

SERFF Tracking Number: GARD-126568345 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 45478
Inc.
Company Tracking Number: EB-015813
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA Apps 7/2010
Project Name/Number: VA Apps 7/2010/EB-015813

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: VA Apps 7/2010 SERFF Tr Num: GARD-126568345 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45478
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: EB-015813 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 04/22/2010
Authors: Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Carol Nardella, Monica Wilson, Connie Gelfat, Carline Hamilton, Kathleen Tobin
Date Submitted: 04/21/2010 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: VA Apps 7/2010 Status of Filing in Domicile: Not Filed
Project Number: EB-015813 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/22/2010 Explanation for Other Group Market Type:
State Status Changed: 04/22/2010
Deemer Date: Created By: Louis A Conte
Submitted By: Peter Diggins Corresponding Filing Tracking Number:
Filing Description:

Re: The Guardian Insurance & Annuity Company, Inc. (GIAC)

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Variable and Variable
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Project Name/Number: VA Apps 7/2010/EB-015813
Application Forms EB-015813 and EB-015814
NAIC NO.: 429-78778 FEIN: 13-2656036

Enclosed for your review and approval are the above referenced application forms to be used with our Individual Flexible Premium Deferred Variable Annuity Contract (see Appendix A for form number and approval date). We intend to introduce these applications in July 2010, or upon approval by your Department, if later.

These applications replace Applications EB-015465 and EB-015466 (see Appendix A for approval information related to these applications).

These applications are similar to the applications they are replacing except that a Dollar Cost Averaging program is now available for the Guaranteed Lifetime Withdrawal Benefit Rider. A statement of variability applicable to these application forms is also included with this submission.

Readability requirements do not apply to these forms, as they will be used with a variable annuity contract that is a security subject to federal regulation. Any other applicable certifications and fees, if required, are included.

We look forward to receiving your Department's approval of this submission at your earliest convenience.

Sincerely,

Pete Diggins
Manager, Compliance
(212) 598-7436 (telephone)
(212) 919-2592 (fax)
(877) 600-1460 (toll-free)
Peter_J_Diggins@glic.com

Company and Contact

Filing Contact Information

Carol Nardella, Senior Compliance & Research Carol_Nardella@glic.com
Specialist
7 Hanover Square 212-598-1683 [Phone]

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New York, NY 10004 212-919-2592 [FAX]

Filing Company Information

The Guardian Insurance & Annuity Company CoCode: 78778 State of Domicile: Delaware
 Inc.
 7 Hanover Square Group Code: 429 Company Type:
 New York, NY 10004 Group Name: State ID Number:
 (212) 598-8000 ext. [Phone] FEIN Number: 13-2656036

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our domicile state (DE) fee is \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$100.00	04/21/2010	35855193

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/22/2010	04/22/2010

SERFF Tracking Number: GARD-126568345 *State:* Arkansas
Filing Company: The Guardian Insurance & Annuity Company *State Tracking Number:* 45478
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Company Tracking Number: EB-015813
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Variable and Variable
Product Name: VA Apps 7/2010
Project Name/Number: VA Apps 7/2010/EB-015813

Disposition

Disposition Date: 04/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: VA Apps 7/2010
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Appendix A		Yes
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes

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 Variable and Variable
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Form Schedule

Lead Form Number: EB-015813

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EB-015813	Application/ Variable Annuity Enrollment Application Form	Revised	Replaced Form #: EB-015465 Previous Filing #: 43739	0.000	EB-015813.pdf
	EB-015814	Application/ Variable Annuity Enrollment Application Form	Revised	Replaced Form #: EB-015466 Previous Filing #: 43739	0.000	EB-015814.pdf

[The Guardian Investor Variable Annuity B Series®]

A flexible premium deferred variable annuity

Variable Annuity Application

(See last page for mailing address)



GUARDIAN®

The Guardian Insurance & Annuity Company, Inc. (GIAC) Domiciled in Delaware
Customer Service Office: [3900 Burgess Place, 3 South, Bethlehem, PA 18017]

Accumulation Values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

1. CONTRACT TYPE

Check either Non-Qualified or one of the Qualified Contract Types:

Non-Qualified (NQ)
 Traditional IRA
 Roth IRA
 Roth Conversion IRA
 Custodial IRA
 SEP IRA
 Inherited Traditional IRA*
 Inherited Roth IRA*
 401(k)
 SIMPLE IRA**
 401(a) _____
* Complete Inherited IRA Supplement ** Complete SIMPLE IRA Summary Agreement
(Indicate type of qualified plan)

2. PREMIUM PAYMENT INSTRUCTIONS

Initial Premium Payment: \$_____. (Minimum of[\$5,000]for Non-Qualified Contracts[\$2,000]for Qualified Contracts.)

(Minimum of[\$5,000]required to elect the Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider in Section 5.)

Payment Method: Check (payable to GIAC)
 Wire
 I035 Exchange
 Rollover
 Direct Transfer
 CD/Mutual Fund Transfer

3. ACCOUNT REGISTRATION

Owner Check One: Male
 Female
 Trust*
 Custodial IRA/Roth
 Qualified Plan (Fill in Name as: "Trustee(s) for _____")*

* Complete Trust Certification form

Name John Doe	SS# or Tax ID# 123 45 6789	Date of Birth (mm/dd/yyyy) 12/15/1970	
Primary Residential Address 45 Main Street	City Anytown	State PA	Zip 12345
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail JDoe@hotmail.com		Daytime Telephone (123) 222-3456	

Joint Owner (If any - not available for Qualified Contracts) Check One: Male
 Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other	E-mail	Daytime Telephone	

Annuitant (Complete only if different from **Owner**, above) Check One: Male
 Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other	E-mail	Daytime Telephone	

4. BENEFICIARY (If Spousal GLWB is elected in Section 5, the Spouse must be the sole primary beneficiary)

The percentage allocated to primary and contingent beneficiaries must each add up to 100%. Attach a separate sheet if necessary (signed and dated).

<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	Mandatory if Spousal GLWB is Elected	
				SS# or Tax ID#	Date of Birth
	Jane Doe, 45 Main Street, Anytown, PA 12345	spouse	100	789 67 4321	1/15/68
				Optional, but Recommended	
				SS# or Tax ID#	Date of Birth
				Optional, but Recommended	
				SS# or Tax ID#	Date of Birth
				Optional, but Recommended	
				SS# or Tax ID#	Date of Birth



EB-01581307100101

5. LIVING BENEFIT RIDER (OPTIONAL) (Minimum age of any owner or covered person is 45; maximum age is 80)

Guaranteed Lifetime Withdrawal Benefit (GLWB) - If you choose this option, skip Sections 6, 7 and 8. Minimum premium: [\$5,000.]

Choose One Option:

- Guardian Target 300SM
- Guardian Target 200SM
- Guardian Target NowSM

Note: For Guardian Target 200 and Guardian Target 300, **any** withdrawals, including Required Minimum Distributions, prior to the 10th and/or 15th anniversaries, as applicable, will void the 200% and/or 300% cumulative guarantees provided by the rider.

Choose One Version: Single Life Spousal (Minimum age for spouse is 45; maximum age is 80)

Optional Death Benefit: I elect the Optional Death Benefit provided by GLWB.

Optional GLWB Dollar Cost Averaging (DCA) Program

If you elect the GLWB DCA Program, choose one option:

- 100% allocated to 3 month DCA Program
- 100% allocated to 6 month DCA Program

Note: All premium payments received while the DCA Program is in effect will be initially allocated to the [RS Money Market VIP Series]. Additional premium payments received after the Issue Date will not extend the duration of the Program. DCA Program transfers will be allocated to the allocation model in effect at the time of the transfer. Premium payments received after the Program ends will be invested into the allocation model in effect when the premium payment is received. See the prospectus for additional information on the terms of the GLWB DCA Program.

Choose One Allocation Model:

- Conservative (40% Equity/60% Fixed Income)
- Moderate (60% Equity/40% Fixed Income)
- Aggressive (80% Equity/20% Fixed Income)

Conservative 40/60 Model	Moderate 60/40 Model	Aggressive 80/20 Model
Equity	Equity	Equity
RS Large Cap Alpha VIP Series 6 %	RS Large Cap Alpha VIP Series 8 %	RS Large Cap Alpha VIP Series 10 %
Fidelity VIP Contrafund Portfolio 5 %	Fidelity VIP Contrafund Portfolio 7 %	Fidelity VIP Contrafund Portfolio 10 %
BlackRock Large Cap Core V.I. Fund 5 %	BlackRock Large Cap Core V.I. Fund 7 %	BlackRock Large Cap Core V.I. Fund 10 %
Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 8 %
Pioneer Cullen Value VCT Portfolio 4 %	Pioneer Cullen Value VCT Portfolio 5 %	Pioneer Cullen Value VCT Portfolio 7 %
Oppenheimer Capital Appreciation Fund/VA 4 %	Oppenheimer Capital Appreciation Fund/VA 5 %	Oppenheimer Capital Appreciation Fund/VA 7 %
Pioneer Mid Cap Value VCT Portfolio 4 %	Pioneer Mid Cap Value VCT Portfolio 5 %	Pioneer Mid Cap Value VCT Portfolio 6 %
Fidelity VIP Mid Cap Portfolio 3 %	Fidelity VIP Mid Cap Portfolio 4 %	Fidelity VIP Mid Cap Portfolio 6 %
Oppenheimer Main Street Small Cap Fund/VA 2 %	Oppenheimer Main Street Small Cap Fund/VA 4 %	Oppenheimer Main Street Small Cap Fund/VA 5 %
Columbia Small Cap Value Fund, Variable Series 2 %	AllianceBernstein VPS International Value Portfolio 2 %	AllianceBernstein VPS International Value Portfolio 3 %
Fixed Income	Columbia Small Cap Value Fund, Variable Series 2 %	Columbia Small Cap Value Fund, Variable Series 2 %
Oppenheimer Global Strategic Income Fund/VA 15 %	Seligman Communications & Information Portfolio 2 %	Franklin Small Cap Value Securities Fund 2 %
RS Investment Quality Bond VIP Series 13 %	Franklin Small Cap Value Securities Fund 2 %	Seligman Communications & Information Portfolio 2 %
PIMCO Total Return Portfolio 13 %	MFS Utilities Series 2 %	MFS Utilities Series 2 %
Franklin U.S. Government Fund 10 %	Fixed Income	Fixed Income
RS Low Duration Bond VIP Series 9 %	Oppenheimer Global Strategic Income Fund/VA 10 %	Oppenheimer Global Strategic Income Fund/VA 5 %
	RS Investment Quality Bond VIP Series 9 %	RS Investment Quality Bond VIP Series 5 %
	PIMCO Total Return Portfolio 8 %	PIMCO Total Return Portfolio 4 %
	Franklin U.S. Government Fund 7 %	Franklin U.S. Government Fund 3 %
	RS Low Duration Bond VIP Series 6 %	RS Low Duration Bond VIP Series 3 %



EB-01581307100102

6. DEATH BENEFIT RIDERS (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

Highest Anniversary Value Death Benefit Earnings Benefit

If you have NOT elected the Guaranteed Lifetime Withdrawal Benefit complete Section 7, below.

7. INVESTMENT ALLOCATION INSTRUCTIONS (Skip this section if you elected GLWB in Section 5)

Payment Allocation for Contracts WITHOUT Guaranteed Lifetime Withdrawal Benefit

Indicate how you would like to allocate your initial premium payment and future payments. You may allocate your premium to a maximum of 20 allocation options. The maximum percentage you can allocate to the Fixed-Rate Option is 25%. Whole percentages only; no fractions.

FIXED-RATE OPTION

_____ % Fixed-Rate Option (25% Maximum)

RS INVESTMENTS

- _____ % RS Large Cap Alpha VIP Series
- _____ % RS Emerging Markets VIP Series
- _____ % RS Global Natural Resources VIP Series
- _____ % RS High Yield Bond VIP Series
- _____ % RS International Growth VIP Series
- _____ % RS Investment Quality Bond VIP Series
- _____ % RS Low Duration Bond VIP Series
- _____ % RS Money Market VIP Series
- _____ % RS Partners VIP Series
- _____ % RS S&P 500 Index VIP Series
- _____ % RS Small Cap Growth Equity VIP Series

ALGER

_____ % Alger Capital Appreciation Portfolio

ALLIANCE BERNSTEIN

_____ % AllianceBernstein VPS International Value Portfolio

BLACKROCK

- _____ % BlackRock Global Allocation V.I. Fund
- _____ % BlackRock Large Cap Core V.I. Fund
- _____ % BlackRock Large Cap Value V.I. Fund

COLUMBIA

- _____ % Columbia Asset Allocation Fund, Variable Series
- _____ % Columbia Marsico 21st Century Fund, Variable Series
- _____ % Columbia Marsico Growth Fund, Variable Series
- _____ % Columbia Small Cap Value Fund, Variable Series
- _____ % Columbia Small Company Growth Fund, Variable Series

DAVIS

_____ % Davis Financial Portfolio

EVERGREEN

- _____ % Evergreen VA International Equity Fund
- _____ % Evergreen VA Special Values Fund

FIDELITY

- _____ % Fidelity VIP Contrafund Portfolio
- _____ % Fidelity VIP Investment Grade Bond Portfolio
- _____ % Fidelity VIP Mid Cap Portfolio
- _____ % Fidelity VIP Overseas Portfolio

FRANKLIN TEMPLETON

- _____ % Franklin Income Securities Fund
- _____ % Franklin Small Cap Value Securities Fund
- _____ % Franklin U.S. Government Fund
- _____ % Mutual Shares Securities Fund
- _____ % Templeton Global Bond Securities Fund
- _____ % Templeton Growth Securities Fund

INVESCO

- _____ % Invesco V.I. Core Equity Fund
- _____ % Invesco V.I. Global Real Estate Fund
- _____ % Invesco V.I. Mid Cap Core Equity Fund
- _____ % Invesco Van Kampen V.I. Mid Cap Value Fund

MFS

- _____ % MFS Growth Series
- _____ % MFS Utilities Series
- _____ % MFS Value Series

OPPENHEIMER

- _____ % Oppenheimer Capital Appreciation Fund/VA
- _____ % Oppenheimer International Growth Fund/VA
- _____ % Oppenheimer Main Street Small Cap Fund/VA
- _____ % Oppenheimer Global Strategic Income Fund/VA

PIMCO

- _____ % PIMCO Low Duration Portfolio
- _____ % PIMCO Real Return Portfolio
- _____ % PIMCO Total Return Portfolio

PIONEER

- _____ % Pioneer Cullen Value VCT Portfolio
- _____ % Pioneer Equity Income VCT Portfolio
- _____ % Pioneer Fund VCT Portfolio
- _____ % Pioneer Mid Cap Value VCT Portfolio

RIVERSOURCE

_____ % Seligman Communications and Information Portfolio

VALUE LINE

- _____ % Value Line Strategic Asset Management Trust
- _____ % **TOTAL (must equal 100%)**

8. DOLLAR COST AVERAGING ELECTION (DCA) (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

If you elect a DCA program, transfers will be allocated as indicated in Section 7, above. **Note: You cannot select the Fixed-Rate Option as a destination allocation option above if you elect a Dollar Cost Averaging program. Also, you cannot select the [RS Money Market VIP Series] as a destination allocation option above if you elect Standard Dollar Cost Averaging.** You can only invest in a maximum of 20 allocation options at one time (this includes the required [RS Money Market VIP Series] if Standard Dollar Cost Averaging is elected). See the prospectus for additional information on DCA programs.

- Choose One:**
- I elect Dollar Cost Averaging PLUS. (Complete Sections 8A and 7.)
 - I elect Standard Dollar Cost Averaging. (Complete Sections 8B and 7.)

8A : Dollar Cost Averaging PLUS **Note: The duration of this program may not continue beyond the Annuity Commencement Date.**
 Choose one of the following exchange options: 6 Transfer Option (\$10,000 minimum initial program balance) 12 Transfer Option (\$10,000 minimum initial program balance)

8B : Standard Dollar Cost Averaging **Note: The duration selection may not continue beyond the Annuity Commencement Date.**
 Choose one of the following monthly exchanges:
 RS Money Market VIP Series (\$10,000 minimum initial program balance): 12 Months 24 Months 36 Months



9. OWNER TRANSFER AUTHORIZATION (OPTIONAL)

If you do not complete this section you must submit transfers/changes in writing and will not be able to make transfers/changes via telephone or in other formats acceptable to GIAC. In order to authorize such instructions, you must select a Personal Identification Number (PIN) and check the box below.

Note: Your Registered Representative cannot use this PIN to make transfers/changes to your account.

Select any 5-digit number as your PIN: Keep this number in a safe place for future reference.

By selecting a PIN, I authorize the Company to accept instructions for transfers/changes among allocation options, for changes in future payment allocations, and for address changes.

If you have elected the Guaranteed Lifetime Withdrawal Benefit, you may only make transfers from one allocation model to another; you are allowed one such transfer per quarter.

10. REGISTERED REPRESENTATIVE TRANSFER AUTHORIZATION (OPTIONAL)

YES I authorize GIAC to act upon instructions given in a format acceptable to GIAC from the Agent/Registered Representative who has signed Section 15 of this application (the "Representative") or any Agent/Registered Representative from the Broker/Dealer of record on the account as set forth in Section 15 who can furnish proper identification to: (i) transfer accumulation value among allocation options, (ii) make changes in future payment allocations, (iii) make GLVB model-to-model allocation changes, (iv) terminate portfolio rebalancing, or (v) provide or clarify certain missing or unclear information on this application. GIAC will use reasonable procedures to confirm that instructions were communicated only by an authorized person and, so long as these procedures are followed, GIAC and its affiliates, their directors, trustees, officers, employees, representatives and/or agents shall not be liable for losses arising from acting upon such instructions including losses arising from the failure of any Registered Representatives to obtain my specific authorization.

GIAC will continue to act upon this authorization until the earlier of such time as (i) I revoke this authorization by written notification to GIAC or (ii) the Representative is no longer the agent of record on the contract being applied for. GIAC reserves the right to terminate this program at any time.

I understand this authorization is not an investment advisory service or program. Any instruction communicated to GIAC by any Registered Representative will be an instruction I have specifically authorized.

11. STATEMENT OF ADDITIONAL INFORMATION (OPTIONAL)

Please send me a copy of the Statement of Additional Information to the prospectus.

12. REPLACEMENT INFORMATION (REQUIRED)

IMPORTANT - THIS SECTION MUST BE COMPLETED IN FULL

Do you have an existing life insurance policy or annuity contract? Yes No
Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? Yes No

If you answer "Yes" to either question, consult the state's replacement rules and complete any required replacement forms. Also, provide the information below on all contracts or policies to be replaced (Attach a separate sheet if necessary):

Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #

13. CONTRACT STATE (Required if signing this application in a state other than your state of primary residence)

The contract state is your state of primary residence (Owner's primary residential address from Section 3) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of signing. I work or conduct business in the state of signing.

If none of the above apply, the application must be signed in your state of primary residence.



14. SIGNATURES (REQUIRED)

Fraud Warnings

FOR RESIDENTS OF ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR RESIDENTS OF DISTRICT OF COLUMBIA (WASHINGTON D.C.), MARYLAND AND RHODE ISLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FOR RESIDENTS OF MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FOR RESIDENTS OF NEW JERSEY: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Acknowledgements

As owner of this annuity, I represent the following: (1) To the best of my knowledge and belief, all statements in this application are complete and true and were correctly recorded; (2) **I AM IN RECEIPT OF THE CURRENT PROSPECTUS FOR THIS ANNUITY CONTRACT;** (3) I understand that the contract applied for will not begin until the later of: (a) contract issue, or (b) GIAC's receipt of the first contract premium; (4) I understand that GIAC has the unilateral right to determine if any contract can be issued and that only GIAC can waive or modify any terms of this application or any GIAC contract requirements; (5) I understand that GIAC has the right to restrict the amount of a premium payment that can be allocated to the Fixed-Rate Option. **I further understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for a variable annuity. To meet this requirement GIAC asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the annuity contract not being issued. Under penalties of perjury, I certify that I am not subject to backup withholding and my correct Social Security or Tax ID# is given above.**

Accumulation values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signature of Owner / Authorized Person X John Doe		Signature of Joint Owner (if any) X	
Signed at City Anytown	State PA	Date 12/01/09	



EB-01581307100105

15. AGENT/REGISTERED REPRESENTATIVE SIGNATURE (REQUIRED)

As Agent/Registered Representative, I certify witnessing the owner(s) signature(s) on this application and that the answer to the following questions are true to the best of my knowledge and belief.

Does this applicant have an existing life insurance policy or annuity contract? Yes No

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? Yes No

If the Owner has elected Registered Representative Transfer Authorization, I certify that any instructions communicated to GIAC by any Registered Representative from the Broker/Dealer of record on the account will be an instruction specifically authorized by the Owner.

Print Name of Agent/Registered Representative		Split _____ %	Print Name of Broker/Dealer			
Signature of Agent/Registered Representative X <i>Jack Smith</i>			Branch Office Street Address			
E-mail	Branch No./R.R. No.		Branch Office	City	State	Zip
State License # (For Florida Agents Only)			Tel.	Fax		

Print Name of Co-Agent/Registered Representative (If any)		Split _____ %
E-mail	Branch No./R.R. No.	
State License # (For Florida Agents Only)		

Note: Include each Agent/Registered Representative's full name and R.R. No. and % commission split (if applicable). We cannot process team codes.

Agent / Registered Representative Use Only (select one):

Option A - All upfront; No Trail

Option B - Reduced upfront; Trail (Trail begins after 1 year)

Option C - Further reduced upfront; Higher Trail (Trail begins after 1 year)

<p>Send completed application and check (payable to The Guardian Insurance & Annuity Company, Inc.) to:</p>	<p>Regular Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions P.O. Box 26210 Lehigh Valley, PA 18002-6210</p>	<p>Express Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions 3900 Burgess Place, 3 South Bethlehem, PA 18017</p>
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This space for use of GIAC



[The Guardian Investor Variable Annuity L Series®]

A flexible premium deferred variable annuity

Variable Annuity Application

(See last page for mailing address)



GUARDIAN®

The Guardian Insurance & Annuity Company, Inc. (GIAC) Domiciled in Delaware
Customer Service Office: [3900 Burgess Place, 3 South, Bethlehem, PA 18017]

Accumulation Values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

1. CONTRACT TYPE

Check either Non-Qualified or one of the Qualified Contract Types:

Non-Qualified (NQ)
 Traditional IRA
 Roth IRA
 Roth Conversion IRA
 Custodial IRA
 SEP IRA
 Inherited Traditional IRA*
 Inherited Roth IRA*
 401(k)
 SIMPLE IRA**
 401(a) _____
* Complete Inherited IRA Supplement ** Complete SIMPLE IRA Summary Agreement
(Indicate type of qualified plan)

2. PREMIUM PAYMENT INSTRUCTIONS

Initial Premium Payment: \$_____. (Minimum of[\$10,000]for Non-Qualified Contracts,[\$2,000]for Qualified Contracts.)

(Minimum of[\$5,000]required to elect the Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider in Section 5.)

Payment Method: Check (payable to GIAC)
 Wire
 I035 Exchange
 Rollover
 Direct Transfer
 CD/Mutual Fund Transfer

3. ACCOUNT REGISTRATION

Owner Check One: Male
 Female
 Trust*
 Custodial IRA/Roth
 Qualified Plan (Fill in Name as: "Trustee(s) for _____")*
* Complete Trust Certification form

Name John Doe	SS# or Tax ID# 123 45 6789	Date of Birth (mm/dd/yyyy) 12/15/1970	
Primary Residential Address 45 Main Street	City Anytown	State PA	Zip 12345
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail JDoe@hotmail.com	Daytime Telephone (123) 222-3456		

Joint Owner (If any - not available for Qualified Contracts) Check One: Male
 Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other	E-mail	Daytime Telephone	

Annuitant (Complete only if different from **Owner**, above) Check One: Male
 Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other	E-mail	Daytime Telephone	

4. BENEFICIARY (If Spousal GLWB is elected in Section 5, the Spouse must be the sole primary beneficiary)

The percentage allocated to primary and contingent beneficiaries must each add up to 100%. Attach a separate sheet if necessary (signed and dated).

Primary Beneficiary Name/Address	Relationship to Owner	Whole %	Mandatory if Spousal GLWB is Elected	
			SS# or Tax ID#	Date of Birth
Jane Doe, 45 Main Street, Anytown, PA 12345	spouse	100	789 67 4321	1/15/68
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	Optional, but Recommended
				SS# or Tax ID# Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	Optional, but Recommended
				SS# or Tax ID# Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	Optional, but Recommended
				SS# or Tax ID# Date of Birth



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5. LIVING BENEFIT RIDER (OPTIONAL) (Minimum age of any owner or covered person is 45; maximum age is 80)

Guaranteed Lifetime Withdrawal Benefit (GLWB) - If you choose this option, skip Sections 6, 7 and 8. Minimum premium:[\$5,000.]

Choose One Option:

- Guardian Target 300SM
- Guardian Target 200SM
- Guardian Target NowSM

Note: For Guardian Target 200 and Guardian Target 300, **any** withdrawals, including Required Minimum Distributions, prior to the 10th and/or 15th anniversaries, as applicable, will void the 200% and/or 300% cumulative guarantees provided by the rider.

Choose One Version: Single Life Spousal (Minimum age for spouse is 45; maximum age is 80)

Optional Death Benefit: I elect the Optional Death Benefit provided by GLWB.

Optional GLWB Dollar Cost Averaging (DCA) Program

If you elect the GLWB DCA Program, choose one option:

- 100% allocated to 3 month DCA Program
- 100% allocated to 6 month DCA Program

Note: All premium payments received while the DCA Program is in effect will be initially allocated to the [RS Money Market VIP Series] Additional premium payments received after the Issue Date will not extend the duration of the Program. DCA Program transfers will be allocated to the allocation model in effect at the time of the transfer. Premium payments received after the Program ends will be invested into the allocation model in effect when the premium payment is received. See the prospectus for additional information on the terms of the GLWB DCA Program.

Choose One Allocation Model:

- Conservative (40% Equity/60% Fixed Income)
- Moderate (60% Equity/40% Fixed Income)
- Aggressive (80% Equity/20% Fixed Income)

Conservative 40/60 Model	Moderate 60/40 Model	Aggressive 80/20 Model
Equity	Equity	Equity
RS Large Cap Alpha VIP Series 6 %	RS Large Cap Alpha VIP Series 8 %	RS Large Cap Alpha VIP Series 10 %
Fidelity VIP Contrafund Portfolio 5 %	Fidelity VIP Contrafund Portfolio 7 %	Fidelity VIP Contrafund Portfolio 10 %
BlackRock Large Cap Core V.I. Fund 5 %	BlackRock Large Cap Core V.I. Fund 7 %	BlackRock Large Cap Core V.I. Fund 10 %
Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 8 %
Pioneer Cullen Value VCT Portfolio 4 %	Pioneer Cullen Value VCT Portfolio 5 %	Pioneer Cullen Value VCT Portfolio 7 %
Oppenheimer Capital Appreciation Fund/VA 4 %	Oppenheimer Capital Appreciation Fund/VA 5 %	Oppenheimer Capital Appreciation Fund/VA 7 %
Pioneer Mid Cap Value VCT Portfolio 4 %	Pioneer Mid Cap Value VCT Portfolio 5 %	Pioneer Mid Cap Value VCT Portfolio 6 %
Fidelity VIP Mid Cap Portfolio 3 %	Fidelity VIP Mid Cap Portfolio 4 %	Fidelity VIP Mid Cap Portfolio 6 %
Oppenheimer Main Street Small Cap Fund/VA 2 %	Oppenheimer Main Street Small Cap Fund/VA 4 %	Oppenheimer Main Street Small Cap Fund/VA 5 %
Columbia Small Cap Value Fund, Variable Series 2 %	AllianceBernstein VPS International Value Portfolio 2 %	AllianceBernstein VPS International Value Portfolio 3 %
Fixed Income	Columbia Small Cap Value Fund, Variable Series 2 %	Columbia Small Cap Value Fund, Variable Series 2 %
Oppenheimer Global Strategic Income Fund/VA 15 %	Seligman Communications & Information Portfolio 2 %	Franklin Small Cap Value Securities Fund 2 %
RS Investment Quality Bond VIP Series 13 %	Franklin Small Cap Value Securities Fund 2 %	Seligman Communications & Information Portfolio 2 %
PIMCO Total Return Portfolio 13 %	MFS Utilities Series 2 %	MFS Utilities Series 2 %
Franklin U.S. Government Fund 10 %	Fixed Income	Fixed Income
RS Low Duration Bond VIP Series 9 %	Oppenheimer Global Strategic Income Fund/VA 10 %	Oppenheimer Global Strategic Income Fund/VA 5 %
	RS Investment Quality Bond VIP Series 9 %	RS Investment Quality Bond VIP Series 5 %
	PIMCO Total Return Portfolio 8 %	PIMCO Total Return Portfolio 4 %
	Franklin U.S. Government Fund 7 %	Franklin U.S. Government Fund 3 %
	RS Low Duration Bond VIP Series 6 %	RS Low Duration Bond VIP Series 3 %



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6. DEATH BENEFIT RIDERS (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

Highest Anniversary Value Death Benefit Earnings Benefit

If you have NOT elected the Guaranteed Lifetime Withdrawal Benefit complete Section 7, below.

7. INVESTMENT ALLOCATION INSTRUCTIONS (Skip this section if you elected GLWB in Section 5)

Payment Allocation for Contracts WITHOUT Guaranteed Lifetime Withdrawal Benefit

Indicate how you would like to allocate your initial premium payment and future payments. You may allocate your premium to a maximum of 20 allocation options. The maximum percentage you can allocate to the Fixed-Rate Option is 25 %. Whole percentages only; no fractions.

<p>FIXED-RATE OPTION</p> <p>_____ % Fixed-Rate Option (25% Maximum)</p> <p>RS INVESTMENTS</p> <p>_____ % RS Large Cap Alpha VIP Series</p> <p>_____ % RS Emerging Markets VIP Series</p> <p>_____ % RS Global Natural Resources VIP Series</p> <p>_____ % RS High Yield Bond VIP Series</p> <p>_____ % RS International Growth VIP Series</p> <p>_____ % RS Investment Quality Bond VIP Series</p> <p>_____ % RS Low Duration Bond VIP Series</p> <p>_____ % RS Money Market VIP Series</p> <p>_____ % RS Partners VIP Series</p> <p>_____ % RS S&P 500 Index VIP Series</p> <p>_____ % RS Small Cap Growth Equity VIP Series</p> <p>ALGER</p> <p>_____ % Alger Capital Appreciation Portfolio</p> <p>ALLIANCE BERNSTEIN</p> <p>_____ % AllianceBernstein VPS International Value Portfolio</p> <p>BLACKROCK</p> <p>_____ % BlackRock Global Allocation V.I. Fund</p> <p>_____ % BlackRock Large Cap Core V.I. Fund</p> <p>_____ % BlackRock Large Cap Value V.I. Fund</p>	<p>COLUMBIA</p> <p>_____ % Columbia Asset Allocation Fund, Variable Series</p> <p>_____ % Columbia Marsico 21st Century Fund, Variable Series</p> <p>_____ % Columbia Marsico Growth Fund, Variable Series</p> <p>_____ % Columbia Small Cap Value Fund, Variable Series</p> <p>_____ % Columbia Small Company Growth Fund, Variable Series</p> <p>DAVIS</p> <p>_____ % Davis Financial Portfolio</p> <p>EVERGREEN</p> <p>_____ % Evergreen VA International Equity Fund</p> <p>_____ % Evergreen VA Special Values Fund</p> <p>FIDELITY</p> <p>_____ % Fidelity VIP Contrafund Portfolio</p> <p>_____ % Fidelity VIP Investment Grade Bond Portfolio</p> <p>_____ % Fidelity VIP Mid Cap Portfolio</p> <p>_____ % Fidelity VIP Overseas Portfolio</p> <p>FRANKLIN TEMPLETON</p> <p>_____ % Franklin Income Securities Fund</p> <p>_____ % Franklin Small Cap Value Securities Fund</p> <p>_____ % Franklin U.S. Government Fund</p> <p>_____ % Mutual Shares Securities Fund</p> <p>_____ % Templeton Global Bond Securities Fund</p> <p>_____ % Templeton Growth Securities Fund</p> <p>INVESCO</p> <p>_____ % Invesco V.I. Core Equity Fund</p> <p>_____ % Invesco V.I. Global Real Estate Fund</p> <p>_____ % Invesco V.I. Mid Cap Core Equity Fund</p> <p>_____ % Invesco Van Kampen V.I. Mid Cap Value Fund</p>	<p>MFS</p> <p>_____ % MFS Growth Series</p> <p>_____ % MFS Utilities Series</p> <p>_____ % MFS Value Series</p> <p>OPPENHEIMER</p> <p>_____ % Oppenheimer Capital Appreciation Fund/VA</p> <p>_____ % Oppenheimer International Growth Fund/VA</p> <p>_____ % Oppenheimer Main Street Small Cap Fund/VA</p> <p>_____ % Oppenheimer Global Strategic Income Fund/VA</p> <p>PIMCO</p> <p>_____ % PIMCO Low Duration Portfolio</p> <p>_____ % PIMCO Real Return Portfolio</p> <p>_____ % PIMCO Total Return Portfolio</p> <p>PIONEER</p> <p>_____ % Pioneer Cullen Value VCT Portfolio</p> <p>_____ % Pioneer Equity Income VCT Portfolio</p> <p>_____ % Pioneer Fund VCT Portfolio</p> <p>_____ % Pioneer Mid Cap Value VCT Portfolio</p> <p>RIVERSOURCE</p> <p>_____ % Seligman Communications and Information Portfolio</p> <p>VALUE LINE</p> <p>_____ % Value Line Strategic Asset Management Trust</p> <p>_____ % TOTAL (must equal 100%)</p>
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8. DOLLAR COST AVERAGING ELECTION (DCA) (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

If you elect a DCA program, transfers will be allocated as indicated in Section 7, above. **Note: You cannot select the Fixed-Rate Option as a destination allocation option above if you elect a Dollar Cost Averaging program. Also, you cannot select the [RS Money Market VIP Series] as a destination allocation option above if you elect Standard Dollar Cost Averaging.** You can only invest in a maximum of 20 allocation options at one time (this includes the required [RS Money Market VIP Series] if Standard Dollar Cost Averaging is elected). See the prospectus for additional information on DCA programs.

Choose One: I elect Dollar Cost Averaging PLUS. (Complete Sections 8A and 7.)

I elect Standard Dollar Cost Averaging. (Complete Sections 8B and 7.)

8A : Dollar Cost Averaging PLUS **Note: The duration of this program may not continue beyond the Annuity Commencement Date.**

Choose one of the following exchange options:

6 Transfer Option (\$10,000 minimum initial program balance)

12 Transfer Option (\$10,000 minimum initial program balance)

8B : Standard Dollar Cost Averaging **Note: The duration selection may not continue beyond the Annuity Commencement Date.**

Choose one of the following monthly exchanges:

RS Money Market VIP Series (\$10,000 minimum initial program balance): 12 Months 24 Months 36 Months



9. OWNER TRANSFER AUTHORIZATION (OPTIONAL)

If you do not complete this section you must submit transfers/changes in writing and will not be able to make transfers/changes via telephone or in other formats acceptable to GIAC. In order to authorize such instructions, you must select a Personal Identification Number (PIN) and check the box below.

Note: Your Registered Representative cannot use this PIN to make transfers/changes to your account.

Select any 5-digit number as your PIN: Keep this number in a safe place for future reference.

By selecting a PIN, I authorize the Company to accept instructions for transfers/changes among allocation options, for changes in future payment allocations, and for address changes.

If you have elected the Guaranteed Lifetime Withdrawal Benefit, you may only make transfers from one allocation model to another; you are allowed one such transfer per quarter.

10. REGISTERED REPRESENTATIVE TRANSFER AUTHORIZATION (OPTIONAL)

YES I authorize GIAC to act upon instructions given in a format acceptable to GIAC from the Agent/Registered Representative who has signed Section 15 of this application (the "Representative") or any Agent/Registered Representative from the Broker/Dealer of record on the account as set forth in Section 15 who can furnish proper identification to: (i) transfer accumulation value among allocation options, (ii) make changes in future payment allocations, (iii) make GLVB model-to-model allocation changes, (iv) terminate portfolio rebalancing, or (v) provide or clarify certain missing or unclear information on this application. GIAC will use reasonable procedures to confirm that instructions were communicated only by an authorized person and, so long as these procedures are followed, GIAC and its affiliates, their directors, trustees, officers, employees, representatives and/or agents shall not be liable for losses arising from acting upon such instructions including losses arising from the failure of any Registered Representatives to obtain my specific authorization.

GIAC will continue to act upon this authorization until the earlier of such time as (i) I revoke this authorization by written notification to GIAC or (ii) the Representative is no longer the agent of record on the contract being applied for. GIAC reserves the right to terminate this program at any time.

I understand this authorization is not an investment advisory service or program. Any instruction communicated to GIAC by any Registered Representative will be an instruction I have specifically authorized.

11. STATEMENT OF ADDITIONAL INFORMATION (OPTIONAL)

Please send me a copy of the Statement of Additional Information to the prospectus.

12. REPLACEMENT INFORMATION (REQUIRED)

IMPORTANT - THIS SECTION MUST BE COMPLETED IN FULL

Do you have an existing life insurance policy or annuity contract? Yes No
Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? Yes No

If you answer "Yes" to either question, consult the state's replacement rules and complete any required replacement forms. Also, provide the information below on all contracts or policies to be replaced (Attach a separate sheet if necessary):

Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #

13. CONTRACT STATE (Required if signing this application in a state other than your state of primary residence)

The contract state is your state of primary residence (Owner's primary residential address from Section 3) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of signing. I work or conduct business in the state of signing.

If none of the above apply, the application must be signed in your state of primary residence.



14. SIGNATURES (REQUIRED)

Fraud Warnings

FOR RESIDENTS OF ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR RESIDENTS OF DISTRICT OF COLUMBIA (WASHINGTON D.C.), MARYLAND AND RHODE ISLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FOR RESIDENTS OF MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FOR RESIDENTS OF NEW JERSEY: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Acknowledgements

As owner of this annuity, I represent the following: (1) To the best of my knowledge and belief, all statements in this application are complete and true and were correctly recorded; (2) **I AM IN RECEIPT OF THE CURRENT PROSPECTUS FOR THIS ANNUITY CONTRACT;** (3) I understand that the contract applied for will not begin until the later of: (a) contract issue, or (b) GIAC's receipt of the first contract premium; (4) I understand that GIAC has the unilateral right to determine if any contract can be issued and that only GIAC can waive or modify any terms of this application or any GIAC contract requirements; and (5) I understand that GIAC has the right to restrict the amount of a premium payment that can be allocated to the Fixed-Rate Option. **I further understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for a variable annuity. To meet this requirement GIAC asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the annuity contract not being issued. Under penalties of perjury, I certify that I am not subject to backup withholding and my correct Social Security or Tax ID# is given above.**

Accumulation values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signature of Owner / Authorized Person X John Doe		Signature of Joint Owner (if any) X	
Signed at City Anytown	State PA	Date 12/01/09	



EB-01581407100105

15. AGENT/REGISTERED REPRESENTATIVE SIGNATURE (REQUIRED)

As Agent/Registered Representative, I certify witnessing the owner(s) signature(s) on this application and that the answer to the following questions are true to the best of my knowledge and belief.

Does this applicant have an existing life insurance policy or annuity contract? Yes No

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? Yes No

If the Owner has elected Registered Representative Transfer Authorization, I certify that any instructions communicated to GIAC by any Registered Representative from the Broker/Dealer of record on the account will be an instruction specifically authorized by the Owner.

Print Name of Agent/Registered Representative		Split _____ %	Print Name of Broker/Dealer			
Signature of Agent/Registered Representative X <i>Jack Smith</i>			Branch Office Street Address			
E-mail	Branch No./R.R. No.		Branch Office	City	State	Zip
State License # (For Florida Agents Only)			Tel.	Fax		

Print Name of Co-Agent/Registered Representative (If any)		Split _____ %
E-mail	Branch No./R.R. No.	
State License # (For Florida Agents Only)		

Note: Include each Agent/Registered Representative's full name and R.R. No. and % commission split (if applicable). We cannot process team codes.

Agent / Registered Representative Use Only (select one):

- Option A** - All upfront; No Trail
- Option B** - Reduced upfront; Trail (Trail begins after 1 year)

<p>Send completed application and check (payable to The Guardian Insurance & Annuity Company, Inc.) to:</p>	<p>Regular Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions P.O. Box 26210 Lehigh Valley, PA 18002-6210</p>	<p>Express Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions 3900 Burgess Place, 3 South Bethlehem, PA 18017</p>
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This space for use of GIAC



SERFF Tracking Number: GARD-126568345 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 45478
 Inc.
 Company Tracking Number: EB-015813
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: VA Apps 7/2010
 Project Name/Number: VA Apps 7/2010/EB-015813

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Readability not applicable to this application filing		
Attachment: Certificate of Compliance with Arkansas Rules and Regulations 6 19 and 49.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Applications for approval are located on form schedule		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: not applicable to this application filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Appendix A		
Comments: as referenced in filing letter		
Attachment: AR Appendix A.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: GARD-126568345 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 45478
Inc.
Company Tracking Number: EB-015813
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA Apps 7/2010
Project Name/Number: VA Apps 7/2010/EB-015813
Satisfied - Item: Statement of Variability
Comments:
Statement of Variability
Attachment:
Statement of Variability - Applications.pdf



**Certificate of Compliance with Arkansas
Rules and Regulations 6, 19 and 49**

Insurer: The Guardian Insurance & Annuity Company, Inc.

Form Number(s): EB-015813; EB-015814

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 6, 19 and 49.

Signature of Company Officer

Name: Nahulan Ethirveerasingam

Title: Assistant Vice President, Product Management

Date: April 6, 2010

APPENDIX A

ARKANSAS

The following table provides information on the new applications

New Application Form	For use with Contract Form Numbers	Contract Approval Date	Replaced Application	Replaced Application Approval Date
EB-015813	09-IVA	11/12/2008 #40798	EB-015465	10/12/2009 #43739
EB-015814	09-IVA	11/12/2008 #40798	EB-015466	10/12/2009 #43739

Statement of Variability

Application Forms EB-015813; EB-015814

The following describes the variable data in the above application forms. The areas where the variables appear within the applications attached to this submission are bracketed.

For each of the applications referred to above, the following are being filed as variable:

Variable 1 (Page 1: Product Name):

The marketing name of the product that the applications will be used to apply for is shown in this area. We are considering this as variable data since we would like to have the ability to change the marketing name of the product without resubmitting the applications. The current names are: The Guardian Investor Variable Annuity B Series for Application EB-015813, and The Guardian Investor Variable Annuity L Series for Application EB-015814.

Variable 2 (Page 1: Customer Service Office Address):

This is the mailing address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to have the ability to change the address of the company without resubmitting the applications. The current CSO address is 3900 Burgess Place, 3 South, Bethlehem, PA 18017.

Variable 3 (Page 1: Section 1: Contract Type):

We are considering this section to be variable so that if there are any changes to the markets in which the product will be used without the application forms being refiled. The reason for any change would have to do with tax code changes which would either change/add/remove certain types of qualified plans.

Variable 4 (Page 1: Section 2: Premium Payment Instructions):

We have bracketed the minimum premium payments for non-qualified and qualified contracts and the GLWB rider since we would like to have the ability to change the minimum premium amounts without resubmitting the applications. The reason for any change may be due to market and/or competitive conditions. The current values are \$5,000 for non-qualified contracts/\$2,000 for qualified contracts/\$5,000 for GLWB rider for form EB-015813 and \$10,000 for non-qualified contracts/\$2,000 for qualified contracts/\$5,000 for GLWB rider for form EB-015814. The range of values for each of these amounts is \$100-\$50,000.

Variable 5 (Page 2: Section 5: Living Benefit Rider):

We have bracketed:

- The minimum premium for the rider. This variable will have the same value as described in the Premium Payment Instructions section.
- The benefit options available for this rider. If we decide to add/delete or change a benefit option, this section will be modified to account for the GLWB benefit options that we make available under the rider.
- The available GLWB Dollar Cost Averaging (DCA) options. Currently, there are 3 month and 6 month options available. The range of values would be between 2 months and 12 months. We may decide to add, delete or revise the available options.
- The fund name mentioned in the Note section. Currently, this variable is the RS Money Market VIP Series. This variable will only change if the fund name changes or we decide on a different fund to be the initial fund for the GLWB DCA Program.
- The GLWB allocation models. Currently, we have 3 allocation models: Conservative, Moderate and Aggressive. We may change the GLWB allocation models that are available for this rider. This section will reflect the Models that are available under the rider.
- Funds/percentages applicable to the GLWB Models. This section will reflect the fund names and allocation percentages to the funds that apply to the GLWB models. This section will reflect the fund names and percentages that are applicable to the GLWB models that we make available.

Variable 6 (Page 3: Section 6: Death Benefit Riders):

The variable here are the names of the Death Benefit riders that will be available for the contract to which the application applies. Currently, both applications have the Highest Anniversary Value Death Benefit and the Earnings Benefit riders. The range of values for this variable will be any death benefit rider that we make available to the contract being applied for.

Variable 7 (Page 3: Section 7: Allocation Options (Variable Investment Options)):

These are the available Variable Investment Options and the Fixed-Rate Option in which premiums may be allocated. Appendix A provides a current listing of all variable investment options at this time. The range of values for this variable will be the funds that we make available to the contract being applied for.

Variable 8 (Page 3: Sections 8A and 8B: Dollar Cost Averaging Election):

The fund name mentioned in the instructions has been bracketed. Currently, this variable is the RS Money Market VIP Series. This variable will only change if the fund name changes or we decide on a different fund to be the initial fund for the Dollar Cost Averaging program.

8A. We have bracketed the transfer options available under the Dollar Cost Averaging Plus program under the contract being applied for. The range of values for this field will be the transfer options available under the DCA Plus program.

8B. The transfer options for the Standard Dollar Cost Averaging program under the contract being applied for. The range of values for this field will be the transfer options available under the DCA program.

Variable 9 (Page 6: Section 15: Agent/Registered Representative Signature):

This section is bracketed as variable since this is where the agent selects the type of compensation that is to be received for the sale of this product. This variable may change if a new compensation option is made available.

In addition, we have also bracketed the Regular Mail address used to correspond with the company, and the Express Mail address that is used to correspond via overnight mail with the company. We are considering this as variable data since we would like to have the ability to change the addresses without resubmitting the applications.

Variable 1



GUARDIAN®

[The Guardian Investor Variable Annuity B Series®]

A flexible premium deferred variable annuity

Variable Annuity Application

(See last page for mailing address)

The Guardian Insurance & Annuity Company, Inc. (GIAC) Domiciled in Delaware
Customer Service Office: 3900 Burgess Place, 3 South, Bethlehem, PA 18017

Variable 2

Accumulation Values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

1. CONTRACT TYPE

Check either Non-Qualified or one of the Qualified Contract Types:

- Non-Qualified (NQ), Traditional IRA, Roth IRA, Roth Conversion IRA, Custodial IRA, SEP IRA, Inherited Traditional IRA*, Inherited Roth IRA*, 401(k), SIMPLE IRA**, 401(a)

* Complete Inherited IRA Supplement ** Complete SIMPLE IRA Summary Agreement

(Indicate type of qualified plan)

2. PREMIUM PAYMENT INSTRUCTIONS

Initial Premium Payment: \$ (Minimum of \$5,000 for Non-Qualified Contracts, \$2,000 for Qualified Contracts.)

(Minimum of \$5,000 required to elect the Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider in Section 5.)

Payment Method: Check (payable to GIAC), Wire, I035 Exchange, Rollover, Direct Transfer, CD/Mutual Fund Transfer

3. ACCOUNT REGISTRATION

Owner Check One: Male, Female, Trust*, Custodial IRA/Roth, Qualified Plan (Fill in Name as: "Trustee(s) for _____")*

* Complete Trust Certification form

Owner registration form for John Doe, SS# 123 45 6789, DOB 12/15/1970, 45 Main Street, Anytown, PA 12345, JDoe@hotmail.com, (123) 222-3456

Joint Owner (If any - not available for Qualified Contracts) Check One: Male, Female

Joint Owner registration form fields: Name, SS#, DOB, Address, Relationship to Owner, E-mail, Daytime Telephone

Annuitant (Complete only if different from Owner, above) Check One: Male, Female

Annuitant registration form fields: Name, SS#, DOB, Address, Relationship to Owner, E-mail, Daytime Telephone

4. BENEFICIARY (If Spousal GLWB is elected in Section 5, the Spouse must be the sole primary beneficiary)

The percentage allocated to primary and contingent beneficiaries must each add up to 100%. Attach a separate sheet if necessary (signed and dated).

Table with 4 rows for beneficiary information, including Name/Address, Relationship to Owner, Whole %, and SS# or Tax ID# and Date of Birth.



EB-01581307100101

5. LIVING BENEFIT RIDER (OPTIONAL) (Minimum age of any owner or covered person is 45; maximum age is 80)

Guaranteed Lifetime Withdrawal Benefit (GLWB) - If you choose this option, skip Sections 6, 7 and 8. Minimum premium: [\$5,000] **Variable 5**

Choose One Option:

Variable 5

- Guardian Target 300SM
- Guardian Target 200SM
- Guardian Target NowSM

Note: For Guardian Target 200 and Guardian Target 300, **any** withdrawals, including Required Minimum Distributions, prior to the 10th and/or 15th anniversaries, as applicable, will void the 200% and/or 300% cumulative guarantees provided by the rider.

Choose One Version: Single Life Spousal (Minimum age for spouse is 45; maximum age is 80)

Optional Death Benefit: I elect the Optional Death Benefit provided by GLWB.

Variable 5

Optional GLWB Dollar Cost Averaging (DCA) Program

Variable 5

If you elect the GLWB DCA Program, choose one option:

- 100% allocated to 3 month DCA Program
- 100% allocated to 6 month DCA Program

Note: All premium payments received while the DCA Program is in effect will be initially allocated to the [RS Money Market VIP Series]. Additional premium payments received after the Issue Date will not extend the duration of the Program. DCA Program transfers will be allocated to the allocation model in effect at the time of the transfer. Premium payments received after the Program ends will be invested into the allocation model in effect when the premium payment is received. See the prospectus for additional information on the terms of the GLWB DCA Program.

Choose One Allocation Model:

Variable 5

- Conservative (40% Equity/60% Fixed Income)
- Moderate (60% Equity/40% Fixed Income)
- Aggressive (80% Equity/20% Fixed Income)

Variable 5

Conservative 40/60 Model	Moderate 60/40 Model	Aggressive 80/20 Model
Equity	Equity	Equity
RS Large Cap Alpha VIP Series 6 %	RS Large Cap Alpha VIP Series 8 %	RS Large Cap Alpha VIP Series 10 %
Fidelity VIP Contrafund Portfolio 5 %	Fidelity VIP Contrafund Portfolio 7 %	Fidelity VIP Contrafund Portfolio 10 %
BlackRock Large Cap Core V.I. Fund 5 %	BlackRock Large Cap Core V.I. Fund 7 %	BlackRock Large Cap Core V.I. Fund 10 %
Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 5 %	Evergreen VA International Equity Fund 8 %
Pioneer Cullen Value VCT Portfolio 4 %	Pioneer Cullen Value VCT Portfolio 5 %	Pioneer Cullen Value VCT Portfolio 7 %
Oppenheimer Capital Appreciation Fund/VA 4 %	Oppenheimer Capital Appreciation Fund/VA 5 %	Oppenheimer Capital Appreciation Fund/VA 7 %
Pioneer Mid Cap Value VCT Portfolio 4 %	Pioneer Mid Cap Value VCT Portfolio 5 %	Pioneer Mid Cap Value VCT Portfolio 6 %
Fidelity VIP Mid Cap Portfolio 3 %	Fidelity VIP Mid Cap Portfolio 4 %	Fidelity VIP Mid Cap Portfolio 6 %
Oppenheimer Main Street Small Cap Fund/VA 2 %	Oppenheimer Main Street Small Cap Fund/VA 4 %	Oppenheimer Main Street Small Cap Fund/VA 5 %
Columbia Small Cap Value Fund, Variable Series 2 %	AllianceBernstein VPS International Value Portfolio 2 %	AllianceBernstein VPS International Value Portfolio 3 %
Fixed Income	Fixed Income	Fixed Income
Oppenheimer Global Strategic Income Fund/VA 15 %	Columbia Small Cap Value Fund, Variable Series 2 %	Columbia Small Cap Value Fund, Variable Series 2 %
RS Investment Quality Bond VIP Series 13 %	Seligman Communications & Information Portfolio 2 %	Franklin Small Cap Value Securities Fund 2 %
PIMCO Total Return Portfolio 13 %	Franklin Small Cap Value Securities Fund 2 %	Seligman Communications & Information Portfolio 2 %
Franklin U.S. Government Fund 10 %	MFS Utilities Series 2 %	MFS Utilities Series 2 %
RS Low Duration Bond VIP Series 9 %	Fixed Income	Fixed Income
	Oppenheimer Global Strategic Income Fund/VA 10 %	Oppenheimer Global Strategic Income Fund/VA 5 %
	RS Investment Quality Bond VIP Series 9 %	RS Investment Quality Bond VIP Series 5 %
	PIMCO Total Return Portfolio 8 %	PIMCO Total Return Portfolio 4 %
	Franklin U.S. Government Fund 7 %	Franklin U.S. Government Fund 3 %
	RS Low Duration Bond VIP Series 6 %	RS Low Duration Bond VIP Series 3 %



EB-01581307100102

6. DEATH BENEFIT RIDERS (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

Highest Anniversary Value Death Benefit

Earnings Benefit

← Variable 6

If you have NOT elected the Guaranteed Lifetime Withdrawal Benefit complete Section 7, below.

7. INVESTMENT ALLOCATION INSTRUCTIONS (Skip this section if you elected GLWB in Section 5)

Payment Allocation for Contracts WITHOUT Guaranteed Lifetime Withdrawal Benefit

Indicate how you would like to allocate your initial premium payment and future payments. You may allocate your premium to a maximum of 20 allocation options. The maximum percentage you can allocate to the Fixed-Rate Option is 25%. Whole percentages only; no fractions.

FIXED-RATE OPTION

____ % Fixed-Rate Option (25% Maximum)

RS INVESTMENTS

- ____ % RS Large Cap Alpha VIP Series
- ____ % RS Emerging Markets VIP Series
- ____ % RS Global Natural Resources VIP Series
- ____ % RS High Yield Bond VIP Series
- ____ % RS International Growth VIP Series
- ____ % RS Investment Quality Bond VIP Series
- ____ % RS Low Duration Bond VIP Series
- ____ % RS Money Market VIP Series
- ____ % RS Partners VIP Series
- ____ % RS S&P 500 Index VIP Series
- ____ % RS Small Cap Growth Equity VIP Series

ALGER

____ % Alger Capital Appreciation Portfolio

ALLIANCE BERNSTEIN

____ % AllianceBernstein VPS International Value Portfolio

BLACKROCK

- ____ % BlackRock Global Allocation V.I. Fund
- ____ % BlackRock Large Cap Core V.I. Fund
- ____ % BlackRock Large Cap Value V.I. Fund

COLUMBIA

- ____ % Columbia Asset Allocation Fund, Variable Series
- ____ % Columbia Marsico 21st Century Fund, Variable Series
- ____ % Columbia Marsico Growth Fund, Variable Series
- ____ % Columbia Small Cap Value Fund, Variable Series
- ____ % Columbia Small Company Growth Fund, Variable Series

DAVIS

____ % Davis Financial Portfolio

EVERGREEN

- ____ % Evergreen VA International Equity Fund
- ____ % Evergreen VA Special Values Fund

FIDELITY

- ____ % Fidelity VIP Contrafund Portfolio
- ____ % Fidelity VIP Investment Grade Bond Portfolio
- ____ % Fidelity VIP Mid Cap Portfolio
- ____ % Fidelity VIP Overseas Portfolio

FRANKLIN TEMPLETON

- ____ % Franklin Income Securities Fund
- ____ % Franklin Small Cap Value Securities Fund
- ____ % Franklin U.S. Government Fund
- ____ % Mutual Shares Securities Fund
- ____ % Templeton Global Bond Securities Fund
- ____ % Templeton Growth Securities Fund

INVESCO

- ____ % Invesco V.I. Core Equity Fund
- ____ % Invesco V.I. Global Real Estate Fund
- ____ % Invesco V.I. Mid Cap Core Equity Fund
- ____ % Invesco Van Kampen V.I. Mid Cap Value Fund

MFS

- ____ % MFS Growth Series
- ____ % MFS Utilities Series
- ____ % MFS Value Series

OPPENHEIMER

- ____ % Oppenheimer Capital Appreciation Fund/VA
- ____ % Oppenheimer International Growth Fund/VA
- ____ % Oppenheimer Main Street Small Cap Fund/VA
- ____ % Oppenheimer Global Strategic Income Fund/VA

PIMCO

- ____ % PIMCO Low Duration Portfolio
- ____ % PIMCO Real Return Portfolio
- ____ % PIMCO Total Return Portfolio

PIONEER

- ____ % Pioneer Cullen Value VCT Portfolio
- ____ % Pioneer Equity Income VCT Portfolio
- ____ % Pioneer Fund VCT Portfolio
- ____ % Pioneer Mid Cap Value VCT Portfolio

RIVERSOURCE

____ % Seligman Communications and Information Portfolio

VALUE LINE

- ____ % Value Line Strategic Asset Management Trust
- ____ % **TOTAL (must equal 100%)**

8. DOLLAR COST AVERAGING ELECTION (DCA) (OPTIONAL) (Skip this section if you elected GLWB in Section 5)

If you elect a DCA program, transfers will be allocated as indicated in Section 7, above. **Note: You cannot select the Fixed-Rate Option as a destination allocation option above if you elect a Dollar Cost Averaging program. Also, you cannot select the [RS Money Market VIP Series] as a destination allocation option above if you elect Standard Dollar Cost Averaging.** You can only invest in a maximum of 20 allocation options at one time (this includes the required [RS Money Market VIP Series] if Standard Dollar Cost Averaging is elected). See the prospectus for additional information on DCA programs.

- Choose One:
- I elect Dollar Cost Averaging PLUS. (Complete Sections 8A and 7.)
 - I elect Standard Dollar Cost Averaging. (Complete Sections 8B and 7.)

← Variable 8

8A : Dollar Cost Averaging PLUS

Note: The duration of this program may not continue beyond the Annuity Commencement Date.

Choose one of the following exchange options:

- 6 Transfer Option (\$10,000 minimum initial program balance)
- 12 Transfer Option (\$10,000 minimum initial program balance)

← Variable 8

8B : Standard Dollar Cost Averaging

Note: The duration selection may not continue beyond the Annuity Commencement Date.

Choose one of the following monthly exchanges:

- RS Money Market VIP Series** (\$10,000 minimum initial program balance): 12 Months 24 Months 36 Months

← Variable 8



EB-01581307100103

9. OWNER TRANSFER AUTHORIZATION (OPTIONAL)

If you do not complete this section you must submit transfers/changes in writing and will not be able to make transfers/changes via telephone or in other formats acceptable to GIAC. In order to authorize such instructions, you must select a Personal Identification Number (PIN) and check the box below.

Note: Your Registered Representative cannot use this PIN to make transfers/changes to your account.

Select any 5-digit number as your PIN: Keep this number in a safe place for future reference.

By selecting a PIN, I authorize the Company to accept instructions for transfers/changes among allocation options, for changes in future payment allocations, and for address changes.

If you have elected the Guaranteed Lifetime Withdrawal Benefit, you may only make transfers from one allocation model to another; you are allowed one such transfer per quarter.

10. REGISTERED REPRESENTATIVE TRANSFER AUTHORIZATION (OPTIONAL)

YES I authorize GIAC to act upon instructions given in a format acceptable to GIAC from the Agent/Registered Representative who has signed Section 15 of this application (the "Representative") or any Agent/Registered Representative from the Broker/Dealer of record on the account as set forth in Section 15 who can furnish proper identification to: (i) transfer accumulation value among allocation options, (ii) make changes in future payment allocations, (iii) make GLVB model-to-model allocation changes, (iv) terminate portfolio rebalancing, or (v) provide or clarify certain missing or unclear information on this application. GIAC will use reasonable procedures to confirm that instructions were communicated only by an authorized person and, so long as these procedures are followed, GIAC and its affiliates, their directors, trustees, officers, employees, representatives and/or agents shall not be liable for losses arising from acting upon such instructions including losses arising from the failure of any Registered Representatives to obtain my specific authorization.

GIAC will continue to act upon this authorization until the earlier of such time as (i) I revoke this authorization by written notification to GIAC or (ii) the Representative is no longer the agent of record on the contract being applied for. GIAC reserves the right to terminate this program at any time.

I understand this authorization is not an investment advisory service or program. Any instruction communicated to GIAC by any Registered Representative will be an instruction I have specifically authorized.

11. STATEMENT OF ADDITIONAL INFORMATION (OPTIONAL)

Please send me a copy of the Statement of Additional Information to the prospectus.

12. REPLACEMENT INFORMATION (REQUIRED)

IMPORTANT - THIS SECTION MUST BE COMPLETED IN FULL

Do you have an existing life insurance policy or annuity contract? Yes No
Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? Yes No

If you answer "Yes" to either question, consult the state's replacement rules and complete any required replacement forms. Also, provide the information below on all contracts or policies to be replaced (Attach a separate sheet if necessary):

Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #

13. CONTRACT STATE (Required if signing this application in a state other than your state of primary residence)

The contract state is your state of primary residence (Owner's primary residential address from Section 3) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of signing. I work or conduct business in the state of signing.

If none of the above apply, the application must be signed in your state of primary residence.



14. SIGNATURES (REQUIRED)

Fraud Warnings

FOR RESIDENTS OF ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR RESIDENTS OF DISTRICT OF COLUMBIA (WASHINGTON D.C.), MARYLAND AND RHODE ISLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FOR RESIDENTS OF MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FOR RESIDENTS OF NEW JERSEY: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Acknowledgements

As owner of this annuity, I represent the following: (1) To the best of my knowledge and belief, all statements in this application are complete and true and were correctly recorded; (2) **I AM IN RECEIPT OF THE CURRENT PROSPECTUS FOR THIS ANNUITY CONTRACT;** (3) I understand that the contract applied for will not begin until the later of: (a) contract issue, or (b) GIAC's receipt of the first contract premium; (4) I understand that GIAC has the unilateral right to determine if any contract can be issued and that only GIAC can waive or modify any terms of this application or any GIAC contract requirements; (5) I understand that GIAC has the right to restrict the amount of a premium payment that can be allocated to the Fixed-Rate Option. **I further understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for a variable annuity. To meet this requirement GIAC asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the annuity contract not being issued. Under penalties of perjury, I certify that I am not subject to backup withholding and my correct Social Security or Tax ID# is given above.**

Accumulation values in the contract being applied for that are based on variable investments may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signature of Owner / Authorized Person X John Doe		Signature of Joint Owner (if any) X	
Signed at City Anytown	State PA	Date 12/01/09	



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Appendix A

List of Variable Investment Options

This is a current listing of funds, subject to change

Alger Capital Appreciation Portfolio	Oppenheimer Capital Appreciation Fund/VA
AllianceBernstein VPS International Value Portfolio	Oppenheimer Global Strategic Income Fund/VA
BlackRock Global Allocation V.I. Fund	Oppenheimer International Growth Fund/VA
BlackRock Large Cap Core V.I. Fund	Oppenheimer Main Street Small Cap Fund/VA
BlackRock Large Cap Value V.I. Fund	PIMCO Low Duration Portfolio
Columbia Asset Allocation Fund, Variable Series	PIMCO Real Return Portfolio
Columbia Marsico 21 st Century Fund, Variable Series	PIMCO Total Return Portfolio
Columbia Marsico Growth Fund, Variable Series	Pioneer Cullen Value VCT Portfolio
Columbia Small Cap Value Fund, Variable Series	Pioneer Equity Income VCT Portfolio
Columbia Small Company Growth Fund, Variable Series	Pioneer Fund VCT Portfolio
Davis Financial Portfolio	Pioneer Mid Cap Value VCT Portfolio
Evergreen VA International Equity Fund	RS Emerging Markets VIP Series
Evergreen VA Special Values Fund	RS Global Natural Resources VIP Series
Fidelity VIP Contrafund Portfolio	RS High Yield Bond VIP Series
Fidelity VIP Investment Grade Bond Portfolio	RS International Growth VIP Series
Fidelity VIP Mid Cap Portfolio	RS Investment Quality Bond VIP Series
Fidelity VIP Overseas Portfolio	RS Large Cap Alpha VIP Series
Franklin Income Securities Fund	RS Low Duration Bond VIP Series
Franklin Small Cap Value Securities Fund	RS Money Market VIP Series
Franklin US Government Fund	RS Partners VIP Series
Invesco V.I. Core Equity Fund	RS S&P 500 Index VIP Series
Invesco V.I. Global Real Estate Fund	RS Small Cap Growth Equity VIP Series
Invesco V.I. Mid Cap Core Equity Fund	Seligman Communications and Information Portfolio
Invesco Van Kampen V.I. Mid Cap Value Fund	Templeton Global Bond Securities Fund
MFS Growth Series	Templeton Growth Securities Fund
MFS Utilities Series	Value Line Strategic Asset Management Trust
MFS Value Series	
Mutual Shares Securities Fund	Fixed-Rate Option