign and transfer to Pacific Guardian Life all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.                  Approximate Transfer Amount: \$ _____</p>	<p><b>QUALIFIED TYPE OF TRANSFER:</b>  <b>From:</b>  <input type="checkbox"/> IRA, SEP  <input type="checkbox"/> Tax-Sheltered Annuity {403(b)}  <input type="checkbox"/> 401(k) Qualified Savings Plan  <input type="checkbox"/> Roth IRA  <input type="checkbox"/> Other _____  <b>To:</b>  <input type="checkbox"/> IRA, SEP  <input type="checkbox"/> Roth IRA*                  * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010  <input type="checkbox"/> Other _____  <b>Type of Qualified Transfer or Rollover:</b>  <input type="checkbox"/> Direct Transfer  <input type="checkbox"/> Direct Rollover  <input type="checkbox"/> Non-Direct Rollover</p>
<p><b>NON-QUALIFIED TYPE OF TRANSFER:</b>  <input type="checkbox"/> Non-Qualified Policy/Account Values, 1035 Exchange  <input type="checkbox"/> Non-Qualified Funds, Non-1035 Exchange from:  <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bank CD <input type="checkbox"/> Other Non-Qualified Asset</p>	<p><input type="checkbox"/> <b>Retirement Plan to an IRA:</b></p>

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**

A) Have you reached age 72 or older in this calendar year?  Yes  No (If the Answer to A is YES, you are certifying that B is true)

B) I certify that my RMD has been made or will be made prior to transfer.

**FOR ALL TRANSFERS:** As the owner of the policy/account/certificate indicated above, I request the above transfer to Pacific Guardian Life Insurance Company (PGL). I represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account/certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to PGL. I further agree that PGL is not responsible for the tax effect of this transfer. I understand that I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

**My Annuity/Life policy**  ENCLOSED  NOT APPLICABLE

LOST/DESTROYED: I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

**Taxpayer Identification Number Certification**  
 Under penalty of perjury, I, the Proposed Owner, certify the following:

- My Social Security Number or taxpayer identification number shown on this form is correct;
- I am not subject to backup withholding due to failure to report interest or dividend income on your tax return;
- I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
- I am not subject to Foreign Account Tax Compliance Act reporting as I am a U.S. Person and the account is located within the United States.

**Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

X \_\_\_\_\_  
 Signature of Policy/Account Owner Date Signature of Agent Date

**ACCEPTANCE BY PACIFIC GUARDIAN LIFE (FOR OFFICE USE ONLY)**

Pacific Guardian Life (PGL) acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above PGL will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.  
**Make check payable to: Pacific Guardian Life Insurance Company • FBO the owner(s) noted above.**

\_\_\_\_\_ Pacific Guardian Policy Number \_\_\_\_\_ Authorized Signature/Title \_\_\_\_\_ Date

# CERTIFICATION OF TRUST



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

## INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED BY TRUSTEE(S)

### TRUST INFORMATION

In consideration of your opening and/or maintaining one or more annuities for the Trust named below, we the undersigned below, (Trustees), certify as follows:

- a. The full title of the trust to which this Trustee Certification applies is: \_\_\_\_\_  
\_\_\_\_\_
- b. The date of the Trust is: \_\_\_\_\_
- c. The date of any Trust Amendments are (if any): \_\_\_\_\_
- d. There are no Trustees of the Trust other than the undersigned: \_\_\_\_\_  
\_\_\_\_\_
- e. The Grantors of the Trust are: \_\_\_\_\_
- f. The Tax ID# of the Trust is: \_\_\_\_\_

### ACKNOWLEDGMENT

- We, the Trustees, acknowledge receiving and reviewing all pertinent annuity contract documentation and agreements.
- We, the Trustees, jointly and severally indemnify Pacific Guardian Life and hold you harmless from any liability for affecting requested transactions of any type.
- We, the Trustees, agree to inform Pacific Guardian Life in writing of any amendment to the Trust or any change in the composition of trustees. The Company will rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We, the Trustees, agree to provide Pacific Guardian Life with a copy of the title page, signature page, a successor trustee section of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for Pacific Guardian Life to ascertain the current Trustees of the Trust.

#### Policy request must be: (default is all trustees)

- Signed by all trustees     Signed by majority of trustees     Signed by one trustee

## SIGNATURES (TRUST CERTIFICATION)

We, the Trustees, hereby certify that the undersigned are all the Trustees, and that Pacific Guardian Life is authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check signing and withdrawal privileges.

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

(All Trustees must sign. Attach an extra page if necessary.)

Should only one person execute this certification, it shall constitute a representation that the signer is the sole Trustee. Where applicable, plural references in this Certification shall be deemed singular.

# TRUST AND NON-NATURAL OWNER

## 72(u) Tax Deferred Treatment Certification Form



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

### INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED BY TRUSTEE(S) OR CORPORATE OFFICER OF OWNER

#### CONTRACT INFORMATION

Contract Number			
Name of Annuitant		Telephone Number	
Name of Owner		Telephone Number	
Owner Street Address	Owner City	Owner State	Zip Code
Owner Email			

#### TAX INFORMATION RELATED TO DESIGNATION OF A NON-NATURAL OWNER

Please read the following if you intend to designate a non-natural entity as the owner of your Pacific Guardian Life Insurance Company Annuity Contract.

*Definition of non-natural owner:* a non-natural owner is something other than a living person, including trusts, estates, and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, Pacific Guardian Life Insurance Company will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, Pacific Guardian Life Insurance Company will treat your contract as tax deferred. In order to notify Pacific Guardian Life Insurance Company of your qualifying exception, you must sign this form and submit it to the address indicated at the top of this page.

Pacific Guardian Life Insurance Company is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

## ACKNOWLEDGEMENT AND SIGNATURES

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold Pacific Guardian Life Insurance Company harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

_____ Printed Name of Trustee	_____ Date	_____ Signature of Trustee
_____ Printed Name of Trustee	_____ Date	_____ Signature of Trustee
_____ Printed Name of Corporate Officer	_____ Date	_____ Signature of Corporate Officer
_____ Printed Name of Corporate Officer	_____ Date	_____ Signature of Corporate Officer

**Mail, Email or Fax completed form with application:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

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**Definitions**

**Resident State** - is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Resident State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

**Application State** - is where the applicant/ owner signed the application and where the policy is solicited and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product\*.

I \_\_\_\_\_ (Owner/ Joint Owner) am a resident of the state of \_\_\_\_\_ .

My valid reasons for being in the Application Signed State of \_\_\_\_\_ are (other than to purchase an annuity or insurance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgments**

- ✓ All communications, sales material and negotiations of the application occurred in the Application State.
- ✓ The application was signed by the owner and the agent in the Application State.
- ✓ The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*State Restrictions - Alabama, New York, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.*



# SYSTEMATIC WITHDRAWAL REQUEST



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

**Annuity Contract Number:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**SSN/TIN Number:** \_\_\_\_\_

Single  Married  Widowed  Divorced - Please specify - Date: \_\_\_\_\_ State: \_\_\_\_\_

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (check **ONE** of the following.)

<input type="checkbox"/> <b>ACCUMULATED INTEREST ONLY</b>
Initial Distribution Date:
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual
<b>The minimum withdrawal amount is \$100. If withdrawal does not meet the minimum, the frequency of payment will be changed automatically.</b>

<input type="checkbox"/> <b>SPECIFIED AMOUNT \$ _____ OR _____ % OF MY ACCUMULATED VALUE</b> *Minimum remaining account value after withdrawal must be at least \$1,000.
Initial Distribution Date:
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual

<input type="checkbox"/> <b>REQUIRED MINIMUM DISTRIBUTION (RMD)</b>	
Initial Distribution Date:	Prior Year End Account Value*: <small>*For policies in 1st policy year</small>
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	
How would you like your RMD calculated? Please select	
<input type="checkbox"/> Single Life (based on the Uniform Distribution Table)	
<input type="checkbox"/> Joint life (your spouse must be your sole primary beneficiary and must be more than 10 years younger than you)	
Spouse's date of birth: _____	

A selection of any of the above options is considered a **Partial Withdrawal/Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn

<b>DIRECT DEPOSIT</b>	
To provide faster access to your money, Pacific Guardian Life can deposit your funds directly in your bank account using Electronic Funds Transfer (EFT). EFT may be available for all policies. Please provide the following instruction.	
<input type="checkbox"/> Check here if you prefer to receive payment by check to your mailing address. If so, please move on to the next section.	
Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)
Type of account: <input type="checkbox"/> Checking - Please attach a voided check for the listed account. <input type="checkbox"/> Savings	
To expedite your request, your first payment may be sent to you via check. If EFT is not available for your account, Pacific Guardian Life will continue to pay you by check.	

**Please note: For your security we will mail a check for withdrawals greater than \$2,500. We will not allow address changes at time of withdrawal.**

## TAX WITHHOLDING

The IRS requires that we withhold 10% Federal Income Tax from your payment unless you advise us otherwise. If you do not want us to withhold 10% of your payment, please select one of the options below.

- Do not withhold Federal or State income taxes from my payment
- Withhold \_\_\_\_\_% Federal income tax from my payment
- Withhold \_\_\_\_\_% State income tax from my payment

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

## CERTIFICATION OF TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

**Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Owner(s) and/or Assignee(s) Signature(s) (required)	Title (if corporation or trust)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

## MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

- Single    Married    Widowed    Divorced

Consent of spouse must be signed if the following conditions are present:

**Community property state:** You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico) and your spouse is living.

Name of Spouse (First, Middle, Last)

Signature of Spouse

Date (mm/dd/yyyy)

## ADDITIONAL INFORMATION

# ACH/WIRE TRANSFER

Mail, fax or email completed form to:  
 Pacific Guardian Life Insurance Company  
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
 Fax Number: 808-942-1235  
 Email: [MYGA@pacificguardian.com](mailto:MYGA@pacificguardian.com)

Contact us:  
 Policyholder Service - 800-367-5354  
 ClientRelations@pacificguardian.com

Date: \_\_\_\_\_

Attention: MYGA Wire Transfer  
 Pacific Guardian Life Insurance Company

Agent Name: \_\_\_\_\_

Agent Writing Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I initiated a wire transfer on \_\_\_\_\_ from \_\_\_\_\_  
Date Bank Name

for \$ \_\_\_\_\_ to Pacific Guardian Life Insurance Company, as the initial deposit  
Amount  
 on an annuity. A copy of the application is attached.

ANNUITY INFORMATION	
Policy Number or Social Security Number	First and Last Name

For MYGA wires or ACH transfers, use the account information below:

ACH/WIRE TRANSFER DETAILS	
Account Name	Pacific Guardian Life Ins Co Ltd
Account Address	1440 Kapiolani Blvd, 1700 Honolulu, HI 96814
Account Number	01019236
Type of Account	Business Checking
Routing Number	121301015
SWIFT Code	FHBKUS77
Account Maintained by:	First Hawaiian Bank 999 Bishop St., Honolulu, HI 96813

# ANNUITANT/OWNERSHIP SERVICE FORM



**Mail, Email or Fax completed form to:**  
 Pacific Guardian Life Insurance Company  
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
 Policyholder Service: (800) 367-5354  
 ClientRelations@pacificguardian.com

## CURRENT INFORMATION

Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Annuitant Name (First, Middle, Last)	Social Security Number	Policy Number
Joint Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Joint Annuitant Name (First, Middle, Last)	Social Security Number	Policy Number

## ADDRESS/EMAIL CHANGE

Owner    Annuitant    Joint Owner    Joint Annuitant

Previous Address (Street, City, State, Zip Code)	Old Telephone Number
<input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address	
New Address (Street, City, State, Zip Code)	New Telephone Number
Old Email Address	New Email Address

## NAME CHANGE

Owner    Annuitant    Joint Owner    Joint Annuitant

Previous Name (First, Middle, Last)	New Name (First, Middle, Last)
Reason: <input type="checkbox"/> Court Order* <input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Other	
<b>*Please send a copy of legal documents</b>	

## OWNERSHIP CHANGE

\_\_\_\_\_ agrees to unconditionally and irrevocably release all rights and privileges of ownership associated with this contract, and directs Pacific Guardian Life to transfer these rights and privileges to

Current Owner Name \_\_\_\_\_

Check if adding a Joint Owner \_\_\_\_\_

New Owner Name (First, Middle, Last) \_\_\_\_\_

New Owner Social Security Number \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

New Owner Address \_\_\_\_\_

***If there is a Trust involved, Trust paperwork MUST be submitted.***

**Ownership change has important legal and tax implications. Please read your policy and check with your legal tax advisor before completing this form. The new owner's beneficiary designation should be completed and submitted with this form.**

## ANNUITANT CHANGE

Check if adding a Joint Annuitant

\_\_\_\_\_

Current Annuitant Name \_\_\_\_\_ New Annuitant Name \_\_\_\_\_

New Annuitant Social Security Number \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**The new Annuitant's beneficiary designation should be completed.**

## AGENT CHANGE REQUEST

**Change Notice:** The purpose of this signed authorization is to replace any existing Agent/Agency that services the policy/contract with the New Agent/ Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

### POLICY INFORMATION

Policy Owner Name (First, Middle, Last)	Social Security Number	Policy Number
Email	Telephone Number	
Joint Owner Name (First, Middle, Last) (if applicable)	Social Security Number	
Email	Telephone Number	

**NEW AGENT INFORMATION:** Only one agent is allowed to be listed as primary agent. Please list primary agent first. Additional agents will only be noted for phone support.

New Agent Name	Social Security Number	Telephone Number
Address	Email	
Agent Producer Code Number	General Agent/Broker Dealer Name	

**LOST POLICY**

I hereby certify that the policy has been lost or destroyed. I have no knowledge of its whereabouts, and that said policy is not assigned or pledged.

**POLICY CERTIFICATE**

I hereby request a duplicate of said policy (or certificate of insurance should duplicate policy forms not be available), and hereby agree that any certificate or duplicate policy issued shall create no liability on the part of Pacific Guardian Life (PGL) other than that set out in the original policy. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to PGL.

## AUTHORIZATION AND ACCEPTANCE

Please refer to your contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. **To the best of my knowledge, I certify that the above information is correct.**

Owner Signature:	Date:	New Owner Signature:	Date:
Joint Owner Signature:	Date:	Joint New Owner Signature:	Date:
Parent/Legal Guardian: (If Annuity owner is a minor)	Date:	<b>As the New Annuitant, I am aware and understand that I have no ownership rights in the contract.</b> New Annuitant's Signature: _____ Date: _____	

## MARITAL STATUS and CONSENT OF SPOUSE

**Owner Marital Status** (Select One)

Single    Married    Widowed    Divorced

Consent of spouse must be signed if the following conditions are present:

**Community property state:** You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living, and you are changing Ownership or Annuitant.

Name of Spouse (First, Middle, Last)	
Signature of Spouse	Date (mm/dd/yyyy)