

SERFF Tracking Number: GARD-127762050 State: Arkansas  
Filing Company: The Guardian Insurance & Annuity Company Inc. State Tracking Number: 50150  
Company Tracking Number: 10-IFA  
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
Product Name: SPDA Application 2011  
Project Name/Number: Guardian Fixed Annuity SPDA/EB-015238 Rev.

## Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: SPDA Application 2011 SERFF Tr Num: GARD-127762050 State: Arkansas  
TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 50150  
Sub-TOI: A02I.003 Single Premium Co Tr Num: 10-IFA State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 11/04/2011  
Authors: Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Monica Wilson, Carline Hamilton, Kathleen Tobin  
Date Submitted: 11/01/2011 Disposition Status: Approved-Closed  
Implementation Date Requested: Implementation Date:  
State Filing Description:

## General Information

Project Name: Guardian Fixed Annuity SPDA Status of Filing in Domicile:  
Project Number: EB-015238 Rev. Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 11/04/2011  
State Status Changed: 11/04/2011  
Deemer Date: Created By: Lisa Capella  
Submitted By: Kathleen Tobin Corresponding Filing Tracking Number:  
Filing Description:  
The Guardian Insurance & Annuity Company, Inc. (GIAC)  
NAIC Number: 429-78778 FEIN: 13-2656036

SERFF Tracking Number: GARD-127762050 State: Arkansas  
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Variable  
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We are enclosing for your review and approval 1 application form. EB-015238 Rev. replaces EB-015238, and is used with previously approved contract form 10-IFA, which were both previously approved on 1/05/2010 (under Dept File No. 44462). We plan to introduce this application in January 2012 or upon approval, if later.

The new application is similar to the previously approved application with the exception of some minor changes to address administrative issues.

We are enclosing a Statement of Variability for the application. Any applicable certifications, transmittals and filing fees are enclosed as required.

I hope this information is satisfactory and that we may receive your Department's approval of this form at your earliest convenience. If you have any questions or concerns over this submission, please feel free to contact me at (212) 598-7436, or via SERFF.

Sincerely,

Pete Diggins  
Director  
Individual Life Product Filing and Compliance

## Company and Contact

### Filing Contact Information

Lisa Capella, Specialist                      lcapella@glic.com  
7 Hanover Square                              212-598-1321 [Phone]  
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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: Fee in DE (our state of domicile) for Guardian Insurance & Annuity is \$50 per form.  
\$50 x 1 form = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$50.00	11/01/2011	53374690

SERFF Tracking Number: GARD-127762050 State: Arkansas  
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Variable  
Product Name: SPDA Application 2011  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/04/2011	11/04/2011

*SERFF Tracking Number:* GARD-127762050 *State:* Arkansas  
*Filing Company:* The Guardian Insurance & Annuity Company *State Tracking Number:* 50150  
*Inc.*  
*Company Tracking Number:* 10-IFA  
*TOI:* A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.003 Single Premium  
*Variable*  
*Product Name:* SPDA Application 2011  
*Project Name/Number:* Guardian Fixed Annuity SPDA/EB-015238 Rev.

## **Disposition**

Disposition Date: 11/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-127762050 State: Arkansas  
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 50150  
 Inc.  
 Company Tracking Number: 10-IFA  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: SPDA Application 2011  
 Project Name/Number: Guardian Fixed Annuity SPDA/EB-015238 Rev.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Single Premium Deferred Annuity Application		Yes

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## Form Schedule

**Lead Form Number: EB-015238 Rev.**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EB-015238 Rev.	Application/ Enrollment Form	Single Premium Deferred Annuity Application	Initial		46.300	EB-015238 Rev..pdf

# The Guardian Fixed Annuity

## Single Premium Deferred Annuity Application



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

Instructions: Send completed application and check made payable to The Guardian Insurance & Annuity Company, Inc. to the mailing address on Page 3.

### 1. INITIAL GUARANTEE PERIOD

Select one option below:

- One Year Initial Guarantee Period** - does not include any additional Interest
- Three Year Initial Guarantee Period** - does not include any additional Interest
- Five Year Initial Guarantee Period** - includes 1% of additional Interest for the first year only
- Seven Year Initial Guarantee Period** - includes 1% of additional Interest for the first year only

**Note:** After expiration of the Initial Guarantee Period, all subsequent Guarantee Periods will be one year.

### 2. 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)

### 3. PREMIUM PAYMENT

Initial SINGLE premium of \$ 5,000 . Minimum single premium is [\$5,000.]

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

### 4. ACCOUNT REGISTRATION

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

\* Complete a Trust Certification form    \*\* Complete a Qualified Defined Contribution Plan Certification form

Name <b>John Doe</b>	SS# or Tax ID# <b>123-45-6789</b>	Date of Birth (mm/dd/yyyy) <b>01/01/1970</b>	Age <b>42</b>
Primary Residential Address (No P.O. Box) <b>45 Main Street</b>	City <b>Anytown</b>	State <b>PA</b>	Zip <b>12345</b>
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail <b>JDoe@hotmail.com</b>	Daytime Telephone <b>(123) 222-3456</b>		

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

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	Age
Primary Residential Address (No P.O. Box)	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)	Age
Primary Residential Address (No P.O. Box)	City	State	Zip
Mailing Address (Required if different from primary residential address)	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	E-mail	Daytime Telephone	

Annuity Commencement Date will be the annuitant's 95th birthday. If you want the Annuity Commencement Date to be other than this date, notify GIAC in writing.

## 5. BENEFICIARY

The percentage allocated to primary and contingent beneficiaries must each add up to 100%.

I am attaching a Beneficiary Addendum form, listing beneficiaries in addition to those listed below.

			Optional, but Recommended		
Primary Beneficiary Name/Address	Relationship to Owner	Whole %	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 %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth

## 6. REPLACEMENT INFORMATION (REQUIRED) (THIS SECTION MUST BE COMPLETED IN FULL)

Do you have an existing life insurance policy or annuity contract?

Yes  No

**Note:** If you answer "Yes" to this question, certain states require you to complete and submit an Important Notice form with the application for **each** contract being applied for under this application

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy?

Yes  No

**Note:** If you answer "Yes" to this question, complete any replacement forms required by the applicable state. 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 #

## 7. 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 4) 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.

## 8. 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.):** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 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 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.

*Signature Section continued on the following page*

## 8. SIGNATURES (continued)

### Acknowledgements

**As owner of this annuity, I represent the following:** (1) All statements made in this application are true to the best of my knowledge and belief, and I agree that they are adopted by and are binding on me and shall form the basis for any annuity contract issued by The Guardian Insurance & Annuity Company, Inc. (GIAC); (2) I understand that the contract applied for shall not take effect until the later of: (a) the issuance of the contract, or (b) receipt by GIAC of the required contract payment; and (3) GIAC has the unilateral right to determine whether any contract shall be issued on the basis of this application. I further agree that this application shall be affixed to and become part of the annuity contract. **I understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for an 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.**

I acknowledge that: (1) I understand the terms and conditions associated with this contract; (2) I have received and reviewed the Buyer's Guide and the Disclosure Statement; and (3) I have discussed my financial status and objectives, tax status and insurance needs with my agent/registered representative.

I affirm that no proposed owner is currently residing in a Skilled Nursing Facility (nursing home) and understand that confinement in a Skilled Nursing Facility that began prior to the issue date of the contract would not be considered as a qualifying event under the Waiver of Surrender Charges benefit under the contract.

<b>Signature of Contract Owner / Authorized Person</b> <b>X</b> <i>John Doe</i>		<b>Signature of Joint Owner (if any)</b> <b>X</b>	
<b>Signed at City</b> Anytown	<b>State</b> PA	<b>Date</b> 01/01/12	

## 9. 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 you answer "Yes" to either question consult the state's replacement rules and complete any required replacement forms.

**Producer Certification:** By my signature, I hereby certify that I have used only GIAC-approved sales material in connection with this sale and that copies of sales materials used were left with the applicant.

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

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

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

<b>Send completed application and check (payable to The Guardian Insurance &amp; Annuity Company, Inc.) to:</b>	<b>Regular Mail:</b> The Guardian Insurance & Annuity Company, Inc. Retirement Solutions, Individual Products P.O. Box 26210 Lehigh Valley, PA 18002-6210	<b>Express Mail:</b> The Guardian Insurance & Annuity Company, Inc. Retirement Solutions, Individual Products 3900 Burgess Place Bethlehem, PA 18017

### Wiring Instructions:

If you selected "Wire" as the Payment Method in Section 3, use the information below for the transaction.

**Receiving Bank:** PNC Bank, 500 First Ave., Pittsburgh, PA 15219

**Beneficiary:** The Guardian Insurance & Annuity Company, Inc.

**PNC Bank ABA:** 041 000 124

**Beneficiary Account Number:** 4227616799

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 Variable  
 Product Name: SPDA Application 2011  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
Readability Certification.pdf		
Certificate of Compliance with Rule 19 and 49 GIAC.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
Application filed for approval is on the forms schedule.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Variability for EB-015238 Rev..pdf		



**STATE OF ARKANSAS**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b><u>Form Title</u></b>	<b><u>Form Number</u></b>	<b><u>Flesch Score</u></b>
Single Premium Deferred Annuity Application	EB-015238 Rev.	*46.3

\*scored with form 10-IFA

These forms are printed, except for specification pages, schedules and tables, in not less than ten point type, one point leaded.

A handwritten signature in black ink, appearing to read 'Pete Diggins'.

Pete Diggins  
Director, Individual Life – Product Filings and Compliance  
Date: November 1, 2011



**Certificate of Compliance with  
Arkansas Rule and Regulation 19 and 49**

Insurer: **The Guardian Insurance & Annuity Company Inc.**  
Form Number(s):

<b>Form Title</b>	<b>Form Number</b>
Single Premium Deferred Annuity Application	EB-015238 Rev.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.

A handwritten signature in black ink, appearing to read 'Peter Diggins', written over a horizontal line.

\_\_\_\_\_  
Signature of Company Officer

Peter Diggins

\_\_\_\_\_  
Name

Director

Individual Life Product Filings and  
Compliance

\_\_\_\_\_  
Title

November 1, 2011

\_\_\_\_\_  
Date

# The Guardian Insurance & Annuity Company, Inc.

## Statement of Variability Application EB-015238 Rev.

The following describes the variable data in the above application form. The variable areas of the application are bracketed. The following is a description of the variable areas of the application:

**Variable 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, Bethlehem, PA 18017.

**Variable 2 - Initial Guarantee Period:** This section will list the initial guarantee periods that are available under the contract. These are variable so that we can add/delete/modify the number and length of the guarantee periods. The variable will also allow us to indicate which of the guarantee periods include a first year additional interest. The range of values in this section is 1 through 7 occurrences and the range of the length of the guarantee periods is 1 year to 10 years.

**Variable 3 - 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 - Premium Payment:** We have bracketed the minimum single premium amount since we would like to have the ability to change the minimum premium amount without resubmitting the application. The reason for any change may be due to market and/or competitive conditions. The current value is \$5,000. The range of values is \$100-\$50,000.

**Variable 5 – Mail Addresses:** We have 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. The current Regular Mail address is P.O. Box 26210, Lehigh Valley, PA 18002-6210 and the current Express Mail address is 3900 Burgess Place, 3 South, Bethlehem, PA 18017.

**Variable 6 - Wiring Instructions:**

This section is used if a wire transfer is chosen as the method of payment. We are considering this as variable data since we would like to have the ability to change the receiving bank, routing number and beneficiary account number without resubmitting the applications.

# The Guardian Fixed Annuity

## Single Premium Deferred Annuity Application



Variable 1

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

Instructions: Send completed application and check made payable to The Guardian Insurance & Annuity Company, Inc. to the mailing address on Page 3.

### 1. INITIAL GUARANTEE PERIOD

Select one option below:

- One Year Initial Guarantee Period** - does not include any additional Interest
- Three Year Initial Guarantee Period** - does not include any additional Interest
- Five Year Initial Guarantee Period** - includes 1% of additional Interest for the first year only
- Seven Year Initial Guarantee Period** - includes 1% of additional Interest for the first year only

Variable 2

**Note:** After expiration of the Initial Guarantee Period, all subsequent Guarantee Periods will be one year.

### 2. 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)

Variable 3

### 3. PREMIUM PAYMENT

Initial SINGLE premium of \$ 5,000. Minimum single premium is [\$5,000.]

Variable 4

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

### 4. ACCOUNT REGISTRATION

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

\* Complete a Trust Certification form    \*\* Complete a Qualified Defined Contribution Plan Certification form

Name <b>John Doe</b>	SS# or Tax ID# <b>123-45-6789</b>	Date of Birth (mm/dd/yyyy) <b>01/01/1970</b>	Age <b>42</b>
Primary Residential Address (No P.O. Box) <b>45 Main Street</b>	City <b>Anytown</b>	State <b>PA</b>	Zip <b>12345</b>
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail <b>JDoe@hotmail.com</b>	Daytime Telephone <b>(123) 222-3456</b>		

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

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	Age
Primary Residential Address (No P.O. Box)	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)	Age
Primary Residential Address (No P.O. Box)	City	State	Zip
Mailing Address (Required if different from primary residential address)	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	E-mail	Daytime Telephone	

Annuity Commencement Date will be the annuitant's 95th birthday. If you want the Annuity Commencement Date to be other than this date, notify GIAC in writing.

## 5. BENEFICIARY

The percentage allocated to primary and contingent beneficiaries must each add up to 100%.

I am attaching a Beneficiary Addendum form, listing beneficiaries in addition to those listed below.

			Optional, but Recommended		
Primary Beneficiary Name/Address	Relationship to Owner	Whole %	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 %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth

## 6. REPLACEMENT INFORMATION (REQUIRED) (THIS SECTION MUST BE COMPLETED IN FULL)

Do you have an existing life insurance policy or annuity contract?

Yes  No

**Note:** If you answer "Yes" to this question, certain states require you to complete and submit an Important Notice form with the application for **each** contract being applied for under this application

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy?

Yes  No

**Note:** If you answer "Yes" to this question, complete any replacement forms required by the applicable state. 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 #

## 7. 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 4) 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.

## 8. 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.):** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 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 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.

*Signature Section continued on the following page*

## 8. SIGNATURES (continued)

### Acknowledgements

**As owner of this annuity, I represent the following:** (1) All statements made in this application are true to the best of my knowledge and belief, and I agree that they are adopted by and are binding on me and shall form the basis for any annuity contract issued by The Guardian Insurance & Annuity Company, Inc. (GIAC); (2) I understand that the contract applied for shall not take effect until the later of: (a) the issuance of the contract, or (b) receipt by GIAC of the required contract payment; and (3) GIAC has the unilateral right to determine whether any contract shall be issued on the basis of this application. I further agree that this application shall be affixed to and become part of the annuity contract. **I understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for an 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.**

I acknowledge that: (1) I understand the terms and conditions associated with this contract; (2) I have received and reviewed the Buyer's Guide and the Disclosure Statement; and (3) I have discussed my financial status and objectives, tax status and insurance needs with my agent/registered representative.

I affirm that no proposed owner is currently residing in a Skilled Nursing Facility (nursing home) and understand that confinement in a Skilled Nursing Facility that began prior to the issue date of the contract would not be considered as a qualifying event under the Waiver of Surrender Charges benefit under the contract.

<b>Signature of Contract Owner / Authorized Person</b> <b>X</b> <i>John Doe</i>		<b>Signature of Joint Owner (if any)</b> <b>X</b>	
<b>Signed at City</b> Anytown	<b>State</b> PA	<b>Date</b> 01/01/12	

## 9. 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 you answer "Yes" to either question consult the state's replacement rules and complete any required replacement forms.

**Producer Certification:** By my signature, I hereby certify that I have used only GIAC-approved sales material in connection with this sale and that copies of sales materials used were left with the applicant.

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

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

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

Variable 5

<b>Send completed application and check (payable to The Guardian Insurance &amp; Annuity Company, Inc.) to:</b>	<b>Regular Mail:</b> The Guardian Insurance & Annuity Company, Inc. Retirement Solutions, Individual Products P.O. Box 26210 Lehigh Valley, PA 18002-6210	<b>Express Mail:</b> The Guardian Insurance & Annuity Company, Inc. Retirement Solutions, Individual Products 3900 Burgess Place Bethlehem, PA 18017
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### Wiring Instructions:

If you selected "Wire" as the Payment Method in Section 3, use the information below for the transaction.

**Receiving Bank:** PNC Bank, 500 First Ave., Pittsburgh, PA 15219

**Beneficiary:** The Guardian Insurance & Annuity Company, Inc.

**PNC Bank ABA:** 041 000 124

**Beneficiary Account Number:** 4227616799

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